

Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- 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 Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Cartoonist Rights Network International, Inc.	
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	
		P.O. Box 7272	
		City, town, or country	State ZIP + 4
		Fair Fax Station VA 22039	
		D Employer identification number 54-1982242	
		E Telephone number (703) 543-8727	
		F Group Exemption Number ▶	

G Accounting Method: Cash Accrual
Other (specify) ▶

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ <http://cartonnistrights.com>

J Tax-exempt status (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **61,770**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	54,145
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	7,625
	b Less: direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	7,625	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ▶ _____)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	61,770	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	48,679
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,777
	16 Other expenses (describe ▶ See Attached Statement)	16	14,175
17 Total expenses. Add lines 10 through 16 ▶	17	64,631	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,861
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	22,591
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	19,730

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year			(B) End of year
22 Cash, savings, and investments	22,591	22		19,184
23 Land and buildings		23		
24 Other assets (describe ▶ See Attached Statement)	0	24		546
25 Total assets	22,591	25		19,730
26 Total liabilities (describe ▶ _____)	0	26		0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,591	27		19,730

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)	Expenses	
What is the organization's primary exempt purpose? <u>Promote free speech and human rights within the editorial</u>	(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		
28 <u>Promote free speech and human rights within the editorial cartooning community worldwide.</u> ----- ----- (Grants \$ <u>51,795</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	64,629
29 ----- ----- (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 ----- ----- (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31 Other program services (attach schedule) <input type="checkbox"/> (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32	64,629

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(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 & deferred compensation	(e) Expense account and other allowances
Dr. Robert Russell 10600 Alison Drive Burke VA 22015	Title Executive Director Hr/WK 40.00	24,000	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
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-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed. ▶ _____		
42 a	The organization's books are in care of ▶ <u>Teresa Marchetta, 27 Jay Street</u> Telephone no. ▶ <u>(212) 366-6900</u> Located at ▶ <u>New York Foundation for the Ai</u> City <u>Brooklyn</u> ST <u>NY</u> ZIP + 4 ▶ <u>11201</u>		
b	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)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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 ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

	Yes	No
46 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49 a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00	0	0	0

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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 _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature Geoffrey Carter Date 5/10/2011 Check if self-employed Preparer's identifying number (See instructions) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 Geoffrey Carter EIN _____
24 Field Point Road, 1st Floor (LPI), Greenwich, CT 06830 Phone no. (203) 979-1850

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization Cartoonist Rights Network International, Inc.	Employer identification number 54-1982242
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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?

	Yes	No
(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?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/>	<input type="checkbox"/>

(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	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
									0
Total									0

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.")					61,770	61,770
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	61,770	61,770
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)						
6 Public support. Subtract line 5 from line 4.						61,770

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	0	0	0	0	61,770	61,770
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						61,770
12 Gross receipts from related activities, etc. (see instructions)					12	

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0.00%
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 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.")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

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	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Employer identification number

Cartoonist Rights Network International, Inc.

54-1982242

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).

Name of organization Cartoonist Rights Network International, Inc.	Employer identification number 54-1982242
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Herb Block Foundation ----- 8490e Tyco Rd ----- Vienna VA 22182 Foreign State or Province: ----- Foreign Country: -----	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Open Society Institute ----- 400 West 59th Street ----- New York NY 10019 Foreign State or Province: ----- Foreign Country: -----	\$ 34,195	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Part I, Line 16 (990-EZ) - Other Expenses

		14,175
1	Travel	1 2,223
2	Meals and entertainment	2 _____
3	Fundraising	3 _____
4	Amortization	4 0
5	Conferences, conventions, and meetings	5 640
6	Depreciation	6 0
7	Depletion	7 _____
8	Equipment rental and maintenance	8 485
9	Interest	9 _____
10	Supplies	10 766
11	Telephone	11 326
12	Unrelated business income taxes	12 0
13	Lodging	13 3,802
14	General & Admin	14 40
15	bank fees	15 10
16	credit card processing fee	16 3
17	quarterly maintenance fee	17 270
18	NYFA Admin fee	18 5,099
19	filing fees	19 20
20	reg fees	20 50
21	online computer charges	21 395
22	exhibit expense	22 46
23		23 _____
24		24 _____
25		25 _____
26		26 _____
27		27 _____
28		28 _____

