Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Α | For the | 2015 calend | | <u>1/01</u> , 2015 , | and ending | | 12/31 | , 20 1 | 15 | |
|------------|--------------|-------------------------------------|--|---------------------------------------|--------------------|------------|-------------|-----------------------|-----|--|
| В | Check if ap | pplicable: | C Name of organization | | | D Empl | oyer ide | entification number | | |
| | Address o | ddress change Generosity Global Inc | | | | 45-5606287 | | | | |
| Н | Name change | | | | E Telephone number | | | | | |
| Н | Initial retu | | P O BOX 27399 | | | | 24 | 0-535-1124 | | |
| H | Amended | rn/terminated | City or town, state or province, country, and ZIP or for | eign postal code | • | F Grou | ıp Exer | mption | | |
| П | | on pending | BALTIMORE, MD, 21216 | | | Num | nber 🕨 | • | | |
| G | Account | ting Method: | ☐ Cash | | Н | Check I | ▶ 🗹 it | f the organization is | no | |
| | Website | | .generosityglobal.org | | | | | ach Schedule B | | |
| J. | Tax-exen | | | (insert no.) 4947(a)(1) c | or 527 | (Form 9 | 90, 990 |)-EZ, or 990-PF). | | |
| | | | | ssociation Other | | | | | | |
| | | • | 7b to line 9 to determine gross receipts. If gross | | more, or if tota | l assets | | | | |
| | | | w) are \$500,000 or more, file Form 990 instead of | | | | ▶ \$ | 31. | 560 | |
| T | Part I | Revenu | e, Expenses, and Changes in Net As | sets or Fund Baland | es (see the | instruc | ctions | | - | |
| | | | the organization used Schedule O to res | | • | | | • | ~ | |
| _ | 1 | | ons, gifts, grants, and similar amounts recei | | | | 1 | | 420 | |
| | 2 | | ervice revenue including government fees a | | | | 2 | 10, | 0 | |
| | 3 | | ip dues and assessments | | | | 3 | | 0 | |
| | 4 | Investment | | | | | 4 | | 0 | |
| | 5a | | ount from sale of assets other than inventor | · · | 1 | | 7 | | | |
| | b | | or other basis and sales expenses | | | 0 | | | | |
| | C | | ss) from sale of assets other than inventory | | line 5a) | | 5c | | 0 | |
| | 6 | | nd fundraising events | (Subtract line 35 from | iiile Jaj | | 30 | | | |
| 4 | а | | ome from gaming (attach Schedule G | | 1 | | | | | |
| ž | | | | <u> </u> | | 0 | | | | |
| Revenue | b | | ome from fundraising events (not including | | f contribution | าร | | | | |
| æ | : | | aising events reported on line 1) (attach S | | | | | | | |
| | | sum of suc | ch gross income and contributions exceeds | | | 21,140 | | | | |
| | С | | ct expenses from gaming and fundraising ev | | | 8,000 | | | | |
| | d | | e or (loss) from gaming and fundraising e | vents (add lines 6a an | d 6b and su | btract | | | | |
| | | line 6c) . | | | | | 6d | 13, | 140 | |
| | 7a | Gross sale | s of inventory, less returns and allowances | 7 a | | 0 | | | | |
| | b | Less: cost | of goods sold $\ldots \ldots \ldots \ldots$ | 7 b | | 0 | | | | |
| | С | Gross prof | it or (loss) from sales of inventory (Subtract | line 7b from line 7a) . | | | 7c | | 0 | |
| | 8 | Other reve | nue (describe in Schedule O) | | | | 8 | | 0 | |
| | 9 | Total reve | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | . ▶ | 9 | 23, | 560 | |
| | 10 | Grants and | d similar amounts paid (list in Schedule O) | | | | 10 | | 0 | |
| | 11 | Benefits pa | aid to or for members | | | | 11 | | 0 | |
| S | 12 | Salaries, o | ther compensation, and employee benefits | | | | 12 | | 0 | |
| Š | 13 | Profession | al fees and other payments to independent | contractors | | | 13 | | 0 | |
| Expenses | 14 | Occupanc | ncy, rent, utilities, and maintenance | | | | | | 0 | |
| М | 15 | Printing, p | g, publications, postage, and shipping | | | | | | 0 | |
| | 16 | | enses (describe in Schedule O) | | | | 16 | 23, | 760 | |
| | 17 | Total expe | enses. Add lines 10 through 16 | | | . ▶ | 17 | | 760 | |
| S | 18 | | (deficit) for the year (Subtract line 17 from li | | | | 18 | | 200 | |
| šet | 19 | | or fund balances at beginning of year (from | • | | | | | | |
| ASS | | | | | | | 19 | | 252 | |
| Net Assets | 20 | Other char | nges in net assets or fund balances (explain | in Schedule O) | | | 20 | | 0 | |
| ž | 21 | | or fund balances at end of year. Combine | | | | 21 | | 52 | |
| _ | <u> </u> | | | · · · · · · · · · · · · · · · · · · · | · · | - | - | - 000 E7 // | | |

