Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

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

and ending

OMB No. 1545-0047 Open to Public

Inspection

В	Check is applicat	C Name of organization		D Employer identifi	cation number			
Г	Addr	ess CLODAL DOMEDRY DROTTERS THE						
H	chan Nam			40.1	770557			
\vdash	lchan Initia		n , :		772557			
누	retur		Room/suite	E Telephone numbe				
占	—ated Z Ame	rdod	207		943-4745			
F	returi Appli			G Gross receipts \$ 9,742,010.				
L	Ition pend	F Name and address of principal officer:HUGH EVANS		H(a) Is this a group re				
		SAME AS C ABOVE		for affiliates?	Yes X No			
1	Tayes	rempt status: X 501(c)(3)	or 527	H(b) Are all affiliates inc				
		te: > HTTP: //WWW.GLOBALPOVERTYPROJECT.COM	01 327		list. (see instructions)			
		forganization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	N State of legal domicile: NY			
	art I	Summary	L teat	DI TOTTILATION. ZOTO N	A State of legal dofffiche, IN I			
	T 4	Briefly describe the organization's mission or most significant activities: THE	ATM OF	THE GLOBAL	POVERTY			
Governance		PROJECT IS TO INCREASE THE NUMBER AND EF						
rna	2	Check this box if the organization discontinued its operations or dispose						
ove	3			3	7			
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)	***************	4	4			
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	7			
Activities &	6	Total number of volunteers (estimate if necessary)		6	30			
Cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
e	8	Contributions and grants (Part VIII, line 1h)		2,109,562.	9,726,179.			
en	9	Program service revenue (Part VIII, line 2g)		827,965.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		929.	2,857.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,847.	12,974.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,965,303.	9,742,010.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		447,900.	369,635.			
en	102	Professional fundraising fees (Part IX, column (A), line 11e)		75,000.	75,000.			
Ä	17	Total fundraising expenses (Part IX, column (D), line 25) 119,08		1 111 000	0 557 207			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,111,908. 1,634,808.	8,557,287.			
	19	Revenue less expenses. Subtract line 18 from line 12		1,330,495.	9,001,922.			
. S C		revenue less expenses. Subtract line 10 from line 12		inning of Current Year	740,088.			
Net Assets of Fund Balance	20	Total assets (Part X, line 16)	Deg	1,656,294.	End of Year 2,851,122.			
ASS dB3	21	Total liabilities (Part X, line 26)		239,618.	694,358.			
를	22	Net assets or fund balances. Subtract line 21 from line 20		1,416,676.	2,156,764.			
Pa	art II	Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is			
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer l	has any knowledge.	1			
		1 Maihith		y 8/2	5//5			
Sig	n	Signature of officer		Date (/			
Her	e	WEI SOO, MANAGING DIRECTOR - OPERATION	<u>15</u>					
		Type or print name and title	I D.	-1-				
D . 1 .		Print/Type preparer's name Preparer's signature		ate Check Check if	PTIN			
Paid		MARC TAUB, CPA		8//3/5 self-employe				
	Only	Firm's name MBAF CPAS, LLC	***************************************	Firm's EIN	13-3842744			
use	Only	Firm's address 440 PARK AVE. SOUTH			10 576 1400			
N /	, tha !!	NEW YORK, NY 10016		Phone no. 21	L2-576-1400			
iviay	rine II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Form 990 (2012) GLOBAL POVERTY PROJECT, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	I		
_	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	l _		37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		Δ.
Ŭ	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		- 23
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7.7
	Schedule D, Parts XI and XII	12a		_X_
Ð	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	v	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	Х	v
		13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14d		- 41
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1.1.		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		I	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012) GLOBAL POVERTY PROJECT, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u></u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_ <u>X</u> _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	ا ا		**
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		4,5	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

c Enter the amount of reserves on hand

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Did the organization receive any payments for indoor tanning services during the tax year?

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

					X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under th				
	of officers, directors, or trustees, or key employees to a management company or other person?		. з		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass				Х
6	Did the organization have members or stockholders?		1		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
	more members of the governing body?	•	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		`		
	persons other than the governing body?	,	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		.		
а	The governing body?		8a	х	
b	Each committee with authority to act on behalf of the governing body?		1	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		. 32		
-			. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		<u> </u>		
	The section 2 require morniation about periode not required by the meantain	venue dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		104		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y belove timing the form:	110	- 21	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo		IZU	-25	
Ū	in Schedule O how this was done	·	12c	х	
13	Did the organization have a written whistleblower policy?			X	
14	Did the organization have a written document retention and destruction policy?			X	
15	Did the process for determining compensation of the following persons include a review and approva		14		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			
_	The organization's CEO, Executive Director, or top management official		45-	v	
	Other officers or key employees of the organization		15a 15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	••••••	del	Δ.	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	ant with a			
iva			40-		v
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		16a		X
D		, ,			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		401		
iec.	exempt status with respect to such arrangements?		16b		
17	List the states with which a copy of this Form 990 is required to be filed NY				
	**************************************	(Caption 501/a)(O) - a - b d			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T for public inspection. Indicate how you made these available. Check all that apply.	(Section 50 f(c)(3)s only	avallab	ie	
		in Catadula O			
				a.t. 1	
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	mict of interest policy, a	rio tinan	cial	
	statements available to the public during the tax year.	at an annual and the			
20	State the name, physical address, and telephone number of the person who possesses the books an	a records of the organiz	ation:		
	EDDIE TAUBE - 347-782-6121				
	594 BROADWAY SUITE 207, NEW YORK, NY 10012				

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	or any related	ed organization compensat					nsat	sated any current officer, director, or trustee.					
(A)	(B)	(C)						(D)	(E)	(F)			
Name and Title	Average	(do	not c	Pos	itior	1 than	one	Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of			
	week		cer ar	dad	recto	or/trus	itee)	from	from related	other			
	(list any	recto						the	organizations	compensation			
	hours for	or di	gg.			ated		organization	(W-2/1099-MISC)	from the			
	related	ustee	trust		يوا	bens		(W-2/1099-MISC)		organization			
	organizations	ual fr	ional		ploye	t com		2		and related organizations			
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations			
(1) HUGH EVANS	40.00												
DIRECTOR/CHIEF EXECUTIVE OFFICER		X	<u> </u>	X	<u> </u>	ļ	<u> </u>	77,948.	0.	8,296.			
(2) SIMON MOSS	40.00]											
DIRECTOR/COO		X		X		<u> </u>	<u> </u>	0.	0.	77,000.			
(3) MICHAEL SMELLIE	1.00									_			
DIRECTOR		X	<u> </u>					0.	0.	0.			
(4) JOHN WILKERSON	1.00				ļ				_				
US CHAIR		X	ļ					0.	0.	0.			
(5) MARTHA FRAY	1.00												
UK CHAIR		X	<u> </u>			<u> </u>	<u> </u>	0.	0.	8,051.			
(6) SIMON MCKEON	1.00								_				
AU CHAIR		X	ļ			<u> </u>		0.	0.	0.			
(7) PETER MURPHY	1.00												
GLOBAL CHAIR		X	ļ			<u> </u>	ļ	0.	0.	0.			
(8) WEI SOO	40.00								_				
MANAGING DIRECTOR - OPERATIONS		<u> </u>	-	X		<u> </u>		0.	0.	77,000.			
		_	<u> </u>	_									
			ļ			 							
									A. H. A. P. P. P. A. D. A. D. A. A. A. A. A. A. B. P.				
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		1											
	<u> </u>	1	<u></u>	L			<u></u>	I					

(A) Name and title	(B) (C) Average hours per (do not check more than one box, unless person is both an							(D) (E) Reportable Reportal		1		
	week (list any hours for related organizations	Individual trustee or director	institutional trustee	ss pe d a d	irecto	Highest compensated composite compensated composite compensated co	itee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	ot compe from organ	unt of her nsation n the ization elated
	below line)	dividual	stitution	Officer	Key employee	ghest co	Former					zations
	1110)	Ė	iii	JO.	× ×	宝岩	요			\dashv		
										-		
										\top		
										_		
										+		
										+		
						Ļ				_	450	0.45
1b Sub-total c Total from continuation sheets to Part Vi					••••			77,948.) .	170	3 <u>47.</u> 0.
d Total (add lines 1b and 1c)								77,948.			170	347.
2 Total number of individuals (including but n						e) wh	no re					
compensation from the organization											1.	0
3 Did the organization list any former officer.	alius atau au turi		احدا							Г	Y	s No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	. -		
and related organizations greater than \$150),000? If "Yes, '	' cor	nple	te S	che	dule	Jfe	or such individual		. L	4	X
5 Did any person listed on line 1a receive or a								ed organization or indivi	dual for services			
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	J fo	or su	ch p	oers	on .			A-11-11-11-11-11-11-11-11-11-11-11-11-11	ــــــــــــــــــــــــــــــــــــــ	5	<u> </u>
Complete this table for your five highest co	mpensated ind	epe	nde	nt co	ontr	acto	rs th	nat received more than s	100.000 of compe	nsat	ion fron	
the organization. Report compensation for									•			
(A) Name and business	addraga							(B) Description of se	and and	C = 1	(C)	+inn
AEG LIVE LLC, 5750 WILSH			TTT	ጥፑ	•		-	EVENT PRODUCT			Tiperisa	ILION
501, LOS ANGELES, CA 900		, ,	.01	. J. J.	•		- 1	CONSULTANTS	LION		642.	063.
JAB II LLC, 169 UPPER MOUNTAIN AVENUE						***************************************		EVENT PRODUC'	TION	-		
MONTCLAIR, NJ 07042							_(CONSULTANTS			<u>338,</u>	722.
IN THE MO INTERACTIVE, 13 #200, LOS ANGELES, CA 900	.925 WIL	SH	IIR	E	BI	'AE		CONSULTANTS			107	EOO
THE ITO PARTNERSHIP	740		***************************************				\dashv	CIMPITIONIO			10/	500.
154 GRAND STREET, NEW YOR	RK, NY 1	00	13				_(CONSULTANTS			169,	760.
							T					
2 Total number of independent contractors (in	actuding but a	ot lin	nitor	l to t	hoo	o lic	+04	abaya) who received	are then			
\$100,000 of compensation from the organization	_	7C III 7	ntec		4		ea	above, who received me	ore uran			

Total revenue revenue property of the program and the program service revenue property of the program service revenue program			Check if Schedule O cont	ains a respons	e to any question	n in this Part VIII	***********		
1						(A)	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
Business Code 2 a	ıts	1 a	Federated campaigns	1a				······································	
Business Code 2 a	irar	b							
Business Code 2 a	S, E								
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Business Code 2 a	s,E	е				-			
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e Total. Add lines 11a-11d						 			
12 Total revenue. See instructions. ► 9,742,010. 12,974. 0. 2,857.						12.974.			
		12				9,742,010.	12,974.	0.	2,857.

