Form	990
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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black jung

2010

DMB No. 1545-0047

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<u> </u>	or m		dar year, or ta	sx year o	eginning			, 201	u, and	J en	ung	0 Employ	er ide	ntificati	<u> </u>		
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	Applic	,	KELEY, CA		t officer 1	TENTNU T	ONEN					G Gross r H(a) is this					,184.
	pond	~>				- ,				710		affiliate	357			Yes	X No
			HEARST A	<u> </u>		2 200 B	ERKE	1	·	/10		H(b) Are al				Yes	No
		empt status:	X 501(c)(3)	501(c	s)()•	┥ (inseri n	ia.)	4947(a)(1) or		527	II "ND.	° attach	a list. (s	ee Instructi	ons)	
			ALFTHESKY	. ORG								H(c) Group	_		<u> </u>		
		of organization:	X Corporation	Trust	Assoc	cuallon	Other	<u>- ا</u>		ĻΥs.	ar of forma	atlon 1998	M S	state of	legal dom	ilcile.	CA
Pa	rt i	Summary					_										
	1	Briefly descrit	be the organizati	on's missie	an or mos	it significant	activitie	s:									
4		SEE SCHE	DULE O.														
Governance									_			-					
Ē																	
20	2	Check this bo	x 🕨 📃 if the	organizatio	on discon	tinued its c	operatio	ns or dispo	sed of r	more	than 259	% of its net a	issets				
~	3	Number of vo	ting members of	the gover	ning body	(Part VI, Im	e 1a)							3			в.
33	4	Number of ind	Jopendent voting	a members	of the go	overning bo	dy (Part	VI, line 1b)	• • • •		••••		• •	4	-		7.
Activities	5		of individuals or											5		1	9.
CT	6		of volunteers (es											6			7.
•			related business									• • • • • •		7a			0.
		Net up related	business taxabl			AND T Fina	24	512	. 		· · · · ·	· · · · · ·	•••				0
	D D	Net unrelated	business taxabi	e income n		990-1, ine	34				<u></u>	Prior Ye		Ҡ	Curre	ent Ye	
												6,202		5			,743.
θΠ	8	Contributions	and grants (Part	VIII, line 11	ⁿ)			COF	YFOR	ł		0,202	-		,	195,	
елер	9	Program serv	ce revenue (Part	VIII, line 2ç	g),			PUBLIC				0.0		0.			0.
Re	10		come (Part VIII,										63				,879.
	11	Other revenue	e (Part VIII, colu	mn (A), line	es 5, 6d, 8	ić, 9c, 10c, i	and 11e				-		,82			_	,453.
	12	Total revenue	- add lines 8 th	rough 11 (r	must equa	<u>I Part Vill, c</u>	column i	(A), line 12)				6,201		_	5,	601,	,169.
	13		milar amounts pa											0.			<u>.</u> .
	14	Benefits paid	to or for member	rs (Part IX,	column (A	 kne 4) 								0.			0.
5	15		r compensation,									1,292	,50	2.	1,	900,	<u>,76</u> 3.
Expenses	16a	Professional (undraising fees (Part IX, col	lumn (A),	line 11e)		. .						0.			0.
- adia	b	Total fundrais	ing expenses (Pr	art IX, colur	mn (D), lin	ie 25) 🕨		806,3	44.				-				Charles .
ü	17	Other expans	es (Part IX, colur	mn (A), line	s 11e-11d	d, 11f-24f)						5,085	,24	5.	5,	311,	,830.
			s. Add lines 13-							•••		6,377	,74	7.	7,3	212	,593.
	19		expenses. Subt					· · · ·				-176					, 424.
S S S	_											nning of Cur				of Yea	
Net Assets or Fund Balances	20	Total assets (i	Part X, line 16)									4,396					,454.
Bal	21		s (Part X, line 26)			• • • • •	• • • •		• • • •	•••	· ·		, 33				,478.
t et a	22		fund balances.		•••••	1 ine 20	· · · ·		• • •	•••	· ·	4,267		_		<u> </u>	,976.
_	rt II	Signature		aduraut ma		1116 20					••		/ 10	<u>~ · </u>	- 1		<u>, , , , , , , , , , , , , , , , , , , </u>
			I declare that I have	e examined	this return.	lociudino ar	compan	vino schedule	es and s	Jalen	nents, and	to the hest of	my kr	owleda	e and he	lef it i	s Inte
cor	rect, a	nd complete. Der	laration of pressor	r (other than	officer) is	based on all	Informat	ion of which	prepare	er has	any know	ledge.	,		0.000		5 000,
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			print name and title	<u> </u>							_			ſ			
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	parer ⊙⊓ly	Firm's name	F GRAN	THOR	NTON I	LP	(T)	(EIN	▶ 3	36-6	05555	8	
0.86	Uniy	Firm's address	ONE CAL	LIFORNIA S	STREET, S	SUITE 2300	SAN F	RANCISCO,	CA 943	111		Phone no.		115-	986-3	900	
Мау	/ the I		is return with the												X Ye	s	No
_			on Act Notice,					_		_							(2010)
124	-1-4																,r

JSA 0610653.000 00037X 700W

Application for Extension of Time To File an Exempt Organization Return

0 1

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ______
 X

if you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Type or	Name of exempt organization	Employer identification number
print	HALF THE SKY FOUNDATION	95-4714047
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due dals for	715 HEARST AVENUE	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	BERKELEY, CA 94710	

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

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

	The books are in the care of >	JENNY	BOWEN
-		0.011111	DOUDI

Ţ	elephone No. 510 525-3377 FAX No.				
• if	the organization does not have an office or place of business in the United States, check this box			►	
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			If this is	<u> </u>
	he whole group, check this box		_ and	attach	
	t with the names and EINs of all members the extension is for.				
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time				
	until 08/15, 20 11, to file the exempt organization return for the organization named at	ove	e. Th	ne extensio	on is
	for the organization's return for:				
	► X calendar year 2010 or				
	X calendar year 20 10 or tax year beginning	20			
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Final return Final return	ı			
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	s		
þ	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		·*		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		
с	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS		· -		
	(Electronic Federal Tax Payment System). See instructions.	3c	\$		Ο.
Сац	tion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and	nd f	orr	n 8879-E	O for
payr	ment instructions.				

For Paperwork Reduction Act Notice, see Instructions.

orm 990 (2010) Part III Stater	ment of Program Service A	ccomplishments	95-4714047	Pa
Check	If Schedule O contains a re	esponse to any question in this Part III		••••
Briefly describ	e the organization's mission	:		
SEE SCHED	JLE O.			
the prior Form	ization undertake any sign 990 or 990-EZ? ibe these new services on S	ificant program services during the y	ear which were not listed on	Yes X
	•	r make significant changes in how it		Yes X
If "Yes," descr	ibe these changes on Sched	ule O.		
Section 501(c)(3) and 501(c)(4) organizat	nts for each of the organization's three ions and section 4947(a)(1) trusts are and revenue, if any, for each program s	required to report the amount of gra	as. Ints and
a (Code:		a65, 473. including grants of \$		0)
SEE ATTAC	RED STATEMENT OF P	ROGRAM SERVICE ACCOMPLISH	MENTS.	
b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
-				
c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
-				
				·
	n services (Describe in Sche			
	n services. (Describe in Sche including gra		S 1	

Form 990 (2010)

Part	V 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? (see instructions)	2	Х	
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 during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	·		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part N	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
þ	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		, J	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII ,	116	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.	110		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		x	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	110	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schodule D, Part X	<u>11e</u>		
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	x	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	12a		x
	complete Schedule D, Parts XI, XII, and XIII	120		
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	125	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	x	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
0	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and N · ·	145	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
•	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and N	15		x
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 N	16		х
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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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>
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form			
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20h		1