Form 990-EZ (2015) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 252 22 22 Cash, savings, and investments . . . 52 0 23 23 Land and buildings 0 Other assets (describe in Schedule O) 24 0 24 0 252 25 25 52 0 26 26 Total liabilities (describe in Schedule O) . . 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 252 27 52 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 1 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. SELFLESS SATURDAY BALTIMORE - Providing food, clothing and other basic supplies to the homeless in Baltimore, Maryland 0) If this amount includes foreign grants, check here . 28a (Grants \$ 1,560 CLEAN WATER PROJECTS - providing access to clean and safe drinking water to villages in Cameroon, Africa... We successfully drilled 2 bore holes and repaired 1 broken pump. This allowed close to 3,000 people to have access to clean water (Grants \$ 29a 0) If this amount includes foreign grants, check here 22,000 30) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here . . . 31a 0 23,560 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Richard Akwo 20 0 0 0 Founder / Executive Drirector Erika Akwo 5 0 0 0 Co-founder / Assistant Director Asmeron Desta 5 0 0 **Director of Community Relations**

Form 990-EZ (2015)

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 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 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ | 37a | 37a 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 tax year covered by this return? 38a If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: o ; section 4912 ► section 4911 ▶ o ; section 4955 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b / Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ► MD 41 42a The organization's books are in care of ► Richard Akwo 240-535-1124 Telephone no. ▶ Located at ► 2806 Elsinore Ave, Baltimore, MD 21216 ZIP + 4 ▶ 21216 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of 45b

Page 3

| Form 99 | 0-EZ (2 | 015) | | | | | | P | age 4 |
|----------------------|---------|---|---|---|-------------------------------|--|--------------------------|-----------|-------|
| 46 | Did th | ne organization engage, directly or in | ndirectly, in political c | ampaign activities | on behalf | of or in opposi | tion | Yes | No |
| | to ca | ndidates for public office? If "Yes," c | omplete Schedule C | , Part I | | | . 46 | | ~ |
| Part \ | _ | Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch | s must answer que | | | | e tables | for line | es |
| | | | | | | | | Yes | No |
| 47 | | he organization engage in lobbying If "Yes," complete Schedule C, Part | | section 501(h) elec | | ect during the | tax . 47 | | _ |
| 48 49a b 50 | Did the | organization a school as described in the organization make any transfers to es," was the related organization a se tolete this table for the organization's oyees) who each received more than | o an exempt non-cha ection 527 organization five highest compen | ritable related orga on? | anization? (other than | officers, direc | . 49b tors, truste | es an | |
| | (a) | Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MIS | contribut | ealth benefits, tions to employee lans, and deferred mpensation | (e) Estimat other cor | | |
| None | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| f 51 | Com | number of other employees paid over olete this table for the organization' ,000 of compensation from the orga | s five highest compe | ensated independe | ent contrac | tors who eacl | n received | more | thar |
| | (a) | Name and business address of each independ | ent contractor | (b) Type of | service | (c |) Compensat | ion | |
| None | | | | _ | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| d 52 | Did 1 | number of other independent contra the organization complete Schedu pleted Schedule A | _ | | . ► rganizations | s must attac | ha . ▶ ☑ Ye s | s 🗌 I | No |
| | | of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than | | | | | nowledge an | d belief, | it is |
| Sign | | Signature of officer | | | | Date | | | |
| Here | | RICH AKWO, Executive Director Type or print name and title | | | | | | | |
| Paid | orer | Print/Type preparer's name | Preparer's signature | | Date | Check self-emplo |] if PTIN | | |
| Prepa Use (| | Firm's name ▶ | ' | | | Firm's EIN ▶ | | | |
| | | Firm's address | abour share O.O. | inate ations | | Phone no. | <u> </u> | | |
| iviay th | ie iKS | discuss this return with the preparer | snown above? See | instructions | | | ► U Yes | s ∐l | No |

SCHEDULE A (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.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public