Form 990 (2012) GLOBAL POVERTY PROJECT, INC. Part IX | Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon	se to any guestion in th	is Part IX	ппрівсе соштп (А).	
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		3,100,000	gonoral expenses	одреняез
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	86,244.	68,614.	8,815.	8,815
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	167,715.	133,429.	17,143.	17,143.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	24,962.	19,858.	2,552.	2,552. 9,272.
10	Payroll taxes	90,714.	72,170.	9,272.	9,272.
11	Fees for services (non-employees):				
a	-				
b	<u> </u>	20 540		00 540	·
C	<u> </u>	28,548.		28,548.	
d		75 000			
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	75,000.			75,000.
g					
•	column (A) amount, list line 11g expenses on Sch O.)	354,725.	351,767.	2,958.	
12	Advertising and promotion	4,765.	3327,37	4,765.	
13	Office expenses	89,940.	63,218.	20,418.	6,304.
14	Information technology				0,001.
15	Royalties			***************************************	· · · · · · · · · · · · · · · · · · ·
16	Occupancy	53,600.	6,000.	47,600.	
17	Travel	186,543.	186,543.	- 7 3 3 3 3	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,064.		2,064.	
23	Insurance	4,887.		4,887.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EVENT PRODUCTION FEES	7,832,215.	7,832,215.	***************************************	
b			.,		
C					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,001,922.	8,733,814.	149,022.	119,086.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X Balance Sheet

art X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	37,739.	1	632,739
2		1,352,169.	2	75
3			3	2,202,986
4	Accounts receivable, net	262,000.	4	13,000
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
,	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7 8	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10:	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 6,192.		1	
l	b Less: accumulated depreciation 10b 3,870.	4,386.	10c	2,322
11	Investments - publicly traded securities		11	***************************************
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,656,294.	16	2,851,122
17	Accounts payable and accrued expenses	235,618.	17	36,898
18	Grants payable		18	
19	Deferred revenue	4,000.	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
21 22	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	230,233
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	300,000
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	0.	25	127,227.
26	Total liabilities. Add lines 17 through 25	239,618.	26	694,358.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 30 31 32	Unrestricted net assets	1,391,676.	27	70,314.
28	Temporarily restricted net assets	25,000.	28	70,314. 2,086,450.
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,416,676.	33	2,156,764.
34	Total liabilities and net assets/fund balances	1,656,294.	34	2,851,122.

	1990 (2012) GLOBAL POVERTY PROJECT, INC.	42-17	72557	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,74	2,0	10.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,00	1,9	22.
3	Revenue less expenses. Subtract line 2 from line 1	3	74	0,0	88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,41	6,6	76.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,15	5,7	64.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36		

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 42-1772557 GLOBAL POVERTY PROJECT. INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. c ____ Type III - Functionally integrated d Type III - Non-functionally integrated b Type II 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? (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) Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (vii) Amount of monetary (ii) EIN organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 support organization (i) organized in the governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 GLOBAL POVERTY PROJECT, INC. 42-1772557 Page 2 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			***************************************			
	include any "unusual grants.")			129,950.	2109562.	9726179.	11965691.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			129,950.	2109562.	9726179.	11965691.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6950149.
6	Public support. Subtract line 5 from line 4.						5015542.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4		1	129,950.	2109562.	9726179.	11965691.
	Gross income from interest.						
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				929.	2,857.	3,786.
a	Net income from unrelated business				222	2,037.	3,7000
J	activities, whether or not the						
	business is regularly carried on			-			
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)				26,847.	12 974	39,821.
44	Total support. Add lines 7 through 10				20,047.	<u> </u>	12009298.
	Gross receipts from related activities,	ete (eee instructi	l			12	827,965.
	First five years. If the Form 990 is for	•		rd fourth or fifth to			021,303.
13	organization, check this box and stor						> \textbf{X}
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (I		***************************************	column (f))		14	%
	Public support percentage from 2011					15	%
	33 1/3% support test - 2012. If the c					l	
104	stop here. The organization qualifies	•					▶
h	33 1/3% support test - 2011. If the c		-				nis box
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			•	•	_	. —
h	10% -facts-and-circumstances tes	•	•		•		
IJ	more, and if the organization meets the						
	organization meets the "facts-and-circ				•		
10	· ·		•	•		***************************************	
10	Private foundation. If the organization	n did flot check a	DOX OF HIRE 13, 10	oa, 100, 17a, 01 170	, GIECK HIS DOX 8	nu see mstruction	ــــا 🗕 ــــــا

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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that			•			
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
i	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						
(Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)				l.,.,,,		
Se	ction B. Total Support	¥			_		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
i	Unrelated business taxable income			·			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organia	zation,
	check this box and stop here			***************************************			<u></u> ▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage	****			
15	Public support percentage for 2012 (I	ine 8, column (f) d	ivided by line 13, o	olumn (f))		15	<u>%</u>
	Public support percentage from 2011					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	12 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2012. If the						17 is not
	more than 33 1/3%, check this box a	•	•		• • •		▶□
i	33 1/3% support tests - 2011. If the	•					
	line 18 is not more than 33 1/3%, che		-				······································
20	Private foundation. If the organization	n did not check a	DOX OD IDE 14, 19	a or ign check th	us nox and see in	ISTUCTIONS	

Schedule A (Form 990 or 990	0-EZ) 2012 GLOBAL POVERT	Y PROJECT, INC.	42-1772557 Page 4
Part IV Supplement	tal Information. Complete this par	t to provide the explanations require	d by Part II, line 10; Part II, line 17a or 17b;
and Part III, line	e 12. Also complete this part for any ad	ditional information. (See instruction	s).
פרטפוווד א האו	om tt ithe 10 eyb	LANAMION EOD OMIED	TNCOME.
SCREDULE A, PA	RT II, LINE 10, EXP	LANATION FOR OTHER	INCOME:
OTHER INCOME			

2011 AMOUNT: \$	26,847.		
2012 AMOUNT: \$	12,974.		

	WH 100 LOCAL CONTROL C		

		V	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization **Employer identification number** GLOBAL POVERTY PROJECT, INC. 42-1772557 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 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** X 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, total 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 total 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 Part I, 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

Employer identification number

GLOBAL POVERTY PROJECT, INC.

42-1772557

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BILL AND MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98102	\$ <u>4,117,708.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ANDIE AND TODD PEDERSON C/O VIVINT, 4931 N 300 W PROVO, UT 84604	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HIGH END PTE LTD 10 STANLEY ST. SINGAPORE, SINGAPORE 068729	\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CAPITAL FOR GOOD 115 BLOOMINGDALE AVE WAYNE, PA 19087	\$ 443,185.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	WORLD HEALTH ORGANIZATION AVENUE APPIA 20 1211 GENEVA 27 GENEVA, SWITZERLAND	\$200,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	LEE STRIVENS 157 HIGH STREET PRAHRAN, VICTORIA, AUSTRALIA 3181	\$199,950.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

GLOBAL POVERTY PROJECT, INC.

42-1772557

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SUMNER M REDSTONE CHARITABLE FOUNDATION ION846 UNIVERSITY AVE NORWOOD, MA 02062	\$850,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Ivame, address, and zir + +	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

GLOBAL POVERTY PROJECT, INC.

42-1772557

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
rarti			
		 \$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 12-21-	40		<u> </u> 990, 990-EZ, or 990-PF) (2

	(Form 990, 990-EZ, or 990-PF) (2012)		Page 4						
Name of orga	nization		Employer identification number						
GLOBAL	POVERTY PROJECT, 1	INC.	42-1772557						
Part III	Exclusively religious, charitable, et vear. Complete columns (a) through (c	c., individual contributions to section 501 e) and the following line entry. For organiza table, etc., contributions of \$1,000 or less f	(c)(7), (8), or (10) organizations that total more than \$1,000 for the						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of g	ift						
	Transferee's name, add	ress, and ZIP + 4	Relationship of transferor to transferee						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, addr	ress, and ZIP + 4	Relationship of transferor to transferee						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of g	ift						
-	Transferee's name, addr	ess, and ZIP + 4	Relationship of transferor to transferee						
-									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of g	ift						
	Transferee's name, addr	ess, and ZIP + 4	Relationship of transferor to transferee						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

GLOBAL POVERTY PROJECT, INC.

Employer identification number 42–1772557

Pai		or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		·
***************************************	(a) [Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's exclusive le		, married
6	Did the organization inform all grantees, donors, and donor advisors in w		
•	for charitable purposes and not for the benefit of the donor or donor adv		
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	
Pai	rt II Conservation Easements. Complete if the organization as	nswered "Yes" to Form 990. Part IV	V. line 7.
1	Purpose(s) of conservation easements held by the organization (check a		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historic	ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form of a	conservation easement on the last
~	day of the tax year.		onion validit dadomont dir trio tadi
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	man and a second		
c	Number of conservation easements on a certified historic structure inclu		
d	Number of conservation easements included in (c) acquired after 8/17/0		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extir		
_	year▶		
4	Number of states where property subject to conservation easement is lo	cated >	
5	Does the organization have a written policy regarding the periodic monitor		
			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforci	ng conservation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of		
8	Does each conservation easement reported on line 2(d) above satisfy the		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easemer		
	include, if applicable, the text of the footnote to the organization's finance	·	
	conservation easements.		
Pai	t III Organizations Maintaining Collections of Art, His	torical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV	, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance o	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these it	ems.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re-	eport in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or	research in furtherance of public s	ervice, provide the following amounts
	relating to these items:	·	-
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
			> \$
2	If the organization received or held works of art, historical treasures, or or		
	the following amounts required to be reported under SFAS 116 (ASC 958	•	
а	Revenues included in Form 990, Part VIII, line 1	-	> \$
b	Assets included in Form 990, Part X		

Sche		POVERTY PR							<u>72557</u>	
Par	t III Organizations Maintaining C	collections of A	rt, Histo	rical Tr	easures, o	or Other	Simila	r Asse	ts (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	is, check a	ny of the	following tha	it are a sig	nificant u	se of its	collection i	items
	(check all that apply):									
а	Public exhibition	d	I 🖳 Lo	an or exc	hange progra	ams				
b	Scholarly research	е	· L Ot	her						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they	further t	he organizati	on's exem	pt purpos	e in Par	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, histo	orical trea	sures, or oth	er similar a	assets			
,	to be sold to raise funds rather than to be ma	aintained as part of t	the organiz	ation's co	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par	-	ete if the o	ganizatio	on answered	"Yes" to F	orm 990,	Part IV, I	ine 9, or	
12	Is the organization an agent, trustee, custodi		diary for co	ntribution	ns or other as	sets not in	ncluded			
	on Form 990, Part X?		=					Γ	Yes	No
h	If "Yes," explain the arrangement in Part XIII								00	
	1 103, explain the arrangement in Fart Air	and complete the re	moving tax						Amount	
С	Beginning balance						1c		7 11110 0171	
ď	Additions during the year						1d			
۵	Distributions during the year									
f	Ending balance						1 1			
) 2a	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.									Ħ.
Pai										
L		(a) Current year	(b) Pric		(c) Two year			ars back	(e) Four v	ears back
1a	Beginning of year balance	(L) Current your	(5) (110	. ,	(6) 1.110 year	o ouen (c	., .	are buon		
h	Contributions	······································								
~	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities							***************************************		
·	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end haland	e (line 1a	column (a)) held as:	L				
a	Board designated or quasi-endowment	-	%	00.0 (u,, 11010 001					
h	Permanent endowment	%								
c	Temporarily restricted endowment	^~ %								
Ŭ	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse		ation that a	are held a	and administe	red for the	e organiza	tion		
Ou	by:	ocion or and organiz	anorr triat t				, o. ga		Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations									
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
L	Description of property	(a) Cost or o			t or other	(c) Acc	umulated	ī	(d) Book	value
	boomphon of proporty	basis (investr	1		(other)		eciation		(=) =====	
19	Land	<u>`</u>								71117
	Buildings			·····						
	Leasehold improvements									
	Equipment	1								
	Other	į.			6,192.		3,87	0.	2	,322.
	I. Add lines 1a through 1e. (Column (d) must e		X, column	(B), line 1				>		,322.

