

Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

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

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.*

Department of the Treasury
Internal Revenue Service

| | | | |
|---|--|---|--|
| A For the 2010 calendar year, or tax year beginning | | , and ending | |
| B Check if applicable: | | C Name of organization | |
| <input type="checkbox"/> Address change | <input type="checkbox"/> Name change | Cartoonist Rights Network International, Inc. | |
| <input type="checkbox"/> Initial return | <input type="checkbox"/> Terminated | | |
| <input type="checkbox"/> Amended return | <input type="checkbox"/> Application pending | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 7272 City or town state or country ZIP + 4 Fair Fax Station VA 22039 | |
| G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____ | | D Employer identification number | |
| I Website: ▶ http://cartonnistrights.com | | 54-1982242 | |
| J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | E Telephone number | |
| | | (703) 543-8727 | |
| | | F Group Exemption Number ▶ | |
| | | | |
| K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. | | H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). | |
| L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 72,951 | | | |

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I

| | Description | Code | Amount |
|---|---|-----------|--------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 66,676 |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | 0 |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 6,275 |
| c Less: direct expenses from gaming and fundraising events | 6c | 1,100 | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 5,175 | |
| Expenses | 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 in Schedule O) | 8 | |
| | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 71,851 |
| | 10 Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 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 | 54,925 | |
| 14 Occupancy, rent, utilities, and maintenance | 14 | | |
| 15 Printing, publications, postage, and shipping | 15 | | |
| 16 Other expenses (describe in Schedule O) | 16 | 22,751 | |
| 17 Total expenses. Add lines 10 through 16 ▶ | 17 | 77,676 | |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -5,825 |
| | 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 | 19,730 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | 21 | 13,905 |

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

Check if the organization used Schedule O to respond to any question in this Part V. []

Table with columns for question numbers (33-44), descriptions, and Yes/No response columns. Includes questions about IRS reporting, organizational changes, income reporting, political expenditures, and foreign accounts.

| | Yes | No |
|--|-----|----|
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? | | X |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ | | X |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | | 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 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

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

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 | | | |
| Name _____ Str _____ City _____ ST ZIP _____ | Title _____ Hr/WK _____ .00 | | | |
| Name _____ Str _____ City _____ ST ZIP _____ | Title _____ Hr/WK _____ .00 | | | |
| Name _____ Str _____ City _____ ST ZIP _____ | Title _____ Hr/WK _____ .00 | | | |
| Name _____ Str _____ City _____ ST ZIP _____ | Title _____ Hr/WK _____ .00 | | | |

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

| | | | | |
|--|--|-------------------------|--|------|
| Print/Type preparer's name <u>Geoffrey Carter</u> | Preparer's signature <u>Geoffrey Carter</u> | Date <u>8/6/2011</u> | Check if self-employed <input checked="" type="checkbox"/> | PTIN |
| Firm's name <input type="checkbox"/> <u>Geoffrey Carter, CPA</u> | Firm's EIN <input type="checkbox"/> | | | |
| Firm's address <input type="checkbox"/> <u>24 Field Point Road, 1st Floor (LPI), Greenwich, CT 06830</u> | Phone no. <u>(203) 979-1850</u> | | | |

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

2010

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 |
|---|--|

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? | 11g(i) | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | 0 |
| (B) | | | | | | | | | 0 |
| (C) | | | | | | | | | 0 |
| (D) | | | | | | | | | 0 |
| (E) | | | | | | | | | 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) - 0.00%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 - 0.00%; 16a 33 1/3% support test-2010; b 33 1/3% support test-2009; 17a 10%-facts-and-circumstances test-2010; b 10%-facts-and-circumstances test-2009; 18 Private foundation.

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | 0.00% |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | 0.00% |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|-------|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.00% |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | 0.00% |

19a 33 1/3% support tests–2010. 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–2009. 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

2010

| | |
|--|---|
| Name of the organization Cartoonist Rights Network International, Inc. | Employer identification number 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 Road Vienna VA 22182 Foreign State or Province: _____ Foreign Country: _____ | \$ 12,500 | 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: _____ | \$ 51,520 | 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.) |

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

Part II Noncash Property (see instructions)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| ----- | ----- ----- ----- | \$ ----- 0 | ----- |
| ----- | ----- ----- ----- | \$ ----- 0 | ----- |
| ----- | ----- ----- ----- | \$ ----- 0 | ----- |
| ----- | ----- ----- ----- | \$ ----- 0 | ----- |
| ----- | ----- ----- ----- | \$ ----- 0 | ----- |
| ----- | ----- ----- ----- | \$ ----- 0 | ----- |
| ----- | ----- ----- ----- | \$ ----- 0 | ----- |

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

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 columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ 0

| (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 |
| ----- ----- ----- For. Prov. Country | ----- ----- ----- |

| (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 |
| ----- ----- ----- For. Prov. Country | ----- ----- ----- |

| (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 |
| ----- ----- ----- For. Prov. Country | ----- ----- ----- |

| (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 |
| ----- ----- ----- For. Prov. Country | ----- ----- ----- |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Cartoonist Rights Network International, Inc.