Inspection

OMB No. 1545-0047

| Name | of the organization | | | | | Employer identification | number |
|--------|---|--|--|------------------------------------|---------------------------------------|--|---|
| Gene | erosity Global Inc | | | | | 45-56 | 06287 |
| Par | | | | | | <u> </u> | ns. |
| The c | organization is not a private founda | | | | - | • | |
| 1 | A church, convention of churc | | | | | | |
| 2 | A school described in section | | · | | | * * | |
| 3 | A hospital or a cooperative ho | • | | | | | /:::\ |
| 4 | A medical research organization hospital's name, city, and state | e: | | | | | |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (Com | | college or university | owned c | r operate | ed by a government | al unit described ir |
| 6 7 | ☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1) | receives a subs | stantial part of its sup | | | | n the general public |
| 8 | ☐ A community trust described i | n section 170(b |)(1)(A)(vi). (Complete | Part II.) | | | |
| | An organization that normally receipts from activities related support from gross investme acquired by the organization at | d to its exempt ent income and ofter June 30, 19 | functions—subject to unrelated business 75. See section 509 (a | certain taxable i a)(2). (Co | exceptio ncome (l mplete Pa | ns, and (2) no more ess section 511 ta art III.) | than 331/3% of its |
| | ☐ An organization organized and ☐ An organization organized and one or more publicly supported the box in lines 11a through 11 | operated exclusions of | ively for the benefit of, lescribed in section 5 | to perfor 09(a)(1) o | m the fur r section | actions of, or to carry 509(a)(2). See secti | on 509(a)(3). Check |
| а | ☐ Type I . A supporting organiz the supported organization(sorganization. You must con | s) the power to re | egularly appoint or ele | | | | |
| b | ☐ Type II. A supporting organic control or management of the organization(s). You must control to the organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization or | e supporting org | ganization vested in th | | | | |
| С | Type III functionally integra its supported organization(s) | | | | | | y integrated with, |
| d | ☐ Type III non-functionally in that is not functionally integr requirement (see instructions | ated. The organi | ization generally must | satisfy a | distribut | on requirement and | • , , |
| е | | ation received a | written determination | from the | IRS that | it is a Type I, Type I | I, Type III |
| f | Enter the number of supported | organizations . | | | | | |
| g | Provide the following informatio | n about the supp | oorted organization(s). | | | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above (see instructions)) | listed in you | organization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | Yes | No | | |
| (A) | | | | | | | |
| (B) | | | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E) | | | | | | | |
| Total | I | | | | | | |