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2012 GLOBAL POVERTY PROJECT, INC			<u>1772557 Page 4</u>
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per F	Return	1
1	Total revenue, gains, and other support per audited financial statements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)]	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	A444444	5	
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Retu	rn
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments		7	
c	Other losses			i
d	Other (Describe in Part XIII.)			1
е	Add lines 2a through 2d		2e	1
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b]	
С	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pai	t XIII Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	, lines 1a and 4; Part IV, lines 1	b and a	2b; Part V, line 4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			
PAF	RT X, LINE 2: GPP FOLLOWS THE ACCOUNTING ST	TANDARD FOR UNCE	RTA	INTY IN
INC	COME TAXES. THE STANDARD PRESCRIBES A MINIM	MUM RECOGNITION	THR:	ESHOLD AND
ME?	ASUREMENT METHODOLOGY THAT A TAX POSITION T	TAKEN OR EXPECTE	ED TO	O BE TAKEN
IN	A TAX RETURN IS REQUIRED TO MEET BEFORE BE	EING RECOGNIZED	IN '	PHE
CON	ISOLIDATED FINANCIAL STATEMENTS. IT ALSO PR	ROVIDES GUIDANCE	FO	<u> </u>
	TOO CONTENTS OF A CONTENTS OF THE PARTY OF T			
DEF	RECOGNITION, CLASSIFICATION, INTEREST AND F	PENALTIES, DISCI	OSUI	RE, AND
7177~ ~	NUTTETON			
T.KV	NSITION.			

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 GLOBAL POVERTY PROJECT, INC. Part XIII Supplemental Information (continued)	42-1772557 Page 5
SHOULD THERE BE INTEREST ON UNDERPAYMENTS OF INCOME TAX, G	PP WOULD
CLASSIFY IT AS "INTEREST EXPENSE." GPP WOULD CLASSIFY PENA	ALTIES IN
CONNECTION WITH UNDERPAYMENTS OF TAX AS "OTHER EXPENSE."	
GPP IS SUBJECT TO AUDIT BY TAX AUTHORITIES. GPP BELIEVES T	THAT IT HAS
APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RET	URNS.
NONETHELESS, WERE SUCH AN AUDIT TO OCCUR, THE AMOUNTS ULTI	MATELY PAID, IF
ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AU	THORITIES COULD
DIFFER MATERIALLY FROM THE AMOUNTS FILED. MANAGEMENT BELIE	EVES THAT ITS
NONPROFIT STATUS WOULD BE SUSTAINED UPON EXAMINATION.	
GPP FILES FEDERAL AND NEW YORK STATE INFORMATIONAL RETURNS	G. WITH FEW
EXCEPTIONS, GPP IS NO LONGER SUBJECT TO FEDERAL, STATE, OF	R LOCAL INCOME
TAX EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFOR	RE 2011.
	10.00

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection

Employer identification number

GLOBAL POVERTY	PROJECT.	INC.			42-17725	57
Part I General Info	rmation on A	ctivities Ou	tside the United States. Compl	ete if the organ	ization answered	"Yes"
to Form 990, Pai			•	· ·		
1 For grantmakers. Does	s the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award th	e grants or assi	stance? X	Yes No
2 For grantmakers. Description United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and ot	ther assistance ou	itside the
3 Activities per Region. (T	he following Parl	I, line 3 table ca	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDING						
(CELAND & GREENLAND)						
- ALBANIA, ANDORRA,				INCREASE AW	ARENESS OF	
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	GLOBAL POVE	RTY	149,948.
EAST ASIA AND THE						
PACIFIC - AUSTRALIA,						
BRUNEI, BURMA,				INCREASE AW	ARENESS OF	
CAMBODIA,	0	0	PROGRAM SERVICES	GLOBAL POVE	RTY	368,582,
					0.5.11n1c.35c.55c	
				West-feeding		
·····			AMPPERS AND A COLUMN ASSESSMENT A			
0 . 0 . 1 . 1 . 1						
3 a Sub-total	0	0				518,530.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a	_	_				
and 3b)	0	0		<u> </u>		<u> 518,530.</u>

Page 2

Schedule F (Form 990) 2012 GLOBAL POVERTY PROJECT, INC. 42–1772557

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

tion (i) Method of shall ation (book, FMV, ce appraisal, other)						
(h) Description of non-cash assistance						
(g) Amount of non-cash assistance					exempt by	
(f) Manner of cash disbursement					recognized as tax	***************************************
(e) Amount of cash grant					e foreign country,	***************************************
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	***************************************
(c) Region					s listed above that are has provided a section entitles	
(b) IRS code section and EIN (if applicable)					ecipient organization e grantee or counsel	
1 (a) Name of organization					 Enter total number of recipient organizations listed above that are recog the IRS, or for which the grantee or counsel has provided a section 501 Enter total number of other organizations or entities 	ı

42-1772557

Page 3

GLOBAL POVERTY PROJECT, INC.

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant (b) Region (a) Type of grant or assistance

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open To Public

Name of the organization

Employer identification number

Inspection

GLOBAL	POVERTY PROJECT, I	NC.			42-1772	557
Part I Fundraising Activities required to complete this pa	 Complete if the organization answert. 	ered "Y	es" to	o Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rai a Mail solicitations b X Internet and email solicitation c Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid incompensated at least \$5,000 by the 	e Solicita f Solicita g X Special or oral agreement with any individual Part VII) or entity in connection with particular in the part vision of the particular vision vision of the particular vision	tion of tion of fundra (inclue rofess	non-g gover aising ding o	povernment grants rnment grants events officers, directors, tru- fundraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
MALIA ANDELIN - 31 BEVERLY		Yes	No			
PARK, BEVERLY HILLS, CA	DONATION		x	850,000.	75,000.	775,000.

Total			>	850,000.	75,000.	775,000,
3 List all states in which the organization or licensing.						
NY						
	**************************************	**				
		···				
VIII.			***************************************			

Sch Pa	edu art	ile G (Form 990 or 990-EZ) 2012 GLOBAL Fundraising Events. Complete if the of fundraising event contributions and g	he organization answere	d "Yes" to Form 990, Pa	rt IV, line 18, or reported	-1772557 Page 2 I more than \$15,000 pts greater than \$5,000.							
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through							
e			(event type)	(event type)	(total number)	col. (c))							
Revenue	1	Gross receipts											
	2	Less: Contributions											
	3	Gross income (line 1 minus line 2)											
	4	Cash prizes											
es	5	Noncash prizes											
xbens	6	Rent/facility costs											
Direct Expenses	7	Food and beverages											
_	8	Entertainment											
	9	Other direct expenses											
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)	•••••	>								
Pa	rt I	Net income summary. Combine line 3, columnary. Gaming. Complete if the organization	in (d), and line 10	1990 Part IV line 19 or	reported more than								
		\$15,000 on Form 990-EZ, line 6a.	anowored res to rem	1000,1 art 10, mile 10, 01	reported more than								
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))							
R	1	Gross revenue											
ses	2	Cash prizes											
Expenses	3	Noncash prizes			***************************************								
Direct	4	Rent/facility costs											
	5	Other direct expenses											
	6	Volunteer labor	Yes% No	Yes% No	Yes % No								
	7												
	8	Net gaming income summary. Combine line 1	I, column d, and line 7										
9		er the state(s) in which the organization opera											
a b	Yes No												
10a b	We	Yes No											

Schedule G (Form 990 or 990-EZ) 2012 GLOBAL POVERTY PROJECT, INC.	42-17	7255	7 Page 3							
11 Does the organization operate gaming activities with nonmembers?		Yes	□ No							
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity to administer charitable gaming?	y formed	Yes	□ No							
13 Indicate the percentage of gaming activity operated in:			110							
a The organization's facility	1	3a	%							
b An outside facility		3b	%							
14 Enter the name and address of the person who prepares the organization's gaming/special events book	s and records:									
Name >										
Address >										
15a Does the organization have a contract with a third party from whom the organization receives gaming re-	venue?	Yes	☐ No							
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ a	nd the amount									
of gaming revenue retained by the third party > \$										
c If "Yes," enter name and address of the third party:										
Name										
Address >										
16 Gaming manager information:										
Name										
Gaming manager compensation ▶ \$										
Description of services provided										
Director/officer Employee Independent contractor										
17 Mandatory distributions:										
a Is the organization required under state law to make charitable distributions from the gaming proceeds to										
retain the state gaming license?		Yes	☐ No							
b Enter the amount of distributions required under state law to be distributed to other exempt organization	s or spent in the									
organization's own exempt activities during the tax year ▶ \$										
Supplemental Information. Complete this part to provide the explanations required by Part I, Ii lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any ad			•							
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID I	FUNDRAISERS	<u>:</u>								
(I) NAME OF FUNDRAISER: MALIA ANDELIN										
/T) ADDRESS OF BURDDATSED. 21 DEVENTY DADY DEVENTY WIT	T G G 3 00:	210								
(I) ADDRESS OF FUNDRAISER: 31 BEVERLY PARK, BEVERLY HII	LLS, CA 902	<u> </u>	······································							
		, , , , , , , , , , , , , , , , , , , ,								