0E10211000 00037X 700W

Form 990 (2010) Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 X on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part Vil, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24 a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Х 24a 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.... c 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 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?, ..., 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Х 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? х 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete ь х 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) х was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part N 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M Х 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, 32 32 х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, Х 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? х 35 35 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Yes X No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Х related organization? If "Yes," complete Schedule R, Part V, line 2..... 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, х 37 38 Did the organization complete Schedule Q and provide explanations in Schedule Q for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O. Х 38

Form 990 (2010)

Cart W Statements Regarding Other IRS Filings and Tax Compliance 1 Check If Schedule O contains a response to any question in this Part V. Image: Check II Schedule O contains a response to any question in this Part V. 1 Enter the number reported in 503 30 F Cm 1098. Enter -0- if not applicable,	Farm	990 (2010) 95-4714047		,	Page 5
Check if Schedule O contains a response to any question in this Part V. Image: A state of the second of the se	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
Is Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 4 Ves. No Is Enter the number of Forms W-26 includer in line ta. Finer -0- if not applicable 1b 0 C Did the organization complex types to prize winners? 1c 1c x 2a Enter the number of organization complexes to protein winners? 1c x 2b Enter the number of organization complexes reported in Form W-3. Transmitul of Wage and Tax. 1a 1a 2b If at least an files 1 and 2a is greater than 250, you may be required to <i>nile</i> deside anolymount tax returns? 2b X 3a bit the organization have unclustou towness greas income of \$1,000 or more during the year? 3a X 3b X 3b If "As, mannel account in a foreign country (such as a bank excount, securities account, or other financel account)? 3b X 3b X 3c If any time during the calendar year, did the organization have ta nicht organization and run of foreign Bank and Financel/a Accounts. 5a X 3b X 3c If any taxable party notify the organization in the time section 1 any time origing tax in the anotal account is exclusted. 5a X 3b X 3c If any taxable party notify the organization for the value of the solutify argumant is a solut tax inductifies rom ablost. 5a X					
b Ener the number of Forms W-26 included in line 1a. Enler -0- fit not applicable,, 1b 0 c Did the organization complex to prize winners?. 10 10 2 Ener the number of sempty-set prize winners?. 10 10 2 Ener the number of sempty-set prize winners?. 10 10 2 Ener the number of sempty-set prize winners?. 10 10 3 Ener the number of sempty-set prize winners?. 10 10 3 Ener the number of sempty-set prize winners?. 10 10 3 Did the organization nave unraliated business grass income of \$1.000 arm ore defined melyment tax returns? 10 4 At any time during the calendar year, did the organization have an intersal in, or a signature or other internet with a foreign country (such as a bark account, securities account, or other financeir account)? 11 3 Wost the organization apprixe to a prohibited tax shelter transaction at any time during tax types. 5a X b If ves, "ener the nume of the foreign country. ► ATTACHMENT 1 5a X S Wost the organization apprixe and tax file transaction at any time during tax types. 5a X b If ves, "idu any taxable party notify the organization and tax shelt transaction at a price winding tax types. 5a X b If ves, "idu the organization nearby a contributions under socion 170(c). 3a </td <td></td> <td></td> <td></td> <td>Yes</td> <td>No</td>				Yes	No
b Ener the number of Forms W-26 included in line 1a. Enler -0- fit not applicable,, 1b 0 c Did the organization complex to prize winners?. 10 10 2 Ener the number of sempty-set prize winners?. 10 10 2 Ener the number of sempty-set prize winners?. 10 10 2 Ener the number of sempty-set prize winners?. 10 10 3 Ener the number of sempty-set prize winners?. 10 10 3 Ener the number of sempty-set prize winners?. 10 10 3 Did the organization nave unraliated business grass income of \$1.000 arm ore defined melyment tax returns? 10 4 At any time during the calendar year, did the organization have an intersal in, or a signature or other internet with a foreign country (such as a bark account, securities account, or other financeir account)? 11 3 Wost the organization apprixe to a prohibited tax shelter transaction at any time during tax types. 5a X b If ves, "ener the nume of the foreign country. ► ATTACHMENT 1 5a X S Wost the organization apprixe and tax file transaction at any time during tax types. 5a X b If ves, "idu any taxable party notify the organization and tax shelt transaction at a price winding tax types. 5a X b If ves, "idu the organization nearby a contributions under socion 170(c). 3a </td <td>1a</td> <td>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td> <td></td> <td></td> <td>-</td>	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			-
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamiling) winnings to prive winners?. 1 2a Enter the number of employees reported on Form W-3. Transmitol of Wage and Tax Statements, field of the calculation of the vear covered by this return. 1 2a Enter the number of employees reported on Form W-3. Transmitol of Wage and Tax Statements, field of the calculation field at caurured federal employment tax returns? 2b X b If a least one is reported on line 2.a, did the organization field at caurured federal employment tax returns? 2b X 3a Did the organization have unrelated business grass income of \$1,000 prior for during the calculator of the regime country (such as a bark account, securities account, or other financial account, accounts, acc	Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			14a		X
	b				

	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, o	r cha	ange	s in
	Schedule O. See instructions.			
Feet	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tay year \ldots 1 a $1a$		100	
1a	Enter the number of the governing body at the end of the day year of the		1 5	=
Ъ				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		х
3	any other officer, director, trustee, or key employee?	<u> </u>		
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization have any significant charges to its governing documents since the processing more than a significant diversion of the organization's assets?	5		x
6	Does the organization have members or stockholders?	6	-	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	1.1	x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ť	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's malling address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	i i		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	<u>10ь</u>		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1.00	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<u>X</u> .	
c				
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	_	X
14	Does the organization have a written document retention and destruction policy?	14	-	X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	156	x	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	-	=	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1.00	-	x
	with a taxable entity during the year?	16a	-	^
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			-
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		10.0	
Sect	ion C. Disclosure	16b	-	
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3))		. 	
10	available for public inspection. Indicate how you make these available. Check all that apply.	s only	,	
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	rest		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JENNY BOWEN 715 HEARST AVENUE, SUITE 200 BERKELEY, CA 94710 (S10) 525 3277	ne 		
	(510) 525-3377			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and

95-4714047

Form 990 (2010)

Page 6

	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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0				(D)	(E)		(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	A ar director	Institutional trustee	d Officer	전 Key employee	휸 Highest compensated 돛 employee	Former	Reportable compensation from the organization (W-2/1099-MIS	from relate organizatio (W-2/1099-M	on d ns	Estimated amount of other compensation from the organization and related organizations
(1) LOU DEMATTEI											
DIRECTOR CYPT	5.00	х							Ο.	0	0
(2) DANA JOHNSON DIRECTOR	5.00	x							0	0	0
(3)NANCY SPELMAN SECRETARY	5.00	x		x	-				0.	0	0
(4) JENNY BOWEN CEO	40.00			 x				250,00	0.	D	33,685
(5) ELLEN ELIASOPH DIRECTOR	5.00								0.	0	0
(6) PETER LIGHTE DIRECTOR	5.00	х							0.	0	0
(7)MELISSA MA DIRECTOR CYPT	5.00	x							0.	0	0
(8) GAETANO RUSSO CHAIRMAN	5.00	x		x					0.	0	0
(9)MATT DALIO DIRECTOR	5.00	х		_					0.	0	0
(10)TIM HUXLEY DIRECTOR	5.00	x							0.	0.	0
(11)HELEN TANG CHIEF FINANCIAL OFFICER	40.00			x				102,04	3.	0.	13,248
(12)ALLA ZELTSER-FITCH GLOBAL DIRECTOR	40.00					x		125,00	0.	- 0.	0
(13)JANICE N. COTTON CHIEF PROGRAM OFFICER	40.00					x		100,80		0	0
(14)		_									

