

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93492319040810

2009

OMB No 1545-1150

Form 990-EZ

Department of the Treasury

Short Form 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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public **Inspection**

		ie Service		organization may have to use a copy of this	<u>·</u>	· · · ·	uirement	s.	
			r year, or	tax year beginning 01-01-2009	, and ending 1	2-31-2009			
		applicable	Please	C Name of organization CHARITY WORKS INC			D Empl	oyer i	dentification number
	ddress (-	use IRS label or				59-3	384413	3
_	ame ch nitial ret	lange	print or	Number and street (or P O box, if mail is no 635 Court street Suite 130	t delivered to street	address) Room/suite	E Telep	hone n	umber
_	eminat		type. See					(727	7) 447-2064
_			Specific	City or town, state or country, and ZIP + 4			F Group	Exem	ption
_		on pending	Instruc- tions.	CLEARWATER, FL 33756			Numb		.
	ppileatic	on penaling				_			
♦ Se	ction			ons and 4947(a)(1) nonexempt charit mpleted Schedule A (Form 990 or 990		G Accounting m Other (specify		Са	sh 🔽 Accrual
		: > <u>WWW CH</u>				H Check ► T		_	nization
J Ta	x-Exei	mpt status (che	eck only or	ne)— Г 501(c)(3) ◄ (insert no)	a)(1) or 「 527				90-EZ, or 990-PF)
				s not a section 509(a)(3) supporting or					
				n 990 return is not required, but if the o				to file	
_				etermine gross receipts, if \$500,000 or more, file			▶ \$		260,405
Pa	art I			nses, and Changes in Net Asset	ts or Fund Ba	lances (See the I	nstructi T		
	1			rants, and sımılar amounts received			'	1	144,376
	2	Program serv	ice rever	nue including government fees and cont	racts		·	2	
	3	Membership d	dues and	assessments			. [3	
	4	Investment in	ncome				. [4	
	5a	Gross amount	t from sa	le of assets other than inventory .		5a			
<u>o</u>	ь	Less cost or	other ba	sis and sales expenses		5b			
Ę	c	Gain or (loss)	from sal	le of assets other than inventory (Subtra	act line 5b from li	ne 5a)		5c	
Revenue	6		s an <u>d</u> ac	tivities (complete applicable parts of Sc			ming,		
	_		•	cluding \$ <u>28,207</u> of contributions					
	а			cluding \$ 20,207 of contributions		1 - 1			
		reported on lii	•				52,967		
	Ь		•	other than fundraising expenses .			72,224		
	С	Net income oi	r (loss) f	rom special events and activities (Subti	act line 6b from l	line 6a)	.	6c	-9,257
	7a	Gross sales o	finvento	ory, less returns and allowances .		7a .	52,462		
	ь	Less cost of	goods so	old		7b 4	16,182		
	с	Gross profit o	r (loss) f	rom sales of inventory (Subtract line 7 b	from line 7a)			7c	6,280
	8	Other revenue	a (dascri	he 🏲 📆			, [8	600
	9			es 1, 2, 3, 4, 5c, 6c, 7c, and 8			/	9	141,999
	10			ounts paid (attach schedule)				10	85,833
							·		
	11	Benefits paid					·	11	
	12	•	•	nsation, and employee benefits .			.	12	71,104
δ. 20	13	Professional f	fees and	other payments to independent contrac	tors		.	13	14,747
Expenses	14	Occupancy, r	ent, utilit	ties, and maintenance			·	14	16,273
Ä	15	Printing, publi	ıcatıons,	postage, and shipping			Ĺ	15	4,255
	16	Other expens	es (desc	ribe ► 💆				16	26,121
	17						• [17	218,333
93	18	Excess or (de	ficit) for	the year (Subtract line 17 from line 9)				18	-76,334
Net Assets	19			ances at beginning of year (from line 27	, column (A)) (m	ust agree with	ţ		<u> </u>
4				orted on prior year's return)			_	19	-509,978
Žē.	20	•		assets or fund balances (attach explana	\ (E)		`	20	28,265
	20	_					. ·		
Do	21			ances at end of year Combine lines 18				21	-558,047
r a	rt II	ранапсе 5	Sueets	—If Total assets on line 25, column (B)	are \$1,250,000	or more, file Form	990 inst	ead o	7 FORM 990-EZ
			(See th	ne instructions for Part II)		A) Beginning of ye	ar	(B	B) End of year
22	Cash	, savings, and			 		256 22	T	3,290
		and buildings	2001110				230 22	+	
		-	- Lho <u>- </u> 44€		· · · \	31	022 24	+	60,034
		r assets (desci	пре 🚩 🝱	<u> </u>	——— [,]			+	
25		assets .	oribo 🌬		· ·		278 25	+	63,324
26		liabilities (des	•		———) <u> </u>		256 26	+	621,371
27	Net a	ssets or fund b	palances	(line 27 of column (B) must agree with I	ıne 21) .	-509,	978 27		-558,047