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

		GLOBAL P	OVERTY PR	OJE	CT,	INC.			42	<u>-17</u>	725	57			
Part I			tions (section 50												
	Complete if the	organization an	swered "Yes" on I	Form !	990, P	art IV, line 25a c	or 25t	o, or Form 990-EZ, P	art V, I	ine 40	Ob.				
1 (a) Na	(a) Name of disqualified person (b) Relation				disqua	lified	(c) Description of transaction			-			(d) Corrected?		
(a) Harrie of disqualified persons			person and organization				(c) Description of transa			action			es	No	
							**********	·····							
***************************************			***************************************					*****							
			B-10-11-11-11-11-11-11-11-11-11-11-11-11-						·····						
						L									
			-	_		•		ring the year under							
	on 4958					•••••			J	> \$					
3 Enter	the amount of tax,	, if any, on line 2	2, above, reimburs	ed by	the or	ganization				> \$					
Part II	Loans to an	d/or From I	nterested Pers	2000											
raitii															
						, Part V, line 38	a or F	orm 990, Part IV, lin	ne 26; c	or if th	ne orga	anizati	on		
		(b) Relationsh	90, Part X, line 5, 6	·					r		(h) An	nroved			
interested person with		with	of loan	(d) Loan to or from the		(e) Original principal amo	jinal Imount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) W	/ritten ment?	
organiza			ion		zation?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						1	1	Т	
TOHN I	WILKED GOM	DIBECTO	DIMINEDWD T		From	50,00	10	50,000.	Yes	No X	Yes X	No	Yes	No	
JOHN WILKERSON DIRECTORUNDERWRI MICHAEL SMELLIEDIRECTORUNDERWRI				-	49,97		49,975.		X	X		X	 		
PETER MURPHY DIRECTORUNDERWRI					 	99,95		99,950.		X	X		X		
WEI S			UNDERWRI		 	30,30		30,308.		X	X		X		
		CI I COLI	OI(DLICKICE)	-23		30,30	,	30,300.			- 21		22	 	
	***************************************									***************************************					

otal							\$	230,233.							
Part III	Grants or As	ssistance Be	enefiting Inter	este	d Pe	rsons.									
···	Complete if the	organization an	swered "Yes" on F	orm 9	90, Pa	art IV, line 27.									
(a) Name of interested person (b) Relationship be interested person			001110011		(c) Amoun		(d) Type		f (e)			ose of	f		
			interested pers the organiza		d	assistano	ce	assistan	ce i		assistance				
			tile Organiza												
	······														
· · · · · · · · · · · · · · · · · · ·			****				·								
										_					

									····						
															
***************************************										_					
	···		*****												

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

Schedule L (Form 990 or 990-EZ) 2012

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

2012
Open to Public Inspection

Name of the organization

Employer identification number

GLOBAL POVERTY PROJECT, INC. 42-1772557 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ACTION TO END EXTREME POVERTY. FORM 990, PAGE 1, ITEM B - AMENDED RETURN THE FOLLOWING HAVE BEEN AMENDED IN ACCORDANCE WITH THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2012: FORM 990, PAGE 1, ITEM B, ITEM G, AND PART I FORM 990, PAGE 2, PART III - LINES 4A, 4B, 4C, 4D, AND 4E FORM 990, PAGE 3, PART IV - LINES 11E, 11F, AND 12B FORM 990, PAGE 5, PART V - LINES 4A AND 4B FORM 990, PAGE 6, PART VI - LINE 20 FORM 990, PAGE 9, PART VIII FORM 990, PAGE 10, PART IX FORM 990, PAGE 11, PART X, COLUMN (B) FORM 990, PAGE 12, PART XI AND PART XII SCHEDULE A, PAGE 2, PART II SCHEDULE A, PAGE 4, PART IV SCHEDULE B, PAGE 2, PART I SCHEDULE D, PAGE 3, PART X - LINES 1 AND 2 SCHEDULE D, PAGE 4, PART XIII SCHEDULE F, PAGE 1, PART I - LINE 3, COLUMN (F) SCHEDULE F, PAGE 5, PART V SCHEDULE O FORM 5471, UNITED KINGDOM, PAGE 1 - LINES 1A, 1F, 1G, 2C, AND 2D FORM 5471, UNITED KINGDOM, PAGE 3, SCHEDULE F, COLUMN (B)

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization **Employer identification number** GLOBAL POVERTY PROJECT, INC. 42-1772557 FORM 5471, UNITED KINGDOM, STATEMENTS FORM 5471, UNITED KINGDOM, SCHEDULE O, PAGE 2, PART II-SECTION C-ITEM G FORM 5471, AUSTRALIA, PAGE 1 - LINES 1F, 1G, AND 2D FORM 5471, AUSTRALIA, PAGE 2, SCHEDULE C FORM 5471, AUSTRALIA, PAGE 3, SCHEDULE F, COLUMN (B) FORM 5471, AUSTRALIA, PAGE 4, SCHEDULE H FORM 5471, AUSTRALIA, STATEMENTS FORM 5471, AUSTRALIA, SCHEDULE J FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: NATIONS GENERAL ASSEMBLY, WHICH WAS ATTENDED BY HEADS OF GOVERNMENTS, BILL GATES, AND THE UN SECRETARY-GENERAL. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: 1.4 BILLION REASONS TOUR - THERE ARE 1.4 BILLION PEOPLE IN THE WORLD LIVING IN EXTREME POVERTY. THAT'S 1.4 BILLION PEOPLE LIVING WITHOUT ACCESS TO BASIC OPPORTUNITIES AND RIGHTS. GPP DEVELOPED THE MULTI-MEDIA PRESENTATION 1.4 BILLION REASONS TOUR TO SHARE THE FACTS OF EXTREME POVERTY, SHARE THE SUCCESSES AND OPPORTUNITIES, AND INSPIRE AUDIENCES TO UNDERSTAND AND GET INVOLVED IN THE MOVEMENT TO END EXTREME POVERTY. IN EARLY 2011, GPP'S TEAM TOURED THE UNITED STATES, DELIVERING 70 PRESENTATIONS TO MORE THAN 11,000 PEOPLE, AND SHARING STORIES OF PROGRESS FIGHTING EXTREME POVERTY ALONG THE WAY. EXPENSES \$ 277,673. INCLUDING GRANTS OF \$ 0. REVENUE \$ 12,974. FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO ITS SUBMISSION, 990 FORMS

AND SUPPORTING MATERIALS ARE REVIEWED BY ALL DIRECTORS.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization GLOBAL POVERTY PROJECT, INC.	Employer identification number 42-1772557
GEODRE TOVERTE TROUBET, INC.	1 42 1/12331
FORM 990, PART VI, SECTION B, LINE 12C: ACTIVE DISCUSSION	DURING BOARD
MEETINGS OF POTENTIAL AND IDENTIFIED CONFLICTS OF INTERES	T.
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION MUST	
THE BOARD. BOARD CONSIDERS THE COMPENSATION OF COMPARABLE	
EMPLOYEE IS ALSO A BOARD MEMBER, HE OR SHE MAY NOT PARTIC DISCUSSION OR VOTE ON HIS OR HER COMPENSATION.	IPATE IN THE
DIDOUBLING ON VOIL ON MID ON MENT COMMINGMITTONS	
FORM 990, PART VI, SECTION C, LINE 19: GLOBAL POVERTY PRO	JECT, INC. DOES
MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY	, AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.	

(Rev. December 2012)

Department of the Treasury Internal Revenue Service

Information Return of U.S. Persons With Respect To Certain Foreign Corporations
For more information about Form 5471, see www.irs.gov/form5471.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning JAN 1 , 2012, and ending DEC 31, 2012 OMB No. 1545-0704

Attachment Sequence No. 121

Name of person filing this return	A Identifying nun	nber			
GLOBAL POVERTY PROJECT, INC.	42-1772	2557			
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)	B Category of file	r (See instructions. Check	applicable	box(es)):	
594 BROADWAY , NO. 207		1 (repealed) 2	3 X	4 X	5 X
City or town, state, and ZIP code	C Enter the total p	ercentage of the foreign o	corporation'	s voting sto	ck
NEW YORK, NY 10012	you owned at th	ne end of its annual accou	nting period	100	.00 %
Filer's tax year beginning JAN 1 , 2012 , and ending	DEC 31	,2012			
D Person(s) on whose behalf this information return is filed:			***************************************		
(1) Name (2) Address		(3) Identifying number	(4) Chec	k applicable	box(es)
			Shareholder	Officer	Director
GLOBAL POVERTY PROJE 594 BROADWAY NY NY	10012	421772557	X		
Important: Fill in all applicable lines and schedules. All information must unless otherwise indicated.	be in English. All amo	unts mus t be stated in	U.S. dolla	rs	
1a Name and address of foreign corporation		b(1) Employer identif	fication num	ber, if any	
GLOBAL POVERTY PROJECT UK				, ,	
SOMERSET HOUSE W SVC YARD VICTORIA E	MBANKMENT	b(2) Reference ID nu	mber (see i	nstructions)
LONDON WCR 1LA		001			•
UNITED KINGDOM		c Country under v	vhose laws	incorporate	d
		UNITED	KINGD	OM	
	ncipal business activity	h Function	nal currency	1	
incorporation LONDON business activity code number TO	END EXTREME				
03/11/10UNITED KINGDOM 813000 POV	ERTY	UNITE	D KIN	GDOM,	POUND
2 Provide the following information for the foreign corporation's accounting period s	tated above.				
a Name, address, and identifying number of branch office or agent (if any) in the Uni	ted States	b If a U.S. income tax i	return was f	iled, enter:	
		(i) Toyohla inaama ar (la		I.S. income	
		(i) Taxable income or (lo	ss) (after all cre	dits)
			0.		0.
c Name and address of foreign corporation's statutory or resident agent in country of incorporation	person (or persons	(including corporate depa) with custody of the book e location of such books a	ks and reco	rds of the fo	reign
WENDY COURTENAY					
SOMERSET HOUSE W SVC YARD VICTORIA					
LONDON WCR 1LA					
UNITED KINGDOM					
Schedule A Stock of the Foreign Corporation					
		(b) Number of sha	res issued a	ınd outstan	ding
(a) Description of each class of stock		(i) Beginning of annua accounting period		ii) End of ar ecounting p	
COMMON	***************************************		0		0
LHA For Paperwork Reduction Act Notice, see instructions.			Form 5	5471 (Rev	. 12-2012)

Form 5471 (Rev. 12-2012)
Schedule B | U.S. Shareholders of Foreign Corpor

Schedule B U.S. Shareholders of	Foreign Corporation			
(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note; This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
GLOBAL POVERTY PROJECT 594 BROADWAY NEW YORK NY 10012 421772557	COMMON	0	C	

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

			Functional Currency	U.S. Dollars
	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold	2		
Income	3 Gross profit (subtract line 2 from line 1c)	3		
ည္	4 Dividends	4		
=	5 Interest	5		
	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
	8 Other income (attach statement) SEE STATEMENT 2	8	284,646.	452,465.
	9 Total income (add lines 3 through 8)	9	284,646.	452,465.
	10 Compensation not deducted elsewhere	10	179,708.	285,659.
	11a Rents	11a	14,615.	23,232.
	b Royalties and license fees	11b		
SL	12 Interest	12		
얉	13 Depreciation not deducted elsewhere	13	3,280.	5,214.
Deductions	14 Depletion	14		
Ď	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15		
	16 Other deductions (attach statement - exclude provision for income, war profits,			
	and excess profits taxes) SEE STATEMENT 3	16	78,858.	125,350.
	17 Total deductions (add lines 10 through 16)	17	276,461.	439,455.
	18 Net income or (loss) before extraordinary items, prior period adjustments, and			
ď)	the provision for income, war profits, and excess profits taxes (subtract line			
Ĕ	17 from line 9)	18	8,185.	13,010.
ŭ	19 Extraordinary items and prior period adjustments	19		
Net Income	20 Provision for income, war profits, and excess profits taxes	20		
_				
	21 Current year net income or (loss) per books (combine lines 18 through 20)	21	8,185.	13,010.