JSA

Farm 990 (2010)									95-4714047		Page 8
Part VII Section A. Officers, I			Em	plo			and H	ligł			
(A) Name and title	(E Aver hours we (desc hour reta organb r Scheo	age sper S ek 4 anha 5 stor 5 ted sations	P or director	io Institutional Institutional	(C c) Officer		A Highest compensated	S Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(17)	•										
(18)											
(19)								-			
(20)											
(21)		1			-						
(22)		-	_								
(23)			-	-	-	-					
(24)					-	_					
(25)					_						
(26)		- 1				_					
(27)					-	-	0.00	-			
(28)					_	-					
1b Sub-total c Total from continuation sheets d Total (add lines 1b and 1c)	s to Part VII, Section	Α							577,843.	0	
2 Total number of individuals (inc reportable compensation from 1	studing but not limited			isteo							10,2001
 3 Did the organization list any employee on line 1a? <i>If "Yes," co</i> 4 For any individual listed on the organization and related <i>individual</i>	former officer, d omplete Schedulc J fo	or such n of re	or or or or or	lru: ividu table	al e c	 om	 pensa	 tior	and other com	pensation from	Yes No 3 X 4 X
5 Did any person listed on line for services rendered to the org	1a receive or accru anization? If "Yes," co	e com <i>mplete</i>	npen e Sch	satio hedu	on (i <i>le</i> J	íron I foi	n any 's <i>uch</i>	uni per	related organizatio	on or individual	5 X
Section B. Independent Contracto 1 Complete this table for your compensation from the organize	rs five highest compe										00,000 of
	(A) and business address				_				(B) Description of ser	vices	(Č) Compensation
					_	-	_				
		_					_				
9 Total sumber of independent	aantrontono (Includia			line							

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

Form	990 (2	2010)				95-4714047		Page 9
	rt VIII		nue					
					(A) Total revenue	(8) Related or exempt function revenue	(C) Unrelated business ravenue	(D) Revenue excluded from tax under sections 512, 513, or 514
t s	1a	Federated campaigns	1a	62,244.	August States			
und	ь	Membership dues	15		-			
ts, g ame	с	Fundraising events	<u>1c</u>	449,244.	-			
Contributions, gifts, grants and other similar amounts	ď	Related organizations	<i>.</i> 1d					
lins,	e	Government grants (contribu	tions). 1e				-	1
urtio Ier s	f	All other contributions, gifts, gran	its.					
đ		and similar amounts not included	labove . 1f	5,084,255.				
5 PG	9	Noncash contributions included						
	h	Total. Add lines 1a-1f		DC:	5,595,743.			
Program Service Revenue				Business Code				
Reve	2a							
Co	Ь	<u>.</u>						
Ņ	c							
ي ۲	d							_
grar	e							
Š	l f	All other program service rev Total. Add lines 2a-2f			υ.	1. 40172		
<u> </u>	3	Investment income (includin						
		other similar amounts).			32,879.		-	32,879.
	4	Income from investment of t			0.		-	
	5	Royalties · · · · · · · ·			0.			
	–	NUYONICS PERFECT	(i) Real	(ii) Personal		The second second		
	6a	Gross Rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)			υ.			
	7a	Gross amount from sales of	(i) Secunties	(ii) Other			Starting and Starting	
	1	assets other than inventory						- East
	ь	Less: cost or other basis			a second a s			
		and sales expenses						1. 1. 1. 1. 1.
	c	Gain or (loss)						
	в	Net gain or (loss)		· <u>····</u>	0.	AA		
ue	8a	Gross income from f					and the second	
en		events (not including \$	149,244.	ATCH 3				
Ś		of contributions reported on	line 1c).					
1		See Part IV, line 18						
Other Revenue		Less: direct expenses						
0	ĉ	Net income or (loss) from fur	•	AICH, <u>4</u> , P	-35,687.	And		-35,687.
	9a	Gross income from gaming a See Part IV, line 19						5
	b c	Less: direct expenses			ο.			
	10a		-			-		-
	103	returns and allowances		25, 696				
	ь	Less: cost of goods sold						
		Net income or (loss) from sal	es of inventory.		8,234.			8,234.
		Miscellaneous Reven		Business Code				
	118							
	б							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d +	<i></i>		٥.			
	12	Total revenue. See instructio	<u>ns</u>		5,601,169.			5,426.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and 1 0. organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 0 the U.S. See Part IV. line 22 Grants and other assistance to governments. 3 organizations, and individuals outside the 0. U.S. See Part IV, lines 15 and 16 Benefits paid to or for members 0. 4 5 Compensation of current officers, directors, 398,975. 255,316. 129,475. 14,184. trustees, and key employees Compensation not included above, to disqualified 8 persons (as defined under section 4958(f)(1)) and 24,000. 24,000 persons described in section 4958(c)(3)(B) 1,184,727. 613,065 53,028. 518,634. 7 Pension plan contributions (include section 401(k) 8 13,077. 8,950 207 3,920. and section 403(b) employer contributions). 52,835. 191,715. 134,514 4,366. 9 Other employee benefits 88,269. 45,147 5,075. 38,047. 10 Fees for services (non-employees): 11 0. a Management Ο. 85,155. 3,681 81,474. ç Accounting 0. d Lobbying 0 Professional (undraising services See Part IV, line 17 ê 9,197. 9,197. Investment management fees f 4,902. 900 4,002. g 0. 12 Advertising and promotion . . . 15,769 88,652. 27,853. 45,030. 13 Office expenses 30,663. 30,663. 14 Information technology 0. Royalties 15 141,492. 76,713 64,779. 16 Occupancy 109,175. 63,468 10,436. 35,271. 17 18 Payments of travel or entertainment expenses n for any federal, state, or local public officials 5,558, 5,558 Conferences, conventions, and meetings 19 0. 20 0. 23 Payments to affiliates 28,085. 28,085 22 Depreciation, depletion, and amortization . . . 16,838. 16,838. 23 24 Other expenses itemize expenses not covered above (List miscellaneous expenses in kine 24f. If line 247 amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a NANNIES, TEACHERS, SUPERVISOR 2,973,873. 2,973,873. b SURGERY AND NURTURING CARE 636,120. 636,120. CRITICAL CARE FUND 286,422. 286,422. d STIPENDS AND TUITION 254,198 254,198. . FAMILY VILLAGE 219,660 219,660. 348,119. 67,760. 421,840. 5,961 f All other expenses _ _ _ _ 7,212,593. 440,776. 5,965,473. 806,344. 25 Total functional expenses. Add lines 1 through 24th Joint Costs. Check here 🕨 26 if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column

JSA 0€1052 1.000 00037X 700W

(B) joint costs from a combined educational

campaign and fundraising solicitation

Form 990 (2010)

Balance Sheet

Part X

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	412,032.	1	574,658.
2	Savings and temporary cash investments	2,142,927.	2	777,274.
3	Pledges and grants receivable, net	137,544.	3	9,598
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			1.4-1.
	employees, and highest compensated employees. Complete Part II of		- 1	
	Schedule L		5	
6	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 instructions)		6	
20 7	Notes and loans receivable, net		7	
7 Assets 8 8	Inventories for sale or use	82,544.	8	66,770
₹ 9	Prepaid expenses and deferred charges	56,876.	9	101,345
	Land, buildings, and equipment: cost or	-	-	
1.00	other basis. Complete Part VI of Schedule D 10a 154,055.			
Ь	Less: accumulated depreciation	75,382.	100	51,534
11	Investments - publicly traded securities.	-,	11	,
12	Investments - other securities. See Part IV, line 11.	939,910.	12	1,060,246
13	Investments - program-related. See Part IV, line 11		13	_,,
14	Intangible assets		14	
15	Other assets. See Part IV, line 11 ,	549,583.	15	593,029
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,396,798.	16	3,234,454
17	Accounts payable and accrued expenses	129,335.	17	262,652
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key			W 100-
21 22 000000000000000000000000000000000	employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties,		24	
25	Other liabilities. Complete Part X of Schedule D	2 2	25	226,826
26	Total liabilities. Add lines 17 through 25	129,335.	26	489,478
2	Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
2 27	Unrestricted net assets	670,018.	27	582,519
28	Temporarily restricted net assets	2,978,738.	28	1,527,967
0 29	Permanently restricted net assets	618,707.	29	634,490
01 Fund Datamoes 8 2 8 8 2 8 8 2 9	Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	
2 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
4 32	Retained earnings, endowment, accumulated income, or other funds		32	
30 31 32 32 33	Total net assets or fund balances	4,267,463.	33	2,744,976
-1	Total liabilities and net assets/fund balances	4,207,403.	23	3,234,454