| | (Complete only if you checked th | | | | - | • | alify under |
|----------|---|---------------------------------|------------------|----------------------------------|-----------------|---------------------------|-------------------|
| Socti | Part III. If the organization fails to on A. Public Support | quality unde | er the tests is | stea below, p | lease comple | ete Part III.) | |
| | dar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | (a) 2011 | (0) 2012 | (6) 2010 | (u) 2014 | (6) 2013 | (i) Iotai |
| 2 | Tax revenues levied for the 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | on B. Total Support | | | T | | | |
| _ | idar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 12 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc. | (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for th organization, check this box and stop her | e organizatioi 'e | n's first, secon | d, third, fourth | | ear as a sectio | |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 14 15 | Public support percentage for 2015 (line 6 Public support percentage from 2014 Sch | | | | | 14 15 | <u>%</u> |
| 16a | 33 ¹ /3% support test—2015. If the organize box and stop here. The organization qual | ifies as a pub | licly supported | organization | | | . ▶ □ |
| b | 331/3% support test—2014. If the organicheck this box and stop here. The organic | | | | | 15 is 33 ¹ /3% | or more, . ▶ □ |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization meet Part VI how the organization meets the "factorganization". | ets the "facts- | and-circumsta | inces" test, ch | eck this box ar | nd stop here. I | Explain in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizati Explain in Part VI how the organization me supported organization | ion meets the eets the "fact | e "facts-and-ci | ircumstances" tances" test. T | test, check th | nis box and st | op here. |
| 18 | Private foundation. If the organization did | | | | a, or 17b, chec | k this box and | see |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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 falls to quality | under the tec | sta liated beig | w, picase co | inpicto i ait ii | •) | |
|-------|---|-----------------|-----------------|------------------|------------------|-----------------|-----------------------|
| | on A. Public Support | | | | | | |
| | dar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| • | received. (Do not include any "unusual grants.") | | | | 19,615 | 10,420 | 30,035 |
| 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 | | | | | 21,140 | 21,140 |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or 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 to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 0 | 0 | 0 | 19,615 | 31,560 | 51,175 |
| | Amounts included on lines 1, 2, and 3 | | | | 11/010 | 21/222 | |
| | received from disqualified persons . | | | | | | |
| h | Amounts included on lines 2 and 3 | | | | | | |
| b | 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 | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| Ü | line 6.) | | | | | | E1 17E |
| Secti | on B. Total Support | | | | | | 51,175 |
| | dar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 9 | Amounts from line 6 | 0 | 0 | 0 | 19,615 | 31,560 | 51,175 |
| | Gross income from interest, dividends, | | J | - J | 17,010 | 31,300 | 31,173 |
| ·ou | payments received on securities loans, rents, | | | | | | |
| | royalties and income from similar sources . | | | | | | |
| h | 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 | | | | | | |
| 14 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| 13 | and 12.) | 0 | _ | _ | 10 (15 | 31,560 | E4 47F |
| 14 | First five years. If the Form 990 is for the | | 's first second | 0 d third fourth | 19,615 | | 51,175 2 501(c)(3) |
| '- | organization, check this box and stop he i | J | • | | | | ` , ` , |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2015 (line 8 | | | 3 column (fl) | | 15 | 100 % |
| 16 | Public support percentage from 2014 Sch | | | | | 16 | 100 % |
| | on D. Computation of Investment Inc | | | <u> </u> | | 10 | 100 70 |
| 17 | Investment income percentage for 2015 (I | | | / line 13 colum | nn (f)) | 17 | 0 % |
| 18 | Investment income percentage for 2013 (investment income percentage from 2014 | | | • | . ,, | 18 | 0 % |
| | 33 ¹ / ₃ % support tests—2015. If the organi | | | | | | |
| 19a | 17 is not more than 33 ¹ / ₃ %, check this box | | | | | | |
| J. | | _ | = | - | | = | |
| b | 331/3% support tests—2014. If the organiz line 18 is not more than 331/3%, check this b | | | | | | |
| 00 | | _ | _ | - | | | |
| 20 | Private foundation. If the organization die | u not cneck a l | Jox on line 14, | 19a, or 19b, c | HECK THIS DOX 8 | ana see instruc | ctions 🕨 🗀 |

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| ,,,, | on 7 a 7 an Cupper and Cigarine according | | | |
|------|---|-----|-----|----|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | | | |
| | purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | | | |
| | | 5a | | |
| D | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with | | | |
| | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described | | | |
| | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | |
| 0a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | 100 | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | 10a | | |
| ~ | determine whether the expensional policy had expensed by increase had in the tax year: (050 00 neutro 0, 10 m 4720, 10 | 406 | | |

| Part | V Supporting Organizations (continued) | | | | |
|----------|---|---------|--------|-------------|--|
| | | | Yes | No | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | | |
| | below, the governing body of a supported organization? | 11a | | <u> </u> | |
| | A family member of a person described in (a) above? | 11b | | <u> </u> | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | 11c | | | |
| Section | on B. Type I Supporting Organizations | | | | |
| _ | | | Yes | No | |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | • | | | |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | | |
| | supervised, or controlled the supporting organization. | 2 | | | |
| Section | on C. Type II Supporting Organizations | | | | |
| | <i>y</i> 11 0 0 | | Yes | No | |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | | |
| | the supported organization(s). | 1 | | | |
| Section | on D. All Type III Supporting Organizations | | | | |
| | | | Yes | No | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | _ | | | |
| _ | | 1 | | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | 2 | | | |
| 3 | significant voice in the organization's investment policies and in directing the use of the organization's | | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | | |
| | supported organizations played in this regard. | 3 | | | |
| Section | on E. Type III Functionally-Integrated Supporting Organizations | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i | netru | ction | e). | |
| | | iisti u | CHOIR | 3). | |
| a | ☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i> ☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | | |
| b c | The organization is the parent of each of its supported organizations. <i>Complete line's below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see the organization is the parent of each of its supported organizations.</i> | oo ins | tructi | one) | |
| U | | 1118 | | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No | |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | | |
| L | · | 2a | | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | | |
| | activities but for the organization's involvement. | 2b | | | |
| 3 | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> | 20 | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | | |
| a | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ju | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | | |

instructions).