Form 5471 (Rev. 12-2012)

Schedule E Income, War Profits, and Excess P	Amount of tax				
(a) Name of country or U.S. possession	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars		
U.S.					
		***************************************	***************************************		

			······································		
Total					

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets		Begin acco	(a) ning of annual unting period	(b) End of annual accounting period
1	Cash	1		58,633.	57,570.
2a	Trade notes and accounts receivable	2a		45,019.	61,341.
b	Less allowance for bad debts	2b	()	(
3	Inventories	3			
4	Other current assets (attach statement) SEE STATEMENT 6	4		3,838.	982.
5	Loans to shareholders and other related persons	5			
6	Investment in subsidiaries (attach statement)	6			
7	Other investments (attach statement)	7			
8a	Buildings and other depreciable assets	8a		0.	35,552.
b	Less accumulated depreciation	8b	(0)	(5,334)
9a		9a			
b	Less accumulated depletion	9b	()	()
10	Land (net of any amortization)	10			
11	Intangible assets:	ŀ			
а	Goodwill	11a			
b	Organization costs	11b			
C	Patents, trademarks, and other intangible assets	11c			
đ	Less accumulated amortization for lines 11a, b, and c	11d	()	()
12	Other assets (attach statement)	12			
13	Total assets	13		107,490.	150,111.
	Liabilities and Shareholders' Equity				
14	Accounts payable	14	T	47,458.	75,763.
15	Other current liabilities (attach statement)	15			
16	Loans from shareholders and other related persons	16			
17	Other liabilities (attach statement)	17			
18	Capital stock:				
а	Preferred stock	18a			
b	Common stock	18b			
19	Paid-in or capital surplus (attach reconciliation)	19			
20	Retained earnings	20		60,032.	74,348.
21	Less cost of treasury stock	21	()	()
22	Total liabilities and shareholders' equity	22		107,490.	150,111.

Form **5471** (Rev. 12-2012)

	LOBAL POVERTY PROJECT, INC.			42-177	
For	rm 5471 (Rev. 12-2012)				Page 4
3	Schedule G Other Information				
	District the second sec			Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indire			$\overline{}$	X
	partnership?				للحكيا
	If "Yes," see the instructions for required statement.				X
2	During the tax year, did the foreign corporation own an interest in any trust? During the tax year, did the foreign corporation own any foreign entities that were disregard.				_
3	from their owners under Regulations sections 301.7701-2 and 301.7701-3?				X
	If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).				
	During the tax year, was the foreign corporation a participant in any cost sharing arrangeme	nnt?			X
4	During the course of the tax year, did the foreign corporation become a participant in any co				X
5	During the tax year, did the foreign corporation participate in any reportable transaction as c				X
6		defined in negalations section 1.00 i	-4:		L
-	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G). During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqu	calified for credit under cection			
7				П	X
0	901(m)? During the tax year, did the foreign corporation pay or accrue foreign taxes to which section				
8	were previously suspended under section 909 as no longer suspended?				X
Г	Schedule H Current Earnings and Profits		***************************************		
L	nportant: Enter the amounts on lines 1 through 5c infunctional currency.				
1	Current year net income or (loss) per foreign books of account		1	8	185
2	Net adjustments made to line 1 to determine current earnings and			<u></u>	
2	profits according to U.S. financial and tax accounting standards Net	Net			
	(see instructions): Additions	1			
		Gaptractions			
a			1		
b			1		
C			1		
ď			-		
e			-		
f	, -, -		1		
g			1		
h	,				
3 4	Total net additions		1		
4 5а	Total net subtractions Current earnings and profits (line 1 plus line 3 minus line 4)		- 5a	8 -	185
	manus de la contraction de la		1 1	<u> </u>	
b			1 1	8.	185
C C	Combine lines 5a and 5b	ate as defined in section 989(h)	-		
u	and the related regulations)		5d	13.	011
	Enter exchange rate used for line 5d .629100				
S	Schedule I Summary of Shareholder's Income From Foreign	Corporation			
	item D on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 fil		n this Form	5471 This schedu	ıle
	s being completed for:	ion for many reporting to remained a			
1 13	s being completed for.				
Ma	ame of U.S. shareholder	Identifying number	•		
	Subpart F income (line 38b, Worksheet A in the instructions)				
1 2	Earnings invested in U.S. property (line 17, Worksheet B in the instructions)				
	Previously excluded subpart F income withdrawn from qualified investments (line 6b, Work		-		
3 4	Previously excluded export trade income withdrawn from investment in export trade assets				
4	·		4		
e	the instructions)				
5	Factoring income Total of lines 1 through 5. Enter here and on your income tax return				
6	Dividends received (translated at spot rate on payment date under section 989(b)(1))				
7	Exchange gain or (loss) on a distribution of previously taxed income				
8	EXCHANGE GAM OF (1055) OF A DISTRIBUTION OF PROVIDES AND INCOME				

Was any income of the foreign corporation blocked?

Did any such income become unblocked during the tax year (see section 964(b))?

Form **5471** (Rev. 12-2012)

Yes

No X X

If the answer to either question is "Yes," attach an explanation.

	FYING NUMBER AND TO BY EACH SUBSCR E FOREIGN CORPORA	RIBER TO	STATEMENT 1
NAME AND ADDRESS		IDENTIFYI NUMBER	NG NUMBER OF SHARES
GLOBAL POVERTY PROJECT, INC. 594 BROADWAY NEW YORK NY 10012		421772557	
FORM 5471 OTH	ER INCOME		STATEMENT 2
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
CONTRIBUTIONS PRESENTATIONS PROGRAM REVENUE MISCELLANEOUS REVENUE	72,430. 3,409. 149,119. 59,688.	.629100 .629100	115,133. 5,419. 237,035. 94,878.
TOTAL TO 5471, SCHEDULE C, LINE 8	284,646.	:	452,465.
FORM 5471 OTHER	DEDUCTIONS		STATEMENT 3
FORM 5471 OTHER DESCRIPTION FUNDRAISING EXPENSES	FUNCTIONAL CURRENCY	EXCHANGE RATE	STATEMENT 3 U.S. DOLLAR 2,052.

GLOBAL POVERTY PROJECT, INC.			42-1772557
MISCELLANEOUS EXPENSES	1,781.	.629100	2,831.
TOTAL TO 5471, SCHEDULE C, LINE 16	78,858.	***************************************	125,350.

FORM 5471 OTHER	R INCOME		STATEMENT	4
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLA	R
CONTRIBUTIONS	567,556.		587,65	
TRAINING INCOME	11,254.		11,65	
OTHER INCOME	243,361.	.965800	251,97	9.
TOTAL TO 5471, SCHEDULE C, LINE 8	822,171.		851,28	6
FORM 5471 OTHER I	DEDUCTIONS		STATEMENT	Ē
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLA	R
BANK, FINANCE, AND EXCHANGE CHARGES	237.	.965800	24	5.
INSURANCE	1,356.	.965800	1,40	
TRAVEL	7,373.	.965800	7,63	
OFFICE SUPPLIES	238.	.965800	240	
PRINTING	471.	.965800	488	
SUPERANNUATION EXPENSE	21,084.	.965800	21,83	
WORKCOVER COSTS	3,906.	.965800	4,04	
PROGRAM EXPENSES PUBLIC RELATIONS	493,912. 518.	.965800 .965800	511,40: 53	
INFORMATION TECHNOLOGY	5,365.		5,55!	
BABAD DEBT	3,755.		3,88	
TOTAL TO 5471, SCHEDULE C, LINE 16	538,215.		557,27	3.
FORM 5471 OTHER CUE	RRENT ASSETS		STATEMENT	6
DESCRIPTION		. OF ANNUAL CCOUNTING PERIOD	END OF ANNUA ACCOUNTING PERIOD	
PREPAYMENTS	- Constitution of the Cons	3,838.	983	2.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LIN	NE 4	3,838.	98:	2 ,

Foreign Corporation GLOBAL POVERTY PROJECT UK

chedule I Shareholder's Income From Foreign Corporation	Identifying number
me of shareholder described in Category 5 LOBAL POVERTY PROJECT, INC.	421772557
areholder's income from foreign corporation	
Subpart F income	
Earnings invested in U.S. property	
Previously excluded subpart F income withdrawn from qualified investments	
Previously excluded export trade income withdrawn from investment in export trade assets	
Factoring income	
Total of lines 1 through 5	
Dividends received (translated at spot rate on payment date under section 989(b)(1))	
3 Exchange gain or (loss) on a distribution of previously taxed income	8

SCHEDULE J (Form 5471)

(Rev. December 2012) Department of the Treasury Internal Revenue Service

Accumulated Earnings and Profits (E&P) of Controlled Foreign Corporation

▶ Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471. ▶ Attach to Form 5471.

OMB No. 1545-0704

8,185. (combine columns (d) Total Section 964(a) E&P (a), (b), and (c)) 42-1772557 Identifying number (iii) Subpart F Income Reference ID number 001 (c) Previously Taxed E&P (sections 959(c)(1) and (2) balances) (ii) Earnings Invested in Excess Passive Assets 00000000 EIN (if any) (i) Earnings Invested in U.S. Property Not Previously Taxed 959(c)(3) balance) (b) Pre-1987 E&P (pre-87 section Undistributed Earnings 8,185. 8,185 8,185 8,185 959(c)(3) balance) (post-86 section (a) Post-1986 INC. UK GLOBAL POVERTY PROJECT, GLOBAL POVERTY PROJECT not previously taxed (line 1 plus line 2a 5a Actual distributions or reclassifications Balance at end of year. (Enter amount b Actual distributions of nonpreviously Balance of E&P not previously taxed 3 Total current and accumulated E&P end of year (line 1 plus line 4, minus from line 6a or line 6b, whichever is 951(a) or reclassified under section 6a Balance of previously taxed E&P at at end of year (line 3 minus line 4, Important: Enter amounts in Amounts included under section functional currency. Balance at beginning of year b Current year deficit in E&P of previously taxed E&P or line 1 minus line 2b) 959(c) in current year Name of person filing Form 547 2a Current year E&P Name of foreign corporation minus line 5b) applicable.) taxed E&P line 5a) Ω 4

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12:2012)

SCHEDULE M (Form 5471)

(Rev. December 2012)

Department of the Treasury Internal Revenue Service

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

▶ Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471.