Form 990 (2010)

For	n 990 (2010	95-4714047			Ρ.,	ge 12
	art XI	Reconcillation of Net Assets Check if Schedule O contains a response to any question in this Part Xi			<u>x</u>	<u>9</u>
1	Total rev	venue (must equal Part VIII, column (A), line 12).	1			169.
2		penses (must equal Part IX, column (A), line 25)	2	7,2	12,	593.
3		e less expenses. Subtract line 2 from line 1	3	-1,6		
4		ets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			463.
5		nanges in net assets or fund balances (explain in Schedule O)	5		88,	937.
6	Net ass	ets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, (B))	6			
	column	[5]]		2,7	44,	976.
Pa	art XII	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			Yes	No
1		ing method used to prepare the Form 990: Cash X Accrual Other ganization changed its method of accounting from a prior year or checked "Other," explain in e O.		-	103	NO
2a	Were th	e organization's financial statements compiled or reviewed by an independent accountant?		2a	_	x
b		e organization's financial statements audited by an independent accountant?	•••	2b	х	
C		to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	ntof			
	the audi	t, review, or complication of its financial statements and selection of an independent accountant?		2c	х	
	If the or	ganization changed either its oversight process or selection process during the tax year, explain	in			
	Schedul					
d	if "Yes"	to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer	e			314
	- C	on a separate basis, consolidated basis, or both: parate basis X Consolidated basis Both consolidated and separate basis				
3a	As a res	ult of a federal award, was the organization required to undergo an audit or audits as set forth in				
		le Audit Act and OMB Circular A-133?		3a		х
b		did the organization undergo the required audit or audits? If the organization did not undergo th				
	required	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	i.	3b		
				Form	990	(2010)

SCHEDULE A

(Form	990	or	990-EZ)
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Department of the freasury Internal Revenue Service

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 Fo	rm 990-EZ. 🕨	See separate instructi	ons.
	_	1	

Name of	the organization							Empio	yer iden	tificatio	on numl	ber	
HALF 7	THE SKY FOUNDA	NOIT							95	-471	4047		
Part I	Reason for Pub	ic Charity Statu	s (All organizations mu	ust cor	nplete	e this pa	art.) Se	e instr	uctions				
The orga	anization is not a priv	ate foundation be	cause it is: (For lines 1 th	rough	11, ch	eck only	one bo	x.)					
1	A church, convention	on of churches, or	association of churches	describ	oed in s	section	170(b)	(1)(A)(i)					
2	A school described	in section 170(b)	 (1)(A)(ii). (Attach Schedu 	le E.)									
3	A hospital or a coo	perative hospital s	ervice organization descr	ribed in	sectio	on 170(t	p)(1)(A)	(iii).					
4 🛄	A medical researc	h organization op	erated in conjunction w	ith a h	nospita	al descr	ibed in	sectio	n 170(b	o)(1)(A	A)(III).	Enter	the
	hospital's name, cit										·		
5	An organization op	erated for the be	nefit of a college or univ	/ersity	owned	d or ope	erated	by a go	vernme	intal u	init des	scribe	ed in
	section 170(b)(1)(/		•										
6		•	or governmental unit des										
7 X	-		es a substantial part of it	ts supp	port fro	om a go	vernm	ental ur	nit or fro	om the	e gene	eral p	ublic
	described in sectio												
8	-		on 170(b)(1)(A)(vi). (Con	-									
9 ;	*	-	es: (1) more than 331/39									-	-
			s exempt functions - sub	-									
			ome and unrelated bus				•		n 511	tax) f	rom b	usine	sses
			ne 30, 1975. See section										
			ted exclusively to test for										
11 [_]	-		rated exclusively for the										
			upported organizations do bes the type of supporting							• •	• •	e sec	tion
	a Type I	b Type				nally inte		111621	d		e III - C	Hhar	
a 🗌			the organization is not			-	-	irectly					lified
		-	gers and other than one			*			·			•	
	509(a)(1) or section		gord and amor man and	01 1110		shary of	-p10.10	a organ		0000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5000
f	1 / 1 /		n determination from th	ne IRS	that it	t is a T	vpe I. T	Гуре К.	or Type	e III s	upport	lina	
	organization, check									• … •			
g	•	• • • • •	nization accepted any gif									•••	
•	following persons?												
		directly or indire	ectly controls, either alor	ne or l	logeth	er with	person	ns desc	ribed in	(ii)		Yes	No
	and (iii) below,	the governing boo	dy of the supported organ	nization	?						11g(i)		
	(ii) A family memt	per of a person de:	scribed in (i) above?								11g(ii)		
	(ili) A 35% control	led entity of a pers	son described in (i) or (ii) a	ibove?							11g(îili)		
h	Provide the following	ng information abo	out the supported organiz	ation(s).								
(I) N	ame of supported	(ii) EIN	(iii) Type of organization		is the		you notify	1 1 2	ls the	(v	vil) Amo		
	organization		described on lines 1-9 above or IRC section	(i) foa	zation in listed in		anization ! (i) of		zation in Ingenized		suppo	ort	
			(see instructions))	yaur g docu	overning ment?	your si	upport?	In the	Ů.S ?				
				Yes	No	Yes	No	Yes	No				
(A)													
					-	ļ						_	
(B)													
								1	1	L			
(C)								[í I				
						ļ				ļ			
(D)													
					ļ						_		
(E)													
		The second s		1	-	1							
Total					- E	1	-		1				
i Otdi			. *	1	1	a contraction of the	1			1			

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

Schedule A (Form 990 or 990-EZ) 2010

Page 2

95-4714047 Schedule A (Form 990 or 990-EZ) 2010 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 Calendar year (or fiscal year beginning in) Gifts. contributions. and 1 orants. membership fees received. (Do not 4,702.075 3,101,226 6,245,683 6,202,955 5,595,743. 25,847,682. Include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on 3 The value of services or facilities furnished by a governmental unit to the organization without charge 5,595,743 4.702.075 3,101,226. 6.245.683 6,202,955 25,847,682. Total. Add lines 1 through 3 4 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). Public support. Subtract line 5 from line 4 25,847,582. 6 Section B. Total Support (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) 🕨 🕨 4,702,075 3,101,226 6,245,683 6,202,955 5, 595, 743 25,847,682. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 89.979 83.523 27.555 32.879 266,886. 32,950 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 46,145. 40,304 96,370. (Explain in Part IV.) ATCH 1.... Total support. Add lines 7 through 10 . . 11

-			-	-						~									
	0	orga	iniza	atio	n, che	eck i	this b	iox and	stop	here			 	 		 		 	
13												organization							
12	G	Gros	ss r	ece	ipts fi	rom	relati	ed activ	nties,	etc. (see instr	uctions)	 	 	• •	 · • • Ľ	12		٥.

Section C. Computation of Public Support Percentage

Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 14

t 5	Public support percentage from 2009 Schedule A, Part II, line 14	98.95%
16a	331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, c	heck
	this box and stop here. The organization qualifies as a publicly supported organization	🕨 🕺
ь	331/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or n	nore,
	check this box and stop here. The organization qualifies as a publicly supported organization	►

	check this box and stop here. The organization doalines as a poonery supported organization ,
17a	10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10%
	or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported
	organization
b	10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

supported organization	. •	
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and		
instructions	🕨	

Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicity

Schedule A (Form 990 pr 990-EZ) 2010

38,189

35,562

256,570.