Part III Statement of Program		ents (See the instruction	ns for Part III)	Expenses
What is the organization's primary exempt TO PROMOTE CHARITABLE GIVING AND MANAGING THEIR RESOURCES MORE E FROM OTHERS		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts,		
Describe what was achieved in carrying out describe the services provided, the number program title			•	optional for others)
28 Charitable Alliance Network ProgramCh ("nonprofits") with access to significantly dits Charitable Alliance Network ("CAN") prolificantly dits Charitable Alliance Network ("CAN") prolificant program directly benefits nonprofits by prowith product specifications/service require terms - Purchasing consultationThe outcor and private sectors work more effectively a relieve government of administrative burde benefit from the services rendered under th Works promotes a project called "Common government agencies and qualified nonprofinstrumentalities of government and, as sucontracts that are negotiated and managed significant number of all nonprofits in the U government agencies Government officials access to government purchasing contract recognize and responsibly serve these speadministrative organization that helps to urgovernment agencies, nonprofits, and vend IRS approved nonprofits throughout the Unbillions of dollars of annual savings on good States-based international relief organizativendor contracts through an intermediary lithose limited number of nonprofits that alre Services Administration's Federal Supply States However, the level of recognition Management Services ("DMS") redefined the totreat charities as such Although DMS heligible users, its vendors are "encouraged recognized under Section 501 (c)(3) of the no legal obligation to pay user fees to DMS entities Thus, IRS approved charities may vendors based on their preferential custom levels of government in supporting coopera the duplicative administrative functions an acquire the same types of products and ser first state in the United States that recognized the same types of products and ser first state in the United States that recognize the same types of products and ser first state in the United States that recognize the spending Nonprofit trustees and directors reasonably measure nonprofits spending The strengthening the financial viability of the inspending The organized services of the experience From burding This program serves to support	iscounted prices on a broad orgram. Through the developments and the following purchase ments. Locating qualified me of the CAN program is and efficiently together in sent annually nonprofits in Floe CAN resource finder produced to the the project is been annually nonprofits in Floe CAN resource finder produced to the project is been annually nonprofits in Floe CAN resource finder produced to the project is been annually state, and/or located to agree that it makes the project estimated to agree that it makes the sent and services purchased states. Based on our resource in the common Ground is dested States. Based on our resould benefit from have keen could benefit from have keen the following the project extends the legal authority to incompact and service Multiple Award Schalude charities and other moveries in each state. For each the legal authority to incompact in the legal authority to incompact in the work of the properson of the properso	d range of products and pment of beneficial net of reduce operating costing advisory services wendors/suppliers - Net is collaborative process erving humanitarian caprida and throughout the gram Common Ground perative purchasing in a sed on the theory that is cess to competitively ocal government agencing either in whole or partices to allow qualification of the process among and between the ficials are general ablishes Charity Works erests among and between the ficials are general ablishes Charity works erests among and between the ficials are general ablishes Charity works erests among and between the ficials are general ablishes Charity works for the process of the first of the firs	d services through works and strategic its The CAN - Matching needs gotiating contract whereby the public uses and thus e United States Project Charity tiatives between incharities are and by the public uses Today, a tifrom one or more ed nonprofits ally reluctant to as the facilitating ween donors, burchasing power of ould generate Even United ess to government at searlier position er nonprofits as intities that are divendors are under made by these ernment-approved is to engage all ill effectively reduce in gwith vendors to make Florida the competitively bid and promote ed from all levels of softheir actual estandards to for donors, thereby lence in charitable vices and job e community by rethe area's senior and student ommunity Service hadiverse group of The business cycle ing invoices, it is live business cycle ing invoices, it is live business before CaringPerks This retail merchants heir community The est oproviding red status, discount rogram is in the CharityWorks shed to 1) or underprivileged promote	
(Grants #) If thus	s amount includes foreign ç	aranto chack hara	. –	
(Grants \$) If this	s amount includes loreign (grants, check here .	· · •	29a
<u> </u>	s amount includes foreign (· · · · · · · · · · · · · · · · · · ·	▶┌	30a
31 O ther program services (attach schedul (Grants \$) If this 32 Total program service expenses (add line	amount includes foreign (<u> </u>	31a 162,261
Part IV List of Officers, Directors, Trus		List each one even if not co		tructions for Part IV)
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit pl	ans & account and