OMB No. 1545-0704

		Attach to Form 54	71.			1	
Name of person filing Form 5471						ldenti	fying number
GLOBAL POVERTY PROJ	ECT, INC.					42	-1772557
Name of foreign corporation		EIN (if any)		Referen	ce ID number		
GLOBAL POVERTY PROJ	ECT UK	000000	000	001			
Important: Complete a separate Schedu	le M for each controlled	foreign corporation	Enter the totals	for each	type of transac	tion th	est occurred during
the annual accounting period between	the foreign cornoration a	nd the persons listes	l in columns (b)	through	(f) All amounts		ha atata dia UC
dollars translated from functional curren	ane roreigh corporation at	na mete fem the fem !	in columns (b)	unougn	(i). All amounts	musi	pe stated in U.S.
dollars translated from functional currer			in corporation's	tax year	r. See instruction	ns.	
Enter the relevant functional currency and th	e exchange rate used throug	nout this schedule	T				
(a) Transactions of foreign corporation	(b) U.S. person filling this return	(C) Any domestic corporation or partnership controlled by U.S. person	(d) Any other for corporation or part controlled b	nership y	(e) 10% or more shareholder of cont foreign corporati (other than the U	rolled on .S.	(f) 10% or more U.S. shareholder of any corporation controlling the foreign
1 Sales of stock in trade (inventory)		filing this return	filing this retu	rn	person filing this re	turn)	corporation
2 Sales of tangible property other than							
stock in trade							
3 Sales of property rights (patents,							
trademarks, etc.) Platform contribution transaction payments received							
5 Cost sharing transaction payments received							
6 Compensation received for technical,							
•							
managerial, engineering, construction, or like services							
7 Commissions received							
8 Rents, royalties, and license fees received							
9 Dividends received (exclude deemed							
distributions under subpart F and dist-							
ributions of previously taxed income)				-			
10 Interest received					·····		
11 Premiums received for insurance or					······································		
reinsurance							
12 Add lines 1 through 11							
13 Purchases of stock in trade (inventory)					·		
14 Purchases of tangible property other					······································		
than stock in trade				1			
15 Purchases of property rights							
(patents, trademarks, etc.)							
16 Platform contribution transaction payments paid	4						
17 Cost sharing transaction payments paid							
18 Compensation paid for technical,							······
managerial, engineering, construction,							
or like services							
19 Commissions paid			***************************************				
20 Rents, royalties, and license fees paid							
21 Dividends paid							
22 Interest paid					····		

23 Premiums paid for insurance or

reinsurance

24 Add lines 13 through 23

25 Amounts borrowed (enter the maximum loan balance during the year) - see instr.

26 Amounts loaned (enter the maximum loan balance during the year) - see instr.

SCHEDULE 0 (Form 5471)

(Rev. December 2012) Department of the Treasury Internal Revenue Service Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock Information about Schedule 0 (Form 5471) and its instructions is at www.irs.gov/form5471

Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471								Identifyi	ng numbe	er
GLOBAL POVERTY PROJE	ECT, INC.							42-	17725	557
Name of foreign corporation		EI	N (if any	/)		Reference ID	number			
GLOBAL POVERTY PROJE	CT UK		000	000000)	001				
Important: Complete a separate Schedu	ıle O for each foreig	n corporation					***************************************			
Part I To Be Completed by	U.S. Officers a	nd Directo	rs					***************************************		
(a) Name of shareholder for whom acquisition information is reported	Addre	(b) ess of sharehold	er	1	(c) dentifying of share	number holder	(d) Date of or 10% acqu	riginal iisition	Date of 10% ac	(e) additional equisition
Part II To Be Completed by									***************************************	
Note: If this return is require and the date each became a	a U.S. person.					ttach a list sl	nowing th	e names o	of such p	ersons
	Secti	ion A - General	Shareho	older Informa	tion (b)					/o\
(a) Name, address, and identifying of shareholder(s) filing this so	number Chedule	(1) Type of re	eturn	ler's latest U.S	S. income	tax return file Internal Reven	(3) ue Service	Cantar	Date (if any last filed i eturn under	(c)) shareholder information section 6046 in corporation
GLOBAL POVERTY PROJ 594 BROADWAY NY NY 10012	421772557	enter form r 990	<u>iumber)</u>			-FILED	ere filed			
Se	ection B - U.S. Person	s Who Are Offic	ers or D	irectors of th	e Foreian	Corporation	****			
(a) Name of U.S. officer or director		(b) Address					(c) curity num	ber _	Check ap box Officer	d) propriate (es) Director
				C 111 / 1 / 111 / 111 / 111 / 111 / 111 / 111 / 111 / 111 / 111 / 111 / 111 / 111 / 111 / 111 / 111 / 111 / 11						
						***************************************	***************************************			
		Section C - Ac	quisitio	n of Stock	L					·
(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisitio		(d) Metho acquisi	d of	(1)	Number o	(e) of shares ac (2)		(3)
GLODAT DOVERNMENT DE CO-		0.5 /5.0 /5	04.5			Directly		ndirectly	Cons	tructively
GLOBAL POVERTY PROJE		06/12/2	012	AIR V	ALUE					

(f) Amount paid or value given		Name and addr	(g) ess of person from w	hom shares were ac	quired	
		VERTY PROJ U C2R 1LA UNI	JK SOMERSE	T HOUSE W	.7	ARD
			·			
		Section D - Disposition	of Stock			
(a)	(b)	(c)	(d)	Numt	(e) per of shares di	snosed of
Name of shareholder disposing of stock	Class of stock	Date of disposition	Method of disposition	(1) Directly	(2) Indirectly	(3) Constructivel
(f) Amount received		Name and address	(g) of person to whom d	isposition of stock w	as made	
			19-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	***************************************		
	Section E - Orga	anization or Reorganizat	on of Foreign Corpo	ration		
Nar	(a) ne and address of trans	sferor		(b) Identifying numb	er (if any)	(c) Date of transfer
Assets t	(d) ransferred to foreign co			Description of a	(e)	d by, or notes or
(1) Description of assets	(2) Fair market va	alue Adjusted I was	(3) pasis (if transferor U.S. person)		sued by, foreigr	
				***************************************	WENNESS OF THE STREET	
				190-3000013-101-101-10-10-10-10-10-10-10-10-10-10-1		-1
	1	Section F - Additional In	formation			
If the foreign corporation or a predecessouch a statement indicating the year for white, and the U.S. income tax paid (after all cr	ch a return was filed (ar	(or joined with a consolided in the name of the name o	lated group in filing) as of the corporation file	a U.S. income tax ret ing the consolidated	urn for any of the return), the tax	he last 3 years, able income or
List the date of any reorganization of the f	***************************************	occurred during the last	4 years while any U.S	. person held 10% o	r more in value	or vote (directly
If the foreign corporation is a member of a otting power of the outstanding stock. The	group constituting a c	hain of ownership, attach	a chart, for each unit	of which a sharehol	der owns 10%	or more in value

(Rev. December 2012)

Department of the Treasury Internal Revenue Service

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

For more information about Form 5471, see www.irs.gov/form5471.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning JAN 1 , 2012, and ending DEC 31, 2012 OMB No. 1545-0704

Attachment Sequence No. 121

Name of person filing this return	A Identifying nu	mber		
GLOBAL POVERTY PROJECT, INC.	42-177	2557		
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)		er (See instructions. Check	annlicable hov(e	ell.
594 BROADWAY , NO. 207	D Sullegery of the	1 (repealed) 2		53)). X 5 X
City or town, state, and ZIP code	C Enter the total	percentage of the foreign of		
NEW YORK, NY 10012		the end of its annual accou		100.00 %
Filer's tax year beginning JAN 1 , 2012 , and ending	DEC 31	,2012		
D Person(s) on whose behalf this information return is filed:				
(1) Name (2) Address		(0) 14-4:6:	(4) Check app	olicable box(es)
		(3) Identifying number	Shareholder Off	ficer Director
GLOBAL POVERTY PROJE 594 BROADWAY NY NY	Y 10012	421772557	X	
Important: Fill in all applicable lines and schedules. All information must unless otherwise indicated.	be in English. All amo	ounts mus t be stated in	U.S. dollars	
1a Name and address of foreign corporation		1.4.5.1		
GLOBAL POVERTY PROJECT LTD		b(1) Employer identii	lication number,	if any
54 VICTORIA STREET		L(0) D-1		-41
CARLTON VI 3053		b(2) Reference ID nu 002	mber (see instru	ctions)
AUSTRALIA				
a a Co por de de tale de		Country under v	vhose laws incorp	porateu
d Date of e Principal place of business f Principal g Pr	incipal business activity	**************************************	nal currency	***************************************
incorporation husiness activity	END EXTREM	1	.a. carronoy	
todo namon	JERTY	AUSTR	AT.TA DO	OLLAR
2 Provide the following information for the foreign corporation's accounting period		TIGON	AUIA, DO	JULAN
a Name, address, and identifying number of branch office or agent (if any) in the Ur		b If a U.S. income tax i	return was filed 4	enter
, , , , , , , , , , , , , , , , , , ,	mod diatod	5 ii d 0.0. iiiooiiio tax i		come tax paid
		(i) Taxable income or (lo		all credits)
			0.	0.
 Name and address of foreign corporation's statutory or resident agent in country of incorporation 	person (or person	s (including corporate depa s) with custody of the book he location of such books a	ks and records of	ible) of f the foreign
SHARON DAVID				
54 VICTORIA STREET				
CARLTON VI 3053				
AUSTRALIA				
Schedule A Stock of the Foreign Corporation				
		(b) Number of share	res issued and ou	utstanding
(a) Description of each class of stock		(i) Beginning of annua accounting period		d of annual iting period
COMMON			0	0
LHA For Paperwork Reduction Act Notice, see instructions.			Form 5471	(Rev. 12-2012)

Form 5471 (Rev. 12-2012)

Schedule B | U.S. Shareholders of Foreign Corporation

	or r oroigir oorporation			
(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
GLOBAL POVERTY PROJECT	COMMON	0	0	
594 BROADWAY				
NEW YORK NY 10012 421772557				
				

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

***************************************			Functional Currency	U.S. Dollars
	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	10		
	2 Cost of goods sold	2		
Income	3 Gross profit (subtract line 2 from line 1c)	3		
ည	4 Dividends	4		
	5 Interest	5	336.	348.
	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
	8 Other income (attach statement) SEE STATEMENT 4	8	822,171.	851,286.
	9 Total income (add lines 3 through 8)	9	822,507.	851,634.
	10 Compensation not deducted elsewhere	10	267,207.	276,669.
	11a Rents	11a	2,100.	2,174.
	b Royalties and license fees	11b		
ns.	12 Interest	12		
Deductions	13 Depreciation not deducted elsewhere	13		
ğ	14 Depletion	14		
å	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15		
	16 Other deductions (attach statement - exclude provision for income, war profits,			
	and excess profits taxes) SEE STATEMENT 5	16	538,215.	557,273.
	17 Total deductions (add lines 10 through 16)	17	807,522.	836,116.
	18 Net income or (loss) before extraordinary items, prior period adjustments, and			
6)	the provision for income, war profits, and excess profits taxes (subtract line			
Ĕ	17 from line 9)	18	14,985.	15,518.
ŭ	19 Extraordinary items and prior period adjustments	19		
Net Income	20 Provision for income, war profits, and excess profits taxes	20		
~			4.4.00=	
	21 Current year net income or (loss) per books (combine lines 18 through 20)	21	14,985.	15,518.