26,371,136.

98.02%

	t III Support Schedule for Organ (Complete only if you checked If the organization fails to qua	ed the box or	h line 9 of Part I	or if the orga	nization failed to complete Part II	to qua .)	alify unde	er Part II.
Sect	tion A. Public Support					_		
	lendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e)	2010	(f) Tot
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							1
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's lax-exempt purpose							
3	Gross receipts from activities that are not an		-					
5	unrelated trade or business under socilion 513							
4	Tax revenues levied for the organization's							
4	benefit and either paid to or expended on							
-	its behalf							
5	The value of services or facilities							
	formshed by a governmental unit to the							
_	organization without charge							
	Total. Add lines 1 through 5					-		
7 a	Amounts included on lines 1, 2, and 3							
b	Amounts included on lines 2 and 3							
5	received from other than discualified							
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	for the year							
с	Add lines 7a and 7b							<u> </u>
8	Public support (Subtract line 7c from		-					
	lino 6.)	3 - 6						
Sec	tion B. Total Support							
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(Б) 2007	(c) 2008	(d) 2009	{e)) 2010	(f) Toi
9	Amounts from knc 6							
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents, royaities and income from similar							
	sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
с	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							
12	loss from the sale of capital assets							
	loss from the sale of capital assets (Explain in Part IV.)							1
	loss from the sale of capital assets (Explain in Part IV.)							
3	loss from the sale of capital assets (Explain in Part IV.)							
3	loss from the sale of capital assets (Explain in Part IV.)	5						
3	loss from the sale of capital assets (Explain in Part IV.)							
13 14 Sec:	loss from the sale of capital assets (Explain in Part IV.)	port Percent	age		<u> </u>	<u></u>		
13 14 3ec:	loss from the sale of capital assets (Explain in Part IV.)	column (f) divid	age led by line 13, colum	un (f))				
13 14 30C	loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2010 (line 8, Public support percentage from 2009 Schemer	port Percent column (f) divid dule A, Part III, II	a ge led by line 13, colum me 15	un (f))		<u></u>		
13 14 30C	loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2010 (line 8, Public support percentage from 2009 Schee tion D. Computation of Investmen	port Percent column (f) divic dule A, Part III, In t Income Per	age led by line 13, colum me 15 rcentage	ın (f))	· · · · · · · · · · · · · · · · · · ·	15		
13 14 30c: 15 16 Sec:	loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2010 (line 8, Public support percentage from 2009 Scher tion D. Computation of Investment Investment income percentage for 2010 (fir	column (f) divic dule A, Part III, In t Income Per re 10c, column	iage led by line 13, colum me 15 rcentage (f) divided by line 13	n (f))	· · · · · · · · · · · · · · · · · · ·	15		
13 14 15 16 Seci	loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2010 (line 8, Public support percentage from 2009 Schee tion D. Computation of Investmen	column (f) divic dule A, Part III, In t Income Per re 10c, column	iage led by line 13, colum me 15 rcentage (f) divided by line 13	n (f))	· · · · · · · · · · · · · · · · · · ·	15 16		
13 14 15 16 Seci 17 18	loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2010 (line 8, Public support percentage from 2009 Scher tion D. Computation of Investment Investment income percentage for 2010 (fir	port Percent column (f) divid dule A, Part III, II t Income Per ie 10c, column Schedule A, Par	t till, line 17	in (f))		15 16 17 18		· · · · · · •
13 14 15 16 Seci 17 18	loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2010 (line 8, Public support percentage from 2009 Schee tion D. Computation of Investment Investment income percentage for 2010 (line Investment income percentage from 2009 Schee	port Percent column (f) divid dule A, Part III, In t Income Per te 10c, column Schedule A, Par sanization did r	tage led by line 13, column ine 15	an (f)) 3, column (f)) on line 14, an	d line 15 is more	15 16 17 18 e than	331/3%	and line
13 14 15 16 Sec: 17 18 19a	loss from the sale of capital assets (Explain in Part IV.)	port Percent column (f) divid dule A, Part II), li t Income Per te 10c, column Schedule A, Par ranization did r s box and sto	tage led by line 13, column ine 15	an (f)) 3, column (l)) on line 14, an nization qualific	d line 15 is more s as a publicly	15 16 17 18 3 than suppor	331/3%, rted organ	and line
13 14 15 16 Seci 17 18 19a	loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2010 (line 8, Public support percentage for 2009 Schee tion D. Computation of Investment Investment income percentage for 2010 (fir Investment income percentage for 2010 (fir 17 is not more than 331/3%, check thi 331/3% support tests - 2009. If the organization	port Percent column (f) divic dule A, Part III, In t Income Per in 10c, column Schedule A, Part conization did re s box and sto mization did no	tage led by line 13, columnine 15	3, column (f)) on line 14, an nization qualific ne 14 or line 15	d line 15 is more s as a publicly 9a, and line 16 is	15 16 17 18 e than suppor	331/3% rted organ than 331/	and line ization > '3 %, and
13 14 15 16 Seci 17 18 19a	loss from the sale of capital assets (Explain in Part IV.)	port Percent column (f) divic dule A, Part III, In t Income Per in 10c, column Schedule A, Par anization did r s box and sto mization did not this box and st	tage led by line 13, columning 15 rcentage (f) divided by ling 13 till, ling 17 till, ling 17	an (f)) 3, column (f)) on line 14, an nization qualific ne 14 or line 19 anization qualifi	d line 15 is more s as a publicly 9a, and line 16 is les as a publicly	15 16 17 18 3 than supports more support	331/3% rted organ than 331/ rted organ	and line ization > '3 %, and ization >

Page 4

Schedule A (Form 990 or 990-EZ) 2010

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II	- OTHER INCO	OME			ATTACHMENT 1	
DESCRIPTION	2006	2007	2008	2009	2010	TOTAL.
OTHER INCOME	46,145.	40,304.	96,370.	38,189.	35, 562.	256,570.
TOTALS	46,145.	40,304	96,370.	38,189.	35,562	256,570.

Sche	du	le I	в

Internal Revenue Service

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2010

Employer identification number

95-4714047

HALF THE SKY FOUNDATION

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 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule 8 (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization HALF THE SKY FOUNDATION

Page_____ of _____ ul Part I

Employer Identification number 95-4714047

Partl	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1 -		\$1,701,444.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2 _		\$500,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3 -		\$167,329.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4 -		\$150,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5 _		\$121,594.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