Part II, Line 24 (990-EZ) - Other Assets

0

546

Description		Beginning	End
1	Cash advances		500
2	Due from contractor		46
3			
4			
5			
6			
7			
8			
9			
10			

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CONSUMER AFFAIRS

P.O. Box 526 - Richmond, VA 23218-0526
Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

OCA-102 Revised 11/09

REMITTANCE FORM
CHARITABLE ORGANIZATION
FORM 102

YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)

Organization name: Cartoonist Rights Network International, Inc.

Address: P.O. Box 7272

Fair Fax Station, VA 22039

Federal Employer Identification Number: 54-1982242

Charitable Organization

Initial Registration Fee (\$100): \$ 100 (910-02184)

Late Registration Fee (\$100): \$ _____ (910-02184)

Annual Registration Fee: \$ 100 (910-02619)
(See pg. 6 of Form 102)

Total Fees: \$ 200

To assist us in tracking your payment,
please enter your **Check Number:** _____

MAKE CHECKS PAYABLE TO "TREASURER OF VIRGINIA"

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:

Virginia Department of Agriculture and Consumer Services
P.O. Box 526
Richmond, VA 23218-0526

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

OFFICE OF CONSUMER AFFAIRS

P.O. Box 526 - Richmond, VA 23218-0526

Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
FORM 102**

TYPE OF REGISTRATION

Initial Registration

Unless otherwise noted, all information provided on this form and attachments must be for the **CURRENT** fiscal year. Financial reports (except budgets) will be for the **most recently completed** fiscal year.

Failure to properly complete this form or to submit all additional documentation required by any applicable section of the Rules Governing the Solicitation of Contributions will result in an ineffective registration. Your organization may not solicit in the Commonwealth of Virginia until it is properly registered.

1. Organization's primary name:

Cartoonist Rights Network International, Inc.

2. List any other names under which you may solicit contributions in Virginia:

3. Primary address: P.O. Box 7272

Fair Fax Station VA 22039
City State Zip Code

4. Mailing address if different from primary address above: _____

City State Zip Code

5. Other contact information: (703) 543-8727 _____
Telephone, including area code Fax, including area code

http://cartonnistrights.com director@cartonnistrights.com
Internet URL Organization's official e-mail address

*****In an attempt to reduce mailings, the Agency now offers the option to receive all notifications by email. If the Organization prefers to receive all future correspondence through email, please indicate by checking this box:**

The Official E-mail address entered above will be used for the notifications unless alternate email preference is indicated here: _____

6. Locations of other chapters, branches, affiliates ("affiliates"):

a) Does the organization have any chapters, branches or affiliates in Virginia? Yes No
If "Yes,"

- i) Attach a list of the affiliates' names, addresses and telephone numbers.
- ii) Are the income and expenses of these affiliates included in your organization's financial statement?
 Yes No

If "Yes," a joint registration may be issued to the parent organization which would apply to those subordinate organizations whose finances are reported jointly with the parent organization.

b) Does the organization maintain any other offices in Virginia, other than local chapters, branches or affiliates?
 Yes No **If "Yes,"** attach a list of the addresses and telephone numbers for those offices.

7. Please check one:

" √ "	Type of organization
<input checked="" type="checkbox"/>	Corporation or limited liability entity
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other (specify):

8. Date of incorporation or formation: _____

9. In what city was the organization legally established? Arlington VA
City State

10. What is the main purpose of the charitable organization?
Promote free speech and human rights within the editorial cartooning community worldwide.

11. Name and address of designated agent for receipt of process within the Commonwealth of Virginia. NOTE: If no agent is designated, the organization shall be deemed to have designated the Secretary of the Commonwealth.