54-1982242

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 246

Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance: 290

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 54

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 920

Form 990-EZ, Part I, Line 16, Other Expenses: postage: 460

Form 990-EZ, Part I, Line 16, Other Expenses: General & Admin: 200

Form 990-EZ, Part I, Line 16, Other Expenses: quarterly maintenance fee: 5,913

Form 990-EZ, Part I, Line 16, Other Expenses: NYFA Admin fee: 1,770

Form 990-EZ, Part I, Line 16, Other Expenses: filing fees: 25

Form 990-EZ, Part I, Line 16, Other Expenses: subscriptions: 92

Form 990-EZ, Part I, Line 16, Other Expenses: program expenses: 11,675

Form 990-EZ, Part I, Line 16, Other Expenses: professional fees: 695

Form 990-EZ, Part I, Line 16, Other Expenses: printing and reproductions: 92

Form 990-EZ, Part I, Line 16, Other Expenses: online services: 191

Form 990-EZ, Part I, Line 16, Other Expenses: messenger services: 128

Form 990-EZ, Part II, Line 24, Other Assets: Cash advances: Beginning of year: 500, End of
year: 2,077

Form 990-EZ, Part II, Line 24, Other Assets: Due from contractor: Beginning of year: 46, End
of year: 100

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|---|---|--|
| Type or print <small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization Cartoonist Rights Network International, Inc. | Employer identification number 54-1982242 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 7272 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Fair Fax Station VA 22039 | |
| | | |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ▶ Teressa Marchetta, 27 Jay Street
- Telephone No. ▶ (212) 366-6900 FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2010 or

▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|--|-----------|----|---|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0 |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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 06/11

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): \$ 0 (910-02184)

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

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

Total Fees: \$ 100

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

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: 10/9/2009

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: 1/1/2010 To: 12/31/2010

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 the Board of Directors, they 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: 66,676
(found by adding Part VIII, lines 1a, 1b, 1c, and 1f of the IRS Form 990)

b) Total spent on fundraising, including contracts with professional fund-raising counsel or professional solicitors: 0
(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

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 copy of the previous fiscal year's Form 990, form 990EZ, Form 990PF or audited financial statements (if you e-filed Form 990, you may attach a copy of the IRS receipt of e-filing to the Form 990 in lieu of a signature). Form 990 N is NOT an acceptable financial statement. Organizations with income under \$25,000 may file a certified treasurer's report, as defined in the Rules Governing the Solicitation of Contributions*. Newly formed organizations shall file a board-approved budget of anticipated revenues and expenses 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. |

*The Rules Governing the Solicitation of Contributions can be found at www.vdacs.virginia.gov/allforms.shtml#charitable.

Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

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

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.*

Department of the Treasury
Internal Revenue Service

| | | | |
|---|--|---|---|
| A For the 2010 calendar year, or tax year beginning | | , and ending | |
| B Check if applicable: | | C Name of organization | |
| <input type="checkbox"/> Address change | Cartoonist Rights Network International, Inc. | | D Employer identification number |
| <input type="checkbox"/> Name change | | | 54-1982242 |
| <input type="checkbox"/> Initial return | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite | | E Telephone number |
| <input type="checkbox"/> Terminated | P.O. Box 7272 | | (703) 543-8727 |
| <input type="checkbox"/> Amended return | City or town state or country ZIP + 4 | | F Group Exemption Number ▶ |
| <input type="checkbox"/> Application pending | Fair Fax Station VA 22039 | | |
| G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____ | | H Check <input type="checkbox"/> 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) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. | | | |
| L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 72,951 | | | |

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I

| | Description | Code | Amount |
|---|---|-----------|--------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 66,676 |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | 0 |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 6,275 |
| c Less: direct expenses from gaming and fundraising events | 6c | 1,100 | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 5,175 | |
| Expenses | 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 in Schedule O) | 8 | |
| | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 71,851 |
| | 10 Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 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 | 54,925 | |
| 14 Occupancy, rent, utilities, and maintenance | 14 | | |
| 15 Printing, publications, postage, and shipping | 15 | | |
| 16 Other expenses (describe in Schedule O) | 16 | 22,751 | |
| 17 Total expenses. Add lines 10 through 16 ▶ | 17 | 77,676 | |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -5,825 |
| | 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 | 19,730 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | 21 | 13,905 |

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

Check if the organization used Schedule O to respond to any question in this Part V. []

Table with columns for question numbers (33-44), descriptions, and Yes/No checkboxes. Includes questions about IRS reporting, organizational changes, income reporting, and financial accounts.

| | Yes | No |
|--|-----|----|
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? | | X |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ | | X |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | | 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 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

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

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 | | | |
| Name _____ Str _____ City ST ZIP _____ | Title _____ Hr/WK .00 | | | |
| Name _____ Str _____ City ST ZIP _____ | Title _____ Hr/WK .00 | | | |
| Name _____ Str _____ City ST ZIP _____ | Title _____ Hr/WK .00 | | | |
| Name _____ Str _____ City ST ZIP _____ | Title _____ Hr/WK .00 | | | |