JŞA

	IEDULE D rm 990)	Suppleme	ntal Financial Statements	OMB No. 1545-0047
	riment of the Treasury	Pari	organization answered "Yes," to Form 99 t IV, line 6, 7, 8, 9, 10, 11, or 12.	Open to Public
	al Revenue Service	Attach to	Form 990. ► See separate instructions.	Inspection
	e of the organization			Employer identification number
	JE THE SKY FO			95-4714047
Par		tions Maintaining Donor Advi ion answered "Yes" to Form 9		-
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at e	nd of year		
2	Aggregate contrib	utions to (during year)		
3	Aggregate grants	from (during year)		
4	Aggregate value a	at end of year		
5	-		dvisors in writing that the assets held in do	
6	Did the organization	on inform all grantees, donors, a	e organization's exclusive legal control? nd donor advisors in writing that grant funds	s can be
			penefit of the donor or donor advisor, or for	
Par			the organization answered "Yes" to Fo organization (check all that apply).	rm 990, Part IV, line 7.
1		•		
	i !	of land for public use (e.g., recru	· · · ·	f an historically important land area
		f natural habitat	Preservation of	f a certified historic structure
2) of open space		
2		a through 20 if the organization hi last day of the tax year	eld a qualified conservation contribution in	ine form of a conservation
	easement on men	last bay to the tax year		Held at the End of the Tax Year
а	Total number of c	onservation easements		2a
b			s	26
c	_	•	historic structure included in (a)	2c
ď) acquired after 8/17/06, and not on a	
_			· · · · · · · · · · · · · · · · · · ·	2d
3	Number of conserve	-	sferred, released, extinguished, or termina	ted by the organization during the
4			rvation easement is located 🕨	
5			ing the periodic monitoring, inspection, har	ndling of
			sements it holds?	
6		er hours devoted to monitoring, ir	nspecting, and enforcing conservation ease	
7	Amount of expens	ses incurred in monitoring, inspec	ting, and enforcing conservation easemen	ts during the year
	▶\$			
8			e 2(d) above satisfy the requirements of sec	
9			conservation easements in its revenue and of the footnote to the organization's financia	
		counting for conservation easeme		al statements that describes the
Pa		_	of Art, Historical Treasures, or Other	Similar Assets.
	Complete	e if the organization answered	"Yes" to Form 990, Part IV, line 8.	
1a	If the organization works of art, hist public service, pro	n elected, as permitted under Sf torical treasures, or other simila wide, in Part XIV, the text of the fi	FAS 116 (ASC 958), not to report in its man assets held for public exhibition, educ potnote to its financial statements that desc	evenue statement and balance sheet ation, or research in furtherance of cribes these items.
b	If the organizatio works of art, hist public service, pro	n elected, as permitted under s torical treasures, or other simila wide the following amounts relati	SFAS 116 (ASC 958), to report in its re ar assets held for public exhibition, educ ing to these items:	venue statement and balance sheet ation, or research in furtherance of
2	If the organizatio	n received or held works of a	rt, historical treasures, or other similar a	ssets for financial gain, provide the
	following amounts	s required to be reported under S	FAS 116 (ASC 958) relating to these items	:
a	Revenues include	d in Form 990, Part VIII, line 1 .		
b	Assets included in	Form 990. Part X		

For Paperwork Re	duction Act Notice, see the Instructions for Form 990.
JSA UE1268 1.000	
00037X	700W

Scheo	iule O (Form 990) 2010			95-47	14047	Page 2
Par		g Collections o	f Art, Historical	Treasures, or	Other Similar Asse	ts (continued)
3	Using the organization's acquisition	-				
_	collection items (check all that apply			-	_	-
а	Public exhibition		d	Loan or exchang	e programs	
ь	Scholarly research		e 📑	Other		
c	Preservation for future gen	erations				
4	Provide a description of the organi	zation's collection	ns and explain ho	w they further	the organization's ex	empt purpose in Part
	XIV.					
5	During the year, did the organization					
	assets to be sold to raise funds rathe					
Par	t IV Escrow and Custodial An line 9, or reported an am				wered "Yes" to Forr	n 990, Part IV,
1a	Is the organization an agent, trustee					
	included on Form 990, Part X?				· · <i>·</i> · · · · · · · · · · · ·	. Yes No
ъ	If "Yes," explain the arrangement in I	Part XIV and com	piete the following		A	
_	Residence				Amou	<u></u>
с С	Beginning balance					
	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amo			· · · · ·		Yes No
	If "Yes," explain the arrangement in I		,			,,, , ,, , ,, , ,, , ,, , ,, , ,, , ,, , , , , , , , , , , , , , , , , , , ,
Par			ation answered "	Yes" to Form 9	90, Part IV, line 10,	
		(a) Current year	(b) Prior year	(c) Two years ba		
1a	Beginning of year balance	1,022,845.	793,545.	918,82	2.	- And Marine
b	Contributions	65,782.	70,695.	72,84	4.	
С	Net investment earnings, gains,					
	and losses	110,140.	158,605.	-198,12	1	and the state of the second
	Grants or scholarships					
e	Other expenditures for facilities .					and the second sec
	and programs					
f	Administrative expenses					
g	End of year balance	1,198,767.	1,022,645.	793,54	5.	
2	Provide the estimated percentage o	-				
a	Board designated or quasi-endowing)0%			
	Permanent endowment 63.8					
с 3-	Term endowment > 9		the exception t	hat are hald and	a desininte seed for the	
94	Are there endowment funds not in the organization by:	le possession of	the organization i	nat are nelo and	a aoministereo for the	Yes No.
	(i) unrelated organizations					<u>3a(i)</u> <u>Yes</u> <u>No</u> X
	(ii) related organizations					
ъ	if "Yes" to 3a(ii), are the related orga					
4	Describe in Part XIV the intended us		•			
	t VI Land, Buildings, and Equi					
	Description of investment			Cost or other basis	(c) Accumulated	(d) Book value
	,		estment)	(other)	depreciation	
1a	Land					
ь	Buildings					
с	Leasehold improvements					
d	Equipment	[128,771	87,608.	41,163.
ê	Other			25,284	14,913.	10,371.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Fo	rm 990, Part X. co.	lumn (B), line 10(c).), , , , , , 🕨	51,534.

Schedule D (Form 990) 2010

Schedule D (F	Form 990) 2010		95-4714047	Page 3
Part VII	Investments - Other Securities. See Fo	rm 990, Part X, line	12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financia	al derivatives			
(2) Closely-	-held equity interests ,			
(3) Other	·			
	1TY SECURITIES-MUTUAL FUNDS	683,435.	FMV	
	ED INCOME MUTUAL FUNDS	376,811.	FMV	
<u>(C)</u>				
(D)				
<u>(E)</u>				
(F)				
(G)				
<u>(H)</u>				
(l) T + 1 (0 1		1,060,246.		
_	n (b) must equal Form 990, Part X, col. (B) tine 12)		12	
Part VIII				
	(a) Description of Investment type	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			312.04	
	n (b) must equal Form 990, Part X, col. (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, lin			
	11	Description		(b) Book value
	R RECEIVABLES			14,624
(2) DEPO	POSITED FUNDS			32,856
		· ·		543,273 2,276
	RCOMPANY RECEIVABLE			2,270
(5)				
(6) (7)				
(8)			·	
(9)				
(10)				
	n (b) must equal Form 990. Part X. col. (B) line 15)		· · · · · · · · · · · · · · · · · · ·	593,029
Part X	Other Liabilities. See Form 990, Part X,			-
1.	(a) Description of liability	(b) Amount		
(1) Feder	ral income taxes			
(2) DEFE	RRED RENT LIABILITY	13,3	37.	
(3) INTE	RCOMPANY PAYABLE	213,4	89.	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
· ·	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 226,8	26.	
2 EINL 49 /	ASC 740) Eastnate, In Bast VIV, provide the L	at of the featnets to P	ha areaaizatian's financial statements	fit at up a site the

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedul	e D (Form 990) 2010	95-4714047	Page 4
Part 2		udited Financial Stater	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV.)		8
9	Total adjustments (net). Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements. Combine li		
Part			
1	Total revenue, gains, and other support per audited financial statements	/	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	
ь	Donaled services and use of facilities		
- C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
ь	Other (Describe in Part XIV.)		
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		
	XIII Reconciliation of Expenses per Audited Financial Statement		
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	2b	
с	Other losses		
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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	
	Other (Describe in Part XIV.)		
			40
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	
Part		<u></u> ,	
Compl Part V,	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9 line 4: Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, li ditional information.	nes 2d and 4b. Also comp	
CFF	PACE 5		
SEE	PAGE 5		

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ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUND IS EARMARKED AS A SAFETY NET TO ENSURE FUNDING OF LONG TERM COMMITMENTS THAT HALF THE SKY ("HTS") HAS MADE IN THE EVENT THAT HTS DOES CONTINUE IN ITS OWN RIGHT OR CANNOT MEET ITS LONG TERM OBLIGATIONS. THE CURRENT ENDOWMENT FUND POLICY IS TO INCUBATE THE ENDOWMENT FUND UNTIL IT REACHES AT LEAST \$1,000,000 BEFORE DISTRIBUTIONS. IN ANY GIVEN YEAR THE DISTRIBUTIONS CANNOT EXCEED THE TOTAL FUND RETURN FOR THAT YEAR.