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33				
	description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νο
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		Νο
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Νο
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
ь	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	Yes	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 🕏 . 386 1,238			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 • 0 , section 4912 • 0 , section 4955 • 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40Ь		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 • 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νο
41	List the states with which a copy of this return is filed 🕨 <u>FL</u>			
42a	The organization's books are in care of ▶ CHRIS RENFROW Telephone no	(72	7)447	2064
	635 COURT ST STE 130 Located at CLEARWATER, FL ZIP + 4	▶ <u>33</u>	756	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	[Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No.
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		Νο
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here and enter the amount of tax-exempt interest received or accrued during the tax year		• •	▶
11	Did the organization maintain any denor advised funds? If "Vec" Form 000 must be completed instead of		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of	ا مم ا		N -
4=	Form 990-EZ.	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		Νο
	<u>-</u>	_	^^ ==	

Pait VI	All section 501(c)(3) org 46-49b and complete th	janızatıons and section	4947(a)(1) nonexe	-			-	stions
46 Dıd	the organization engage in direc			nalf of or in oppos	sition to		Yes	No
can	didates for public office? If "Yes	s," complete Schedule C, I	Part I			46		Νo
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							Νο
								Νο
	Old the organization make any transfers to an exempt non-charitable related organization?							Νο
		·	_	Zation		49b		
	res," was the related organizati			.1 66				
	nplete this table for the organiza Ployees) who each received mor			•	,			
	e and address of each employed aid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensatio	n employee be	ibutions to enefit plans & empensation	a	e) Exper count a r allowa	and
NONE								
51 Comofc	nplete this table for the organizat	ation's five highest compe ion Ifthere is none, enter	"None"					
(a)	Name and address of each inde	pendent contractor paid m	ore than \$100,000	(b) Type	ofservice	(c) (ompen	sation
ONE								
51(d) ⊤o	otal number of other independen	t contractors each receivi	ing over \$100,000 .		▶			
Please	Under penalties of perjury, I declar and belief, it is true, correct, and co							
ign ere	****** Signature of officer MICHAEL D KINDT TREASURER			2010-11 Date	-15			
	Type or print name and title							
aid	Preparer's signature Michael D Kindt Date Check if self-empolyed per model of the constructions of the construction of the con						nber	
reparer's	LETAL IN							
se Only		urt Street				77. 4.5	2050	
	Clearwat	er. FL 337566146			Phone no 🕨 (72	27) 446-	3058	

May the IRS discuss this return with the preparer shown above? See instructions

 Γ_{Yes} Γ_{No}

Employer identification number

OMB No 1545-0047

0 0 0 0

2009

Open to Public
Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Name of the organization CHARITY WORKS INC

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 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) An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 Type III - Other Type I **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? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

11g(ii)

11g(iii)

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization'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						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Se	ection A. Public Support						
Cale	e ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do no	ot 92,982	90,274	45,603	200,628	144,376	573,86
2	include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt	n 87,397	94,465	92,797	163,582	115,429	553,67
3	purpose Gross receipts from activities tha are not an unrelated trade or	t					
_	business 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 the organization without charge	co					
6	Total. Add lines 1 through 5	180,379	184,739	138,400	364,210	259,805	1,127,53
7a	A mounts included on lines 1, 2, and 3 received from disqualified		10,000	6,700	4,735	8,371	29,80
b	persons A mounts 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		10,000	6,700	4,735	8,371	29,80
8 8	Add lines 7a and 7b Public Support (Subtract line 7c from line 6)		10,000	0,700	4,733	0,371	1,097,72
Se	ection B. Total Support	1				•	
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	ın) A mounts from line 6	180,379	184,739	138,400	364,210	259,805	1,127,53
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		5	,	,	,	, ,
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		5				
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)	180,379	184,744	138,400	364,210	259,805	1,127,53
14	First Five Years If the Form 990 is check this box and stop here	s for the organization	on's first, second,	thırd, fourth, or f	ifth tax year as a	501(c)(3) organi	zation, ►
Se	ection C. Computation of Pu	blic Support Pe	rcentage				
15	Public Support Percentage for 200	09 (line 8 column (f	divided by line	13 column (f))		15	97 360 %
16	Public support percentage from 20	008 Schedule A, Pa	art III, line 15			16	97 510 %
Se	ection D. Computation of In	vestment Inco	me Percentac				
17	Investment income percentage fo				(f))	17	0 %
18	Investment income percentage fro		•			18	
102	33 1/3% support tests—2009 Ift	ho organization did	not check the ho	v on line 14 and	line 15 is more t	han 33 1/3% and	line 17 is not