Form 5471 (Rev. 12-2012)

(a)		Amount of tax	
(a) Name of country or U.S. possession	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
U.S.			· · · · · · · · · · · · · · · · · · ·
		***************************************	***************************************

		······································	
Total			

Schedule F | Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets			(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1		27,688.	61,174.
2a	Trade notes and accounts receivable	2a		28,340.	8,356.
b	Less allowance for bad debts	2b	()	()
3	Inventories	3			
4	Other current assets (attach statement) SEE STATEMENT 7	4		23,187.	
5	Loans to shareholders and other related persons	5			
6	Investment in subsidiaries (attach statement)	6	<u> </u>		
7	Other investments (attach statement)	7			
8a		8a			
b	Less accumulated depreciation	8b)	(
9a	Depletable assets	9a			
b	Less accumulated depletion	9b	()	(
10	Land (net of any amortization)	10			
11	Intangible assets:				
а	Goodwill	11a			
b	Organization costs	11b			
C	Patents, trademarks, and other intangible assets	11c			
d	Less accumulated amortization for lines 11a, b, and c	11d	()	()
12	Other assets (attach statement) SEE STATEMENT 8	12			127,227.
13	Total assets	13		79,215.	196,757.
	Liabilities and Shareholders' Equity				
14	Accounts payable	14		83,835.	147,150.
15	Other current liabilities (attach statement)	15			
16	Loans from shareholders and other related persons	16			
17	Other liabilities (attach statement)	17			
18	Capital stock:				
a	Preferred stock	18a			
b	Common stock	18b			
19	Paid-in or capital surplus (attach reconciliation)	19			
20	Retained earnings	20		<4,620.	49,607.
21	Less cost of treasury stock	21	()	()
22	Total liabilities and shareholders' equity	22		79,215.	196,757.
				F	orm 5471 (Rev. 12-2012)

Form **5471** (Rev. 12-2012)

	LOBAL POVERTY PROJECT, INC.				42-177	_
	orm 5471 (Rev. 12-2012) Schedule G Other Information					Page
L					Yes	No
1	During the tax year, did the foreign corporation own at least a 10% inter	est, directly or indirectly, in	any foreign		100	140
	partnership?					X
	If "Yes," see the instructions for required statement.					
2	During the tax year, did the foreign corporation own an interest in any tr			******		X
3	During the tax year, did the foreign corporation own any foreign entities	that were disregarded as e	ntities separate			
	from their owners under Regulations sections 301.7701-2 and 301.770	1-3?				X
	If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).				
4	During the tax year, was the foreign corporation a participant in any cos	t sharing arrangement?				X
5	During the course of the tax year, did the foreign corporation become a	participant in any cost shar	ring arrangement?	•••••		X
6	During the tax year, did the foreign corporation participate in any reports		in Regulations section 1.60	11-4?		X
7	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-					
'	During the tax year, did the foreign corporation pay or accrue any foreig 901(m)?					X
8	901(m)? During the tax year, did the foreign corporation pay or accrue foreign tax	vas to which section 000 ar	anline or treat foreign toyen	 that		لـــــــــــــــــــــــــــــــــــــ
·	were previously suspended under section 909 as no longer suspended?					X
5	Schedule H Current Earnings and Profits			• • • • • • • • • • • • • • • • • • • •		
	nportant: Enter the amounts on lines 1 through 5c infunctional	I currency.				
1	Current year net income or (loss) per foreign books of account			. 1	14,	985
2	Net adjustments made to line 1 to determine current earnings and					
	profits according to U.S. financial and tax accounting standards	Net	Net			
	(see instructions):	Additions	Subtractions			
а				_		
b				_		
C				_		
d						
e						
f				_		
g h						
3				_		
4	Total net additions			_		
5a	Current earnings and profits (line 1 plus line 3 minus line 4)		<u> </u>	5a	1 /	985
b		*******************************		5b		705
C		••••••	***************************************	5c	14.	985
d	Current earnings and profits in U.S. dollars (line 5c translated at the appl	ropriate exchange rate as d	efined in section 989(b)	· ••		
	and the related regulations)	-	. ,	5d	15,	516
	Enter exchange rate used for line 5d ► .965800			•		
L	chedule I Summary of Shareholder's Income F					
	tem D on page 1 is completed, a separate Schedule I must be filed for each	Category 4 or 5 filer for w	hom reporting is furnished o	on this Form 5	471. This schedu	ule
lis	being completed for:					
Mai	me of U.S. shareholder		[dan#6 :			
1	Subpart F income (line 38b, Worksheet A in the instructions)		Identifying number			
2	Earnings invested in U.S. property (line 17, Worksheet B in the instruction			. 1		
3	Previously excluded subpart F income withdrawn from qualified investment	onts (line Sh. Workshoot C	in the instructions	. 2		
4	Previously excluded export trade income withdrawn from investment in e			· 3 -		
•	the instructions)			4		
5	Factoring income					
6	Total of lines 1 through 5. Enter here and on your income tax return		***************************************	6		·,·
7	Dividends received (translated at spot rate on payment date under section	n 989(b)(1))	••••••	7		
8	Exchange gain or (loss) on a distribution of previously taxed income		•••••	. 8		
					Yes	No
•	Was any income of the foreign corporation blocked?					X
•	Did any such income become unblocked during the tax year (see section	964(b))?		•••••		X

If the answer to either question is "Yes," attach an explanation.

FORM 5471	OTHER CURRENT ASSE	TS	STATEMENT	7
DESCRIPTION		BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNU ACCOUNTING PERIOD	
GST		23,187.		***************************************
TOTAL TO 5471, PAGE 3, SCH	EDULE F, LINE 4	23,187.		
FORM 5471	OTHER ASSETS		STATEMENT	8
FORM 5471 DESCRIPTION	OTHER ASSETS	BEG. OF ANNUAL ACCOUNTING PERIOD	STATEMENT END OF ANNU ACCOUNTING PERIOD	JAL
	OTHER ASSETS	ACCOUNTING	END OF ANNU	JAL

Foreign Corporation GLOBAL POVERTY PROJECT LTD

S	chedule I Shareholder's Income From Foreign Corporation		***************************************
	me of shareholder described in Category 5 LOBAL POVERTY PROJECT, INC.	Identifying) number
		421772	2557
Sh	areholder's income from foreign corporation		
1	Subpart F income	1	·
2	Earnings invested in U.S. property	2	
3	Previously excluded subpart F income withdrawn from qualified investments	3	
4	Previously excluded export trade income withdrawn from investment in export trade assets	4	
5	Factoring income	5	
6	Total of lines 1 through 5	6	
7	Dividends received (translated at spot rate on payment date under section 989(b)(1))	7	
8	Exchange gain or (loss) on a distribution of previously taxed income	8	

SCHEDULE J Form 5471)

(Rev. December 2012) Department of the Treasury Internal Revenue Service

Accumulated Earnings and Profits (E&P) of Controlled Foreign Corporation

▶ Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.

▶ Attach to Form 5471.

OMB No. 1545-0704

14,985. Schedule J (Form 5471) (Rev. 12:2012) (combine columns (d) Total Section 964(a) E&P (a), (b), and (c)) 42-1772557 Identifying number (iii) Subpart F Income Reference ID number 002 (c) Previously Taxed E&P (sections 959(c)(1) and (2) balances) (ii) Earnings Invested in Excess Passive Assets 000000000 EIN (if any) Earnings Invested in U.S. Property 0 Not Previously Taxed (b) Pre-1987 E&P 959(c)(3) balance) (pre-87 section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471. Undistributed Earnings 14,985. 14,985 14,985 14,985 959(c)(3) balance) (post-86 section (a) Post-1986 INC. GLOBAL POVERTY PROJECT LTD GLOBAL POVERTY PROJECT Name of foreign corporation not previously taxed (line 1 plus line 2a 5a Actual distributions or reclassifications Balance at end of year. (Enter amount b Actual distributions of nonpreviously b Balance of E&P not previously taxed Total current and accumulated E&P end of year (line 1 plus line 4, minus from line 6a or line 6b, whichever is Balance of previously taxed E&P at 951(a) or reclassified under section at end of year (line 3 minus line 4, Important: Enter amounts in Amounts included under section functional currency. Balance at beginning of year b Current year deficit in E&P of previously taxed E&P or line 1 minus line 2b) 959(c) in current year Name of person filing Form 5471 Current year E&P minus line 5b) applicable.) taxed E&P line 5a) 2a ₆a 4

212421 12-26-12

SCHEDULE M (Form 5471)

(Rev. December 2012) Department of the Treasury

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

OMB No. 1545-0704

Identifying number

Internal Revenue Service

Name of person filing Form 5471

▶ Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471.

Attach to Form 5471.

GLOBAL POVERTY PROJE	CT, INC.				42	-1772557
Name of foreign corporation		EIN (if any)		Reference ID number		
GLOBAL POVERTY PROJE	CT LTD	000000	000	002		
Important: Complete a separate Schedule				· · · · · · · · · · · · · · · · · · ·	ction th	at occurred during
the annual accounting period between th						
dollars translated from functional currenc		·				
Enter the relevant functional currency and the			., corporation c	tak your. ooo mondon	<i>3710.</i>	
2. To	oxunango rato acoa tino	(C) Any domestic	(d) Any other fo	oreign (e) 10% or more	118	(f) 10% or more U.S.
(a) Transactions	(b) U.S. person filing this return	corporation or partnership	corporation or part	tnership shareholder of cor	ntrolled	shareholder of
foreign corporation	ming this return	controlled by U.S. person	controlled b	n (other than the	U.S.	any corporation controlling the foreign
1 Sales of stock in trade (inventory)		filing this return	filing this retu	urn person filing this	return)	corporation
i i						
2 Sales of tangible property other than						
stock in trade						
3 Sales of property rights (patents,						
trademarks, etc.) Platform contribution transaction payments 4 received						
5 Cost sharing transaction payments received						
6 Compensation received for technical,						
managerial, engineering, construction,						
or like services						
7 Commissions received						
8 Rents, royalties, and license fees						
received	·					
9 Dividends received (exclude deemed						
distributions under subpart F and dist-						
ributions of previously taxed income)						
10 Interest received						
11 Premiums received for insurance or						
reinsurance	<u> </u>					
12 Add lines 1 through 11						
13 Purchases of stock in trade (inventory)						
14 Purchases of tangible property other						
than stock in trade	~~~~~					
15 Purchases of property rights						
(patents, trademarks, etc.)						
16 Platform contribution transaction payments paid						
17 Cost sharing transaction payments paid						
18 Compensation paid for technical,						
managerial, engineering, construction,						
or like services						
19 Commissions paid						
20 Rents, royalties, and license fees paid						WATER TO THE PARTY OF THE PARTY
21 Dividends paid						
22 Interest paid						
23 Premiums paid for insurance or					***************************************	
reinsurance 24 Add lines 13 through 23						
25 Amounts borrowed (enter the maximum loan balance during the year) - see instr.						
26 Amounts loaned (enter the maximum						
loan balance during the year) - see instr.						
wan balance during the year / - see ilisti.						