FIN48 DISCLOSURE

SCHEDULE D, PART X, LINE 2

ASC 740-10-25, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S CONSOLIDATED FINANCIAL STATEMENTS AND PROVIDES GUIDANCE ON THE RECOGNITION, DE-RECOGNITION AND MEASUREMENT OF BENEFITS RELATED TO AN ENTITY'S UNCERTAIN TAX POSITIONS, IF ANY. THE FOUNDATION ADOPTED ASC 740-10-25 ON JANUARY 1, 2009 AND THE ADOPTION OF THIS STANDARD HAD NO MATERIAL EFFECT ON THE FOUNDATION'S CONSOLIDATED FINANCIAL STATEMENTS AS OF JANUARY 1, 2009 OR AT DECEMBER 31, 2009 AND 2010. AS SUCH, THE FOUNDATION DOES NOT HAVE A DEFERRED TAX ASSET ON THE STATEMENT OF FINANCIAL POSITION AND THERE HAVE BEEN NO RELATED TAX PENALTIES OR INTEREST, WHICH WOULD BE CLASSIFIED AS TAX EXPENSE IN THE STATEMENT OF ACTIVITIES. Part XIV Supplemental Information (continued)

PURSUANT TO THE STATUE OF LIMITATIONS, THE FOUNDATION IS OPEN TO AUDIT BY THE INTERNAL REVENUE SERVICE ("IRS") FOR ITS 2007-2010 TAX YEARS AND VARIOUS STATE TAXING AUTHORITIES FOR 2006-2010 TAX YEARS. THE FOUNDATION CURRENTLY DOES NOT HAVE ANY EXAMINATIONS IN PROGRESS WITH THE IRS OR STATES. THE FOUNDATION DOES NOT ANTICIPATE THAT THERE WILL BE ANY MATERIAL CHANGES IN ITS UNRECOGNIZED TAX POSITIONS OVER THE NEXT 12 MONTHS.

SCHEDULE F Form 990)				Outside the Uni		OMB № 1545-004
	-			14b, 15, or 16.	1	
epartment of the Treasury		Attach 1	to Form 990. 🕨	 See separate instructions 		Open to Public Inspection
ame of the organization					Employer \d	entification number
ALF THE SKY FOU	NDATION				95-473	14047
	formation on A Part IV, line 14b.	Activities	Outside the L	Jnited States. Complete	e if the organization	answered "Yes" to
1 For grantmakers, (Does the organi	zation main	ntain records t	to substantiate the amo	unt of the prants o	r
J					0	
		2		e, and the selection criter		
grants or assistance	?					Yes
		Part I, line	3 lable can be	e duplicated if additional s	pace is needed.) (e) If activity listed in	(d)is (f)⊺otal
3 Activities per Regio (a) Region	(1					expenditures f e of and investment
) Number of affices in the	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in region (by type) (e.g., fundralsing, program services, investments, grants to recipients	(e) if activity listed in a program service describe specific typ	expenditures f e of and investmen n In region
(#) Region		 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)	(e) if activity listed in a program service describe specific typ service(s) in regio	expenditures f e of and investmen n In region
(a) Region		 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)	(e) if activity listed in a program service describe specific typ service(s) in regio	expenditures f e of and investmen n In region
(#) Region		 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)	(e) if activity listed in a program service describe specific typ service(s) in regio	expenditures f e of and investmen n In region
(#) Region		 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)	(e) if activity listed in a program service describe specific typ service(s) in regio	expenditures f e of and investmen n In region

(5)					
(6)					
_(7)					
(8)					
_(9)					
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(11)					
(12)					
(<u>13</u>)					
(14)				 	
(15)					
(16)					
(17)					
3a b	Sub-total	1.	21.		5,214,227.
c	Totals (add lines 3a and 3b)	1.	21.		5,214,227.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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	by the IKS, of for which the grantee or counsel has provided a section built(c)(s) equivalency letter
	(c)(c) equivalency letter
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	I (C)(S) equivalency letter
	(c)(c) equivalency letter
	(c)(c) equivalency letter
	(c)(c) equivalency letter
	(C)(3) equivalency letter
	(C)(J) equivalency letter

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the list or for which the grantee or councel has provided a serior 501/cV3) equivalency latter

N

(16)	(15)	(14)	(13)	(12)	(01)	(10)	(9)	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)	-	
												-				(a) Name of organization	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.
																(b) IRS code section and £IN (If appficable)	f additional space is r
														:		(c) Region	teeded.
	-															(d) Purpess of grant	
																(e) Amount of cash grant	
																(f) Manner of cash disbursement	
																(g) Amount of non-cash assistance	1018 (161) #0,00
																(h) Description of non-cash assistance	
																(i) Method of valuation (bcok, FMV, appraisal, other)	

95-4714047

Page 2

Schedule F (Form 990) 2010 Part II

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Schedule F (Form 990) 2010

(18)	(17)	(16)	(15)	(14)	(13)	(12)	(11)	(10)	(9)	(8)	(7)	(6)	(5)	(4)	(3)	.(2)	(1)		Part III
																		(a) Type of grant or assistance	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.
																		(b) Region	e to Individuals Outside ditional space is needed
													_					(c) Number of reclpients	the United S
																		(d) Amount of cash grant	tates, Complete
																		(e) Manner of cash dtsbursement	if the organizat
																		(f) Amount of non-cash assistance	ion answered "Yes
									-									(g) Description of non-cash assistance	" to Form 990, Pa
																		(h) Melhod of valuation (bock, FMV, appraisat, other)	art IV, line 16.

Schedule F (Form 990) 2010
Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the urganization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations, (see Instructions for Form 5471).	X Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund, (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Roport (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

	1						OMB No. 1545-0047		
SCHEDULE G	Si	upplementa)	୭ ଲ 1 በ		
(Form 990 or 990-EZ)	Comole	Fundraising				if the	Open To Public		
Department of the Treasury Internal Revenue Service	-	organization enter	ed more than \$1	5.000 on Form	990-EZ, line 6a parate instructions.		Inspection		
Name of the organization						Employer identificatio			
HALF THE SKY FO	UNDATION ng Activities. Com	unlete if the oroa	nization ar	nswered '	 "Yes" to Form 9	95-471404 90 Part IV line			
Bort)-EZ filers are not i					50, i alt iv, illo			
	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.								
a Mail solicitat	ations e Solicitation of non-government grants d email solicitations f Solicitation of government grants								
c Phone solicit		g			ising events	3			
d 📃 In-person so									
2a Did the organizat	tion have a written o. s listed in Form 990	r oral agreement v Part VII) or entity	vith any ind vin connect	fividual (in tion with o	icluding officers, d professional fundra	lirectors, trustees ising services?	Yes No		
	en highest paid indiv least \$5,000 by the		fundraisers	s) pursuar	nt to agreements i	under which the fur	idraiser is to be		
			Git Diel free	draiser have		(v) Amount paid to	(vi) Amount paid to		
(i) Name and addri or entity (fu		(ii) Actívity	custody o	r control of utions?	(IV) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization		
			Yes	No					
1									
2									
3									
4									
				_					
5									
6									
7									
8									
9									
10						ļ			
Total				🕨					
3 List all states in	which the organiza				contributions or	has been notified	it is exempt from		
registration or lic	ensing.								
.									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 0E12810.020 00037X 700W

Schedule G (Form 990 or 990-EZ) 2010

95-4714047

Page 2

Part II

 Fundraising Events. Complete if the organization answered "Yes" to 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