L9a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 59-3384413

Name: CHARITY WORKS INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CHRIS RENFROW CPA CFE 635 COURT ST STE 130 CLEARWATER,FL 33756	PRESIDENT & DIRECTOR 40 00	65,749	0	0
LORI A COLLEGE 635 COURT ST STE 130 CLEARWATER,FL 33756	CHAIRMAN & DIRECTOR 1 00	0	0	0
EVERETT S RICE 635 COURT ST STE 130 CLEARWATER,FL 33756	VICE PRESIDENT & DIRECTOR 1 00	0	0	0
CAROLA HAGUE 635 COURT ST STE 130 CLEARWATER,FL 33756	SECRETARY & DIRECTOR 1 00	0	0	0
MICHAEL D KINDT CPA 635 COURT ST STE 130 CLEARWATER,FL 33756	TREASURER & DIRECTOR 1 00	0	0	0
MARY G ROBINSON 635 COURT ST STE 130 CLEARWATER,FL 33756	DIRECTOR 1 00	0	0	0
JEANETTE G RENFROW 635 COURT ST STE 130 CLEARWATER, FL 33756	DIRECTOR 1 00	0	0	0
sandı carnage 635 COURT ST STE 130 CLEARWATER,FL 33756	diRECTOR 1 00	0	0	0
terry mccoy 635 COURT ST STE 130 CLEARWATER,FL 33756	dIRECTOR 1 00	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93492319040810

Employer identification number

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

licensing

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

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.

CHARITY WORKS INC Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Dıd fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or

Pai	t II	Fundraising Events. Com more than \$15,000 on Form					eport	ed
			(a) Event #1 DINNER/AUCTION (event type)	(b) Event #2 GOLF EVENT (event type)	(c) O ther Events 1 (total number)	(d) Tot (Add col		
Me	1	Gross receipts	45,967	27,846	14,360		8	8,173
Reveilue	2	Less Charitable contributions	2,527	8,319	14,360		2	5,206
	3	Gross income (line 1 minus line 2)	43,440	19,527			6.	2,967
	4	Cash prizes						
မွာ	5	Non-cash prizes		2,806				2,806
Expenses	6	Rent/facility costs	9,405	11,095	6,201		2	6,701
	7	Food and beverages						
Direct	8	Entertainment						
△	9	Other direct expenses .						
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)			2	9,507
	11	Net income summary Combine II	nes 3, column d, and line	10			3	3,460
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
	1	Gross revenue						
s e	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	│ Yes			
		Direct expense summary Add lines Net gaming income summary Com						
		,	,				Yes	No
9 a	Is t	er the state(s) in which the organiza he organization licensed to operate			· · · · · · · · · · · · · · · ·	. 9a		
b	If "	No," Explain				_		
10a b		re any of the organization's gaming Yes," Explain	Icenses revoked, suspen	ded or terminated during	the tax year?	10a		
11 12	Is t	es the organization operate gaming a the organization a grantor, beneficia ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	p or other entity	11	E7\ 20	
					Schedule G (Form 9	-066 IO 06-	LZ) ZU	UJ

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

DLN: 93492319040810

OMB No 1545-0047

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, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Open to Public Inspection