Robert Russell
Name and Company Name
10600 Alison Drive
Address
Burke VA 22015
City State Zip Code

12. Organization's fiscal year:

a) Dates of the **CURRENT** fiscal year: From: 1/1/2009 To: 12/31/2009

b) Has the organization recently changed its fiscal year? Yes No

If "Yes," provides the dates of the "short" fiscal year:

From: _____ To: _____

13. Is the organization exempt under the Internal Revenue Code? Yes No

14. Key personnel:

a) Full name and title of the individuals having signatory power over the organization's funds:

Carl Nelson, Board of Director, Joel Pett, Board of Director, Dr. Robert Russell, Ex Officio

b) Full name and title of the individuals who approve the organization's budget:

see attached listing of Board of Directors...they all approve the budget.

c) Has the organization, or any officer, professional fund-raiser or professional solicitor thereof, ever been convicted of a felony?

Yes

No

If "Yes," attach a statement providing a description of the pertinent facts.

15. Percentage of fundraising expenses for the most recently completed fiscal year:

a) Total amount of contributions received directly from the public:
(found by adding Part VIII, lines 1a, 1b, 1c, and 1f of the IRS Form 990)

61,770

b) Total spent on fundraising, including contracts with professional fund-raising counsel or professional solicitors:
(found on line 25D of Part IX of the IRS Form 990)

c) Percent of fundraising expenses (Line b divided by line a):

 %

d) For Federated fund-raising organizations **ONLY**: State the percentage withheld from a donation designated for a member agency:

 %

16. Does the organization intend to solicit contributions from the public directly (including corporate grant proposals, door-to-door or telephone solicitations, special events, direct mail, etc.)?

Yes

No

17. Does the organization intend to have others outside the organization (e.g. volunteers, federated fund-raising organizations, etc.) conduct solicitations on its behalf?

Yes

No

18. For the current fiscal year, has your organization entered into an agreement or contract with any person(s) to conduct any aspects (including planning, managing, or carrying out) of a completed, current or upcoming solicitation?

Yes

No

If "Yes," please indicate the arrangement with your agency by checking below:

Category	" √ "	Type of arrangement
A	<input type="checkbox"/>	A bona fide, salaried officer or employee of the charitable organization or its parent organization
B	<input type="checkbox"/>	An outside consultant or professional fundraising counsel
C	<input type="checkbox"/>	A paid professional solicitor

If in Question 18 either B or C are checked:

- a) List the name and address(es) of the professional fundraising counsel or professional solicitor(s) and note the date of each contract that was previously submitted to the Commissioner:

none

- b) **Attach a copy of the organization's current fundraising contract(s) that were not previously submitted as required by Section 57-54 of the Code of Virginia.**

19. Please indicate how the organization will use the contributions received during the **CURRENT** fiscal year:

n/a

20. Has the organization been authorized by any other state or governmental agency to solicit contributions?

Yes

No

If "Yes," name all such the agencies. Submit an attachment if necessary.

21. Is the organization, or any officer, professional fund-raising counsel, or professional solicitor for the organization **CURRENTLY** enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

Yes

No

If "Yes," attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

22. Has any officer, professional fund-raising counsel, or professional solicitor for the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

Yes

No

If "Yes," attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

23. Please indicate the type of solicitation activities that your organization may pursue during the current fiscal year **(check all that apply):**

" √ "	Type of Solicitation
<input checked="" type="checkbox"/>	Telephone
<input checked="" type="checkbox"/>	Direct mail
<input checked="" type="checkbox"/>	Internet
<input checked="" type="checkbox"/>	Special events
<input type="checkbox"/>	Door-to-door
<input checked="" type="checkbox"/>	Personal contact
<input type="checkbox"/>	Other (Specify):

24. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the solicitation of charitable contributions. If you do not provide this information, you may not solicit in Virginia.

25. OATH OR AFFIRMATION

Two (2) different officers must sign this registration form. The original must then be filed with the Office of Consumer Affairs. Copies are not allowed.

We, the undersigned Chief Fiscal Officer and President (or other authorized officer), duly authorized to act on behalf of the organization for which this statement is made, certify that this statement and including any accompanying appendices have been examined by us and are, to the best of our knowledge and belief, true, correct and complete pursuant to the laws of the Commonwealth of Virginia.

We affirm and attest that no funds have been or will knowingly be used, directly or indirectly, to benefit or provide support, in cash or in kind, to terrorists, terrorist organizations, terrorist activities, or the family members of any terrorist. We understand that no person shall be registered by the Commonwealth or by any locality to solicit funds that are intended to benefit or support a family member of any terrorist.