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | gani | zations | |
|---|-------|---------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions) | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functional | ly-in | tegrated Type III support | ing organization (see |

| Part | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | |
|-------|---|-----------------------------|--|---|--|--|--|
| Secti | on D - Distributions | | · | Current Year | | | |
| 1 | Amounts paid to supported organizations to accomplish | | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exe | rted | | | | | |
| | organizations, in excess of income from activity | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | | | |
| 8 | Distributions to attentive supported organizations to whic | h the organization is res | ponsive | | | | |
| | (provide details in Part VI). See instructions. | | | | | | |
| 9 | Distributable amount for 2015 from Section C, line 6 | | | | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | | | | |
| Se | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 | | | |
| 1 | Distributable amount for 2015 from Section C, line 6 | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2015 | | | | | | |
| | (reasonable cause required-see instructions) | | | | | | |
| 3 | Excess distributions carryover, if any, to 2015: | | | | | | |
| a | | | | | | | |
| b | | | | | | | |
| C | | | | | | | |
| d | From 2013 | | | | | | |
| е | From 2014 | | | | | | |
| f | Total of lines 3a through e | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | |
| h | Applied to 2015 distributable amount | | | | | | |
| i | Carryover from 2010 not applied (see instructions) | | | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | | |
| 4 | Distributions for 2015 from Section | | | | | | |
| | D, line 7: \$ | | | | | | |
| a | Applied to underdistributions of prior years | | | | | | |
| b | Applied to 2015 distributable amount | | | | | | |
| C | Remainder. Subtract lines 4a and 4b from 4. | | | | | | |
| 5 | Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | | | | |
| 6 | Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | | | | |
| 7 | Excess distributions carryover to 2016 . Add lines 3j and 4c. | | | | | | |
| 8 | Breakdown of line 7: | | | | | | |
| a | | | | | | | |
| b | | | | | | | |
| c | Excess from 2013 | | | | | | |
| d | Excess from 2014 | | | | | | |
| е | Excess from 2015 | | | | | | |

| Part VI | III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number **Generosity Global Inc** 45-5606287 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events ☐ In-person solicitations d 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 services? ☐ Yes ☐ No 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts from activity (or retained by) fundraiser listed in (ii) Activity custody or control of (or retained by) or entity (fundraiser) contributions? organization col. (i) Yes No 1 2 3 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2015 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) **MISSION BALL 2015** (event type) (event type) (total number) Revenue Gross receipts 1 30,150 30,150 Less: Contributions . . 2 8,000 8,000 3 Gross income (line 1 minus line 2) 22,150 22,150 4 Cash prizes 0 0 5 Noncash prizes 0 Direct Expenses 6 Rent/facility costs . . . 1,000 7 Food and beverages . . 2,560 2,560 8 Entertainment 500 500 Other direct expenses 3,940 3,940 Direct expense summary. Add lines 4 through 9 in column (d) 10 8,000 Net income summary. Subtract line 10 from line 3, column (d) . . . 11 14,150 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue . Direct Expenses 2 Cash prizes . . . 3 Noncash prizes 4 Rent/facility costs . . . 5 Other direct expenses Volunteer labor . 6 No Direct expense summary. Add lines 2 through 5 in column (d) 7 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? а If "No," explain: _____

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . .

| Schedu | ule G (Form 990 or 990-EZ) 2015 | | | Page 3 |
|----------|---|---|-----|---------------|
| 11 12 | Does the organization conduct gaming activities with nonmembers? | y | Yes | □ No |
| 13 | formed to administer charitable gaming? | | Yes | ∐ No |
| 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: | i | | |
| | Name ► | | | |
| | Address ► | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | _ | Yes | ☐ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the | | | |
| С | amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party: | | | |
| Ū | in 1969, onto hame and dudition of the time party. | | | |
| | Name ► | | | |
| | Address ► | | | |
| 16 | Gaming manager information: | | | |
| | Name ► | | | |
| | Gaming manager compensation ► \$ | | | |
| | Description of services provided ▶ | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| а | 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 organizations of spent in the organization's own exempt activities during the tax year ▶ \$ | r | | |
| Part | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info instructions). | | | |
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SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

Open to Public Inspection

| Name of the organization | Employer identification number |
|--|--------------------------------|
| Generosity Global Inc | 45-5606287 |
| Form 990-EZ, Part I, Line 16 - Proram Expenses: 1) Selfless Saturday (Feeding the homeless) - \$1910 2 |) Water Drilling projects in |
| Cameroon - 2 bore holes completed, 1 repair - \$22,000 | |
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Schedule O, Statement 1 Generosity Global Inc

Form: **990-EZ (2015)** EIN: **45-5606287**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

Generosity Global exists to use the power of generosity to improve the quality of life for people around the world. In Baltimore, Maryland, we provide food and other basic needs to the homeless citizens. In Cameroon, Africa, we provide access to clean and safe drinking water remote villages