						ition numb	CI
				59-338	4413		
						ıne 40b	
ualified person		(h) Desci	untion of tr	ansaction		(c) C	orrected
·		(2) 5 656.	ipaion or a			Yes	No
			ns during t • • •	he year un 	der \$		
on line 2, above	e, reimbursed by the	organization .			- \$		
		Part IV, line 26,	or Form 99	0-EZ, Par	t V, line 38	i a	
(b) Loan to or from the organization?	(c)O riginal principal amount	(d) Balance due	(e) In default?	App by b	oroved oard or	(g) Writ agreeme	
To From			Yes I	lo Yes	. No	Yes	No
V	F2.064	1 220		Ja Vas		V	
X	52,864	1,238	'	no res	i	Yes	
	▶ \$	1,238		ı		ſ	
	► \$ ng Interested Pered "Yes" on For		line 27.				
	ed on the organization answered "You continue 2, above ation answered to or from the organization?	ed on the organization managers or one on line 2, above, reimbursed by the error in the rested Persons. ation answered "Yes" on Form 990, (b) Loan to or from the organization? principal amount To From	ed on the organization managers or disqualified person (b) Description on the organization managers or disqualified person on line 2, above, reimbursed by the organization. From Interested Persons. ation answered "Yes" on Form 990, Part IV, line 26, (b) Loan to or from the (c)Original organization? principal amount To From	ed on the organization managers or disqualified persons during the continuous	ed on the organization managers or disqualified persons during the year union line 2, above, reimbursed by the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-E at line 2, above, reimbursed by the organization with the control of the cont	ed on the organization managers or disqualified persons during the year under on line 2, above, reimbursed by the organization	ed on the organization managers or disqualified persons during the year under (c) C Yes ed on the organization managers or disqualified persons during the year under (b) Description of transaction (c) C Yes ed on the organization managers or disqualified persons during the year under (c) C Yes ed on the organization managers or disqualified persons during the year under (c) C Yes ed on the organization managers or disqualified persons during the year under (c) C Yes from Interested Persons. ation answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to or from the (c)O riginal organization? principal amount (d)Balance due default? by board or agreeme committee? To From Yes No Yes No Yes

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

No Yes

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492319040810

TY 2009 Grants and Similar Amounts Paid Schedule

Name: CHARITY WORKS INC

Item No.	1	
Class of Activity	Contribution	
Donee's Name	homeless Emergency Project Inc	
Donee's Address	1120 N Betty Lane cLEARWATER, FL 33755	
Amount (FMV)	61,647	
Purpose of Payment to Affiliate		
Relationship	NONE	
Description	IMAX VIDEOS, ANTENNAS RIDERS, TURKEYS, TOYS	
Book Value		
How BV Determined	ed FAIR MARKET VALUE	
How FMV Determined		
Date of Gift		

Item No.	2
Class of Activity	Contribution
Donee's Name	ficPA - Suncoast Chapter
Donee's Address	12425 28th St n Ste 300 ST PETERSBURG, FL 33716
Amount (FMV)	5,982
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	FAIR MARKET VALUE
How FMV Determined	
Date of Gift	

Item No.	3	
Class of Activity	various- less than \$5,000 per grantee	
Donee's Name	various	
Donee's Address		
Amount (FMV)	18,204	
Purpose of Payment to Affiliate		
Relationship		
Description		
Book Value		
How BV Determined		
How FMV Determined		
Date of Gift		

TY 2009 Other Assets Schedule

Name: CHARITY WORKS INC

Description	Beginning of Year Amount	End of Year Amount
accounts receivable	4,642	10,926
inventories for sale or use	22,800	43,361
prepaid expenses and deferred charges	1,596	1,369
Other Depreciable Assets	4,984	4,378

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492319040810

TY 2009 Other Changes in Net Assets Schedule

Name: CHARITY WORKS INC

Description	Amount
BOOK/TAX DIFFERENCE - INKIND INCOME	28,265

TY 2009 Other Expenses Schedule

Name: CHARITY WORKS INC

Description	Amount
bank and credit card fees	1,255
membership fees	1,115
taxes & licenses	514
equipment rental and maintenance	987
supplies	3,705
telephone and internet services	5,761
travel and transportation	3,156
ınsurance	2,175
training and seminars	1,686
ınterest	3,036
payroll taxes	2,131
MINOR EQUIPMENT	400
WEB SERVICES	200

TY 2009 Other Liabilities Schedule

Name: CHARITY WORKS INC

Description	Beginning of Year Amount	End of Year Amount
accounts payable	549,734	616,555
loan from officers, directors, trustees, and key employees	1,522	1,238
DEFERRED REVENUE	0	3,578



TY 2009 Other Revenues Schedule

Name: CHARITY WORKS INC

Description	Amount
SALE OF ARTWORK	600

TY 2009 Transfers Personal Benefits Contracts Declaration

Name: CHARITY WORKS INC

EIN: 59-3384413

Declaration: The organization did not, during the year, receive any funds,

directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.