Signature of Chief Fiscal Officer

Carl Nelson

Print name

Treasurer

Title

Date

Signature of President or other authorized officer

Dr. Robert Russell

Print name

Executive Director

Title

Date

SCHEDULE OF REGISTRATION FEES

FEE CRITERIA*

\$30	If your gross contributions for the preceding year do not exceed \$25,000.
\$50	If your gross contributions exceed \$25,000 but do not exceed \$50,000.
\$100	If your gross contributions exceed \$50,000 but do not exceed \$100,000.
\$200	If your gross contributions exceed \$100,000 but do not exceed \$500,000.
\$250	If your gross contributions exceed \$500,000 but do not exceed one million dollars.
\$325	If your gross contributions exceed one million dollars.

(*) "Gross contributions" means the total contributions received by the organization from all sources, regardless of geographic location, excluding government grants.

Organizations with **no prior** financial history filing an initial registration shall be required to pay an initial fee of \$100. Organizations with prior financial history filing an initial registration shall be required to pay an initial fee of \$100 **in addition to the annual registration fee.**

****Any organization which allows its registration to lapse, without requesting, in writing, an extension of time to file, shall be required to resubmit an initial registration.**

COMPUTATION OF FEE CRITERIA

Total contributions, gifts, grants, etc. (Form 990, Part VIII, Line 1h) A 61,770

Subtract

- Funds received from federated fundraising organization ** (Form 990, Part VIII, line 1a) B _____
- Government Grants (Form 990, Part VIII, Line 1e) C _____

Total Deductions (add lines B and C) D (0)

Net Public Support (**subtract** Line D from Line A) E 61,770

Net of Special Events (Form 990, Part VIII, Line 8c) F _____

Gross Contributions (**add** Line E and line F) G 61,770

(**) The federated fundraising organization (FFO), as defined in section 57-48 of the Code, must register annually with the Commissioner, to qualify for subtraction of funds in the fee computation. Enter the complete name of the FFO in the space provided below:

Name of FFO: _____

REQUIRED ATTACHMENTS

I (we) have attached the following required attachments:

" ✓ "	All Registrants MUST file the following Items:
<input type="checkbox"/>	Remittance form and check, made payable to "Treasurer of Virginia."
<input type="checkbox"/>	Listing of this year's officers, directors, and any principal salaried executive staff.
<input type="checkbox"/>	Signed (or attach the IRS receipt of e-filing) copy of the previous fiscal year's Form 990 or audited financial statements. Organizations with income under \$25,000 may file a certified treasurer's report. Newly formed organizations shall file a board-approved budget for the current year.
" ✓ "	You also need to file the following items, if you answered the following questions "Yes":
<input type="checkbox"/>	Q. 6a: A list of any Virginia affiliates' names, addresses and telephone numbers.
<input type="checkbox"/>	Q. 6b: A list of the addresses and telephone numbers for any branch offices in Virginia.
<input type="checkbox"/>	Q. 14c: Statement of pertinent facts pertaining to any felony conviction.
<input type="checkbox"/>	Q. 18: Copy of signed contract(s) between your organization and each professional fundraising counsel and / or professional solicitor.
<input type="checkbox"/>	Q. 21 and / or 22: Copies of any applicable Court Orders.
" ✓ "	First-time filers MUST also file the following Items:
<input type="checkbox"/>	Copies of any certificate and articles of incorporation and amendments, if incorporated.
<input type="checkbox"/>	Copies of any bylaws and amendments.
<input type="checkbox"/>	Copies of any IRS tax-exempt determination letter(s) and amendments, if tax-exempt, or copy of IRS Form 1023 or 1024 if exemption is pending. The determination letter must then be filed when received.
" ✓ "	Organizations renewing registration also need to file the following items, upon occurrence:
<input type="checkbox"/>	Copies of any amendments to articles of incorporation since the last filing.
<input type="checkbox"/>	Copies of any amendments to bylaws since the last filing.
<input type="checkbox"/>	Copies of any modified IRS tax-exempt determination letter(s), including for name changes.