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

| | | | | |
|--|--|-------------------------|--|------|
| Print/Type preparer's name <u>Geoffrey Carter</u> | Preparer's signature <u>Geoffrey Carter</u> | Date <u>8/6/2011</u> | Check if self-employed <input checked="" type="checkbox"/> | PTIN |
| Firm's name <input type="checkbox"/> <u>Geoffrey Carter, CPA</u> | Firm's EIN <input type="checkbox"/> | | | |
| Firm's address <input type="checkbox"/> <u>24 Field Point Road, 1st Floor (LPI), Greenwich, CT 06830</u> | Phone no. <u>(203) 979-1850</u> | | | |

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

2010

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 |
|---|--|

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? | 11g(i) | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | 0 |
| (B) | | | | | | | | | 0 |
| (C) | | | | | | | | | 0 |
| (D) | | | | | | | | | 0 |
| (E) | | | | | | | | | 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) - 0.00%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 - 0.00%; 16a 33 1/3% support test-2010; b 33 1/3% support test-2009; 17a 10%-facts-and-circumstances test-2010; b 10%-facts-and-circumstances test-2009; 18 Private foundation.

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | 0.00% |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | 0.00% |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|-------|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.00% |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | 0.00% |

19a 33 1/3% support tests–2010. 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–2009. 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

2010

| | |
|--|---|
| Name of the organization Cartoonist Rights Network International, Inc. | Employer identification number 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 Road Vienna VA 22182 Foreign State or Province: Foreign Country: | \$ 12,500 | 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: | \$ 51,520 | 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.) |

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

Part II Noncash Property (see instructions)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| ----- | ----- ----- ----- | \$ ----- 0 | ----- |
| ----- | ----- ----- ----- | \$ ----- 0 | ----- |
| ----- | ----- ----- ----- | \$ ----- 0 | ----- |
| ----- | ----- ----- ----- | \$ ----- 0 | ----- |
| ----- | ----- ----- ----- | \$ ----- 0 | ----- |
| ----- | ----- ----- ----- | \$ ----- 0 | ----- |
| ----- | ----- ----- ----- | \$ ----- 0 | ----- |

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

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 columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ 0

| (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 |
| ----- ----- ----- For. Prov. Country | ----- ----- ----- |

| (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 |
| ----- ----- ----- For. Prov. Country | ----- ----- ----- |

| (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 |
| ----- ----- ----- For. Prov. Country | ----- ----- ----- |

| (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 |
| ----- ----- ----- For. Prov. Country | ----- ----- ----- |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Cartoonist Rights Network International, Inc.

54-1982242

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 246

Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance: 290

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 54

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 920

Form 990-EZ, Part I, Line 16, Other Expenses: postage: 460

Form 990-EZ, Part I, Line 16, Other Expenses: General & Admin: 200

Form 990-EZ, Part I, Line 16, Other Expenses: quarterly maintenance fee: 5,913

Form 990-EZ, Part I, Line 16, Other Expenses: NYFA Admin fee: 1,770

Form 990-EZ, Part I, Line 16, Other Expenses: filing fees: 25

Form 990-EZ, Part I, Line 16, Other Expenses: subscriptions: 92

Form 990-EZ, Part I, Line 16, Other Expenses: program expenses: 11,675

Form 990-EZ, Part I, Line 16, Other Expenses: professional fees: 695

Form 990-EZ, Part I, Line 16, Other Expenses: printing and reproductions: 92

Form 990-EZ, Part I, Line 16, Other Expenses: online services: 191

Form 990-EZ, Part I, Line 16, Other Expenses: messenger services: 128

Form 990-EZ, Part II, Line 24, Other Assets: Cash advances: Beginning of year: 500, End of
year: 2,077

Form 990-EZ, Part II, Line 24, Other Assets: Due from contractor: Beginning of year: 46, End
of year: 100

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|---|---|--|
| Type or print <small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization Cartoonist Rights Network International, Inc. | Employer identification number 54-1982242 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 7272 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Fair Fax Station VA 22039 | |
| | | |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ▶ Teressa Marchetta, 27 Jay Street
- Telephone No. ▶ (212) 366-6900 FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2010 or

▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|--|-----------|----|---|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0 |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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 06/11

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): \$ 0 (910-02184)

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

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

Total Fees: \$ 100

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

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: 10/9/2009

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: 1/1/2010 To: 12/31/2010

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 the Board of Directors, they 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: 66,676
(found by adding Part VIII, lines 1a, 1b, 1c, and 1f of the IRS Form 990)

b) Total spent on fundraising, including contracts with professional fund-raising counsel or professional solicitors: 0
(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

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 copy of the previous fiscal year's Form 990, form 990EZ, Form 990PF or audited financial statements (if you e-filed Form 990, you may attach a copy of the IRS receipt of e-filing to the Form 990 in lieu of a signature). Form 990 N is NOT an acceptable financial statement. Organizations with income under \$25,000 may file a certified treasurer's report, as defined in the Rules Governing the Solicitation of Contributions*. Newly formed organizations shall file a board-approved budget of anticipated revenues and expenses 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. |

*The Rules Governing the Solicitation of Contributions can be found at www.vdacs.virginia.gov/allforms.shtml#charitable.