SCHEDULE 0 (Form 5471)

Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock

OMB No. 1545-0704

(Rev. December 2012) Information about Schedule 0 (Form 5471) and its instructions is at www.irs.gov/form5471 Department of the Treasury ➤ Attach to Form 5471 Internal Revenue Service Identifying number Name of person filing Form 5471 42-1772557 GLOBAL POVERTY PROJECT, INC. Reference ID number EIN (if any) Name of foreign corporation 00000000 002 GLOBAL POVERTY PROJECT LTD Important: Complete a separate Schedule O for each foreign corporation for which information must be reported. To Be Completed by U.S. Officers and Directors (e) Date of additional Part I (d) Date of original (c) Identifying number of shareholder (a) Name of shareholder for whom 10% acquisition Address of shareholder 10% acquisition acquisition information is reported To Be Completed by U.S. Shareholders Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons Part II and the date each became a U.S. person. Section A - General Shareholder Information (c) For shareholder's latest U.S. income tax return filed, indicate: Date (if any) shareholder last filed information return under section 6046 Name, address, and identifying number (3) Internal Revenue Service Center where filed (2) Date return filed (1)of shareholder(s) filing this schedule for the foreign corporation Type of return (enter form number) 11/15/12E-FILED GLOBAL POVERTY PROJ 421772557 990 594 BROADWAY NY NY 10012 Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation (d) Check appropriate box(es) (c) Social security number (a) Address Officer Director Name of U.S. officer or director Section C - Acquisition of Stock (e) Number of shares acquired (d) Method of Date of Class of stock acquisition Name of shareholder(s) filing this schedule (1) acquisition acquired Constructively Indirectly Directly

07/05/2012FAIR VALUE

GLOBAL POVERTY PROJE

LHA

(f)		Name and addre	(g) ss of person from whom	shares were acqu	ired	
Amount paid or value given	TOBAL POV	ERTY PROJ I	TD 54 VICTO	RIA STRI	EET	
Č	TARLTON VI	3053 AUSTE	RALIA			
		Section D - Dispositio	n of Stock			
			(d)		(e)	ocad of
(-)	(b)	(c)	Method		er of shares disp	(3)
(a) ame of shareholder disposing of stock	Class of stock	Date of disposition	of disposition	(1) Directly	Indirectly	Constructively
(f)		N d oddro	(g) as of person to whom dis	position of stock v	was made	
Amount received		Name and addres	as of person to whom one	-		
	1					
			A.F	otion		
		ganization or Reorgani	zation of Foreign Corpor	ation (b)		(c)
	(a)		zation of Foreign Corpor	ation (b) Identifying nur		
Na			zation of Foreign Gorpor	(D)		
Na	(a)		zation of Foreign Corpora	(D)		
Na.	(a)		zation of Foreign Corpor	(D)		
Na	(a)		zation of Foreign Corpor	(D)		
	(a) ame and address of tr	ansferor	zation of Foreign Corpor	ldentifying nut	nber (if any)	Date of transfer
	(a)	ansferor n corporation		ldentifying nut	nber (if any) (e)	Date of transfer
	(a) ame and address of tr	ansferor n corporation	zation of Foreign Corporation of Foreign Corporation (3) (3) (3) (4) (4) (4) (4) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	ldentifying nut	nber (if any)	Date of transfer
Asset	(a) ame and address of tr (d) s transferred to foreig	ansferor n corporation		ldentifying nut	nber (if any) (e)	Date of transfer
Asset	(a) ame and address of tr (d) s transferred to foreig	ansferor n corporation		ldentifying nut	nber (if any) (e)	Date of transfer
Asset	(a) ame and address of tr (d) s transferred to foreig	ansferor n corporation		ldentifying nut	nber (if any) (e)	Date of transfer

attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see Schedule 0 (Form 5471) (Rev. 12-2012) instructions for an example).

Form **8868** (Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

due date for Number, street, and room or suite no. If a P.O. box, see instructions.	• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X			
Electronic filling (e-file), You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (e-file) from 9017, or an additional filtre students). Shorth stersion 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 IR3 in paper format (see instructions). For more details on the electronic filling of this form, return for the filtre for this filtre for Charlets & Managerits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 9001 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 rusts must use Form 7004 to request an extension of time to file income tax returns. Bands of exemptions including 1120-C filers), partnerships, REMICs, and rusts must use Form 7004 to request an extension of time to file forceme tax returns. GLOBAL POVERTY PROJECT, INC. GLOBAL POVERTY PROJECT, INC. 42-1772557 Named or exempt organization or other filer, see instructions. Social security number (SSN) Social security number (SSN) Social security number (SSN) Application Feeture Return code for the return that this application is for (file a separate application for each return) Q 1 Application In Feeture Return code for the return that this application is for (file a separate application for each return) Q 1 Application Feeture Return code for the return that this application is for (file a separate application for each return) Q 1 Application Feeture Return code for the return that this application is for (file a separate application for each return) Q 1 Application Feeture Return code for the return that this application is for (file a separate application for each return) Q 1 Application Feeture Return Code for the return that this application	• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).					
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to required an extension of time to file any of the forms listed in Part I or Part I with the exception of Form 8870, information Return for Transfers Associated With Certain 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 low 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 low file file form 990-T (filers) partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or low file file file file file file file file	Do not c	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868.				
of time to file any of the forms listed in Part I virit he exception of Form 8870, Information Return for Transfers Associated With Certain Peresonal Benefit Contracts, which must be sent to the IRS in paper format (see instructions), For more details on the electronic filling of this form, press wow.ing.gov/effice and cicks on e-file for Charities & Nonprofits. Part I automatic 3-Month Extension of Time. Only submit original (no copies needed). Acorporation regired to file Form 990-1 and requesting an automatic 6-month extension - check this box and complete Part I only All their corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or reprint to file form text returns. All to the corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or reprint (SDOBAL POVERTY PROJECT, INC. **Social security number (SSN)** **Socia	Electron	ic filing (e-file). You can electronically file Form 8868 if	ou need a	a 3-month automatic extension of tin	ne to file (6	6 months for a corp	ooration			
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, visits www.irs. gov/effe 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 fine increme tex returns. Type or lone increme tex returns. Type or print GLOBAL POVERTY PROJECT, INC 42-1772557 Table date for the increme tex returns. Type or print GLOBAL POVERTY PROJECT, INC 42-1772557 Table date for the return or or suite no. If a P.O. box, see instructions. Social security number (SSN) The return of the return or or suite no. If a P.O. box, see instructions. NEW YORK, NY 10012 Enter the Return code for the return that this application is for (file a separate application for each return) 0 1 Taplication Return Application Return	required 1	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 88	868 to request an	extension			
West words: gov/lefile and click on e-file for Charities & Nonprofile.	of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for	ransfers /	Associated With C	ertain			
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 die income tax returns. Type or including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to die income tax returns. GLOBAL POVERTY PROJECT, INC. Social security number (SSN) Mumber, street, and room or suite no. If a P.O. box, see instructions. NEW YORK, NY 10012 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is Form 990-E Form 990-E Form 990 or Form 990-EZ Form 990 or Form 990-EZ Form 990 or Form 990-EZ Form 990 flow/dudal) Gode Form 990-F Form 9	Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the elec	ctronic filing of this	form,			
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-Ciliers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to die income tax returns. Type or including 1120-Ciliers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to die income tax returns. GLOBAL POVERTY PROJECT, INC. 42-1772557 Number, street, and room or suite no. If a P.O. box, see instructions. NEW YORK, NY 10012 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is Form 990-E Form 990-E Form 990-B Ocade Form 990-B Form 990-B Ocade Form 990-F Od Form 990-F Trust other then above) DIDIE TAUBE The books are in the care of \$\infty\$ 94 BROADWAY SUITE 20.7 NEW YORK, NY 10012 Felephone No. \$\infty\$ 347-782-6121 FXN No. \$\infty\$ 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 for: 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 for: If the corposition does not have an office or place of business in the United States, check this box If this is for a Group Return for: If the organization does not have an office or place of business in the United States, check this box If this is for form 990-BL, 990-F, 990-T, 4720, or 6089, enter the tentative tax, less any nonretundable credits. See instructions. If the superior of the propulation is for Form 990-PF, 990-T, 4720, or 6089, enter the tentative tax, less any nonretund				· ·						
All other corporations (including 1120-C files), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of life income tax returns. Summe of exempt organization or other filer, see instructions.				submit original (no copies ne	eded).					
All other corporations (including 1120-C files), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of life income tax returns. Summer of exempt organization or other filer, see instructions.	A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete					
All other corporations (including 1120-C fliers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to fine income tax returns. Type or print riaby tags. Type or print riaby							▶ □			
Type or print GLOBAL POVERTY PROJECT, INC. GLOBAL POVERTY PROJECT, INC. Mumber, street, and room or suite no. If a P.O. box, see instructions. 594 BROADWAY, NO. 207 City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10012 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Is For Code Is For Code Social security number (SSN) Application Return Code Is For Code Is For Code Is For Code Social security number (SSN) DIA Application Return Code Is For Code Is For Code Is For Code Social security number (SSN) DIA Application Return Code Is For Code Is For Code Is For Code Social security number (SSN) DIA Application Return Code Is For Code Is For Code Is For Code Social security number (SSN) DIA Application Return Code Is For Code Is For Code Is For Code Social security number (SSN) DIA Application Return Code Is For Code Is For Code Social security number (SSN) DIA Application Return Code Is For Code Is For Code Is For Code Social security number (SSN) DIA Application Return Code Is For Code Is For Code Is For Code Social security number (SSN) DIA Application Return Code Is For Code Is For Code Social security number (SSN) DIA Application Return Code Is For Code Is For Code Is For Code Social security number (SSN) DIA Application Return Code Is For Code Code Is For Code Is For Code Code Is For Code Code Is For Code Code Is For Code Is For Code Is For Code Code Code Code Is For Code Code Code Code Is For Code	All other					sion of time				
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 88	368 (Rev. 1-2013)					Page 2			
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	90-T (trust other than above)	06	Form 8870						
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