 GALA DINNER
 CHICAGO EVENT
 5.
 (d) Total events
 (a) througout (b) (c) (c)

			GALA DINNER	CHICAGO EVENT	5.	(add col (a) through
			(eveni type)	(event type)	(total number)	col. (c))
Revenue	2	Gross receipts Less: Charitable contributions Gross income (line 1 minus	89,992. 80,126.		220,114. _220,114.	459,110 449,244
	ľ	line 2)	9,866.			9,866
		Cash prizes				
enses		Rent/facility costs				
ă	7	Food and beverages		7,660.	14,987.	22,647
Direct Expenses		Entertainment				
	9	Other direct expenses	1,885.	6,052.	14,969.	22,906
		Direct expense summary. Add lines - Net income summary. Combine line				<u>(</u> 45,553.) -35,687
P	art I					orted more

than \$15,000 on Form 990-EZ, line 6a.

nue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total garning (add col. (a) through col. (c))
Revenue	1 Gross revenue				
ses	2 Cash prizes ,				
Direct Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes%	Yes% No	Yes%	
	7 Direct expense summary. Add lines 2	through 5 in column (d)	••••••		()
	8 Net gaming income summary. Combi	ne line 1, column d, and	l line 7		
9	Enter the state(s) in which the organization licensed to operate g	on operates gaming act	ivities:		
a t	 Is the organization licensed to operate g If "No," explain: 	aming activities in each	of these states?		Yes No
	 Were any of the organization's gaming li If "Yes," explain: 				

Sched	ule G (Form 990 or 990-EZ) 2010 Page 3						
11	Does the organization operate gaming activities with nonmembers?						
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity						
	formed to administer charitable gaming?						
13	Indicate the percentage of gaming activity operated in:						
а	The organization's facility						
ь	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?						
þ							
	amount of gaming revenue retained by the third party 🕨 \$						
с	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:						
а	is the organization required under state law to make charitable distributions from the gaming proceeds to						
	retain the state gaming license?						
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations						
	or spent in the organization's own exempt activities during the tax year 🕨 \$						
Par	t IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).						

SCHEDULE J Compensation Information					545-00)47
	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ର	س	10	
(, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n (550)	Compensated Employees Complete if the organization answered "Yes" to Form 990,	Ľ	\mathbb{U}	10	
Departo	nent of the Treasury	Part IV, Ilne 23.	Oper			
	Revenue Servico	► Attach to Form 990. ► See separate instructions.			ctio	ŗ
	of the organization		14047	umbe	r	
			11057			
Part	u Questio	ns Regarding Compensation		1	Yes	No
1a	Check the ap	propriate box(es) if the organization provided any of the following to or for a person listed in Fo	orm			
		Section A, line 1a. Complete Part III to provide any relevant information regarding these items		1		
		ass or charter travel Housing allowance or residence for personal use				
		or companions Payments for business use of personal residence	General Second	1		
		emnification and gross-up payments Bealth or social club dues or initiation fees	- The	=	-	
	Discretì	onary spending account Personal services (e.g., maid, chauffeur, chef)				
		have a line do an observed did the exercise follow a writing policy recording to:	mont	-		
D	or reimburse	boxes on line 1a are checked, did the organization follow a written policy regarding pay ement or provision of all of the expenses described above? If "No," complete Part	III to	-	E	
	explain		[]	lb	_	
2	-	nization require substantiation prior to reimbursing or allowing expenses incurred by all off				
	directors, trus	stees, and the CEO/Executive Director, regarding the items checked in line 1a?	· • • -	2		
3	Indicate whic	h, if any, of the following the organization uses to establish the compensation of the			1	
3		s CEO/Executive Director. Check all that apply.	1		1	
	Č	nsation committee	E			
		adent compensation consultant X Compensation survey or study	-		20	
	·	90 of other organizations X Approval by the board or compensation committee	ee			
		aar, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	-			EL.
4	organization	or a related organization:		-	-	
а		everance payment or change-of-control payment from the organization or a related organization?		4a		X
ь		o, or receive payment from, a supplemental nonqualified retirement plan?	–	4b		X
с		n, or receive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to an	ny of lines 4a-c, list the persons and provide the applicable amounts for each item in Part I	п.	- 1		
	Only section	501(c)(3) and 501(c)(4) organizations must complete lines 5-9.				
5	*	listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
-		n contingent on the revenues of:				1
а	•	tion?		5a		х
b	Any related of	prganization?		5b	-	Х
		e 5a or 5b, describe in Part III.				
6		listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
		n contingent on the net earnings of				
a		tion?		6a		X
þ		prganization?		6b		X
7		e 6a or 6b, describe in Part III. Jistod in Form 990. Part VII. Section A Jine 1a, did Jbe progeticalize provide any gen	Grad	-	1.2	
7		listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non it described in lines 5 and 6? If "Yes," describe in Part II		7		x
8	Were any ar	nounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was su	ubiect	<u>,</u>		
Č.		al contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," des				
	in Part III					
9		e 8, did the organization also follow the rebuttable presumption procedure described in				
		section 53.4958-6(c)?		9		
For P	aperwork Redu	ction Act Notice, see the Instructions for Form 990.	Schedule	J (Fo	rm 99	0) 2010

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Schedule J (Form 990) 2010

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.	n must be reported in idividuals that are not st equal the applicable	n Schedule J, report listed on Form 990, i ₂ column (D) or colun	compensation from Part VII. nn (E) amounts on Fo	the organization o 0rm 990, Part VII, line	n row (i) and from r э 1a.	elated organizations	s, described in the
	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	()) Base compensation	(11) Bonus & incentive compensation	(ili) Other reportable compensation	compensation	benefits	(B)(I)-(D)	Form 990-EZ
	250,000.	0	0.	6,188.	27,497.	283, 685,	0,
						~	0
2):						
		1					
3							
4 (m)							
5 (0))						
6							
7)						
8)						
(0)							
10							
(0))						
14 (0)		:					
15 (ii)							
4n (i)							
						Scho	Schedule 1/Eerm 9901 2010

95-4714047

Schedule J (Form 990) 2010 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

 Schedule J 30) 2010
 95-4714047
 Page 3

 Part III
 stemental Information
 Page 3

 Completepart to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any addition

 any addition
 Page 3
SCHEDULE L (Form 990 or 990-EZ)	Transactions With Interested Persons Complete If the organization answered
Density of the Yestern	"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.
Department of the Treasury Internal Revenue Service	► Attach to Form 990 or Form 990-EZ. ► See separate Instructions

2010
Open To Pub

Inspection

OMB No. 1545-0047

ic

Inte Name of the organization

Employer identification number 95-4714047

▶ \$

HALF	THÈ	SKY	FOUND	ATION								
Part I	Ex	cess	Benefit	Transaction	s (section	501(c)(3) and s	eclion	501(c)(4	4) orgar	nizations	onły).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disgualified person	(b) Description of transaction	(G) Laroda		ripcied)
	(a) theme of disqueimes person	(b) Description of itomotolicity	h	Yes	No
(1)					— .
(2)					
(3)					
(4)					
(5)					
(6)					

Enter the amount of tax imposed on the organization managers or disqualified persons during the year 2

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 3 \$ -

Loans to	and/or	From	Interested	Persons.
----------	--------	------	------------	----------

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Losars or los (c) Original In organization? principal amour		(c) Original principal amount	(d) Balance due	(e) in detault?		? (f) Approved by board or committee?		agreement?	
	То	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)							-			
(5)										
(6)	_				1					
(7)					Í		-			
(8)	-				-	1	1		· · · ·	1
(9)							Í			
0)										
otal									1	

Part III

Part II

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

Schedule L (Form 990 or 990-EZ) 2010

(a) Name of Interested person	ne of Interested person (b) Relationship between (c) Amount of Interested person and the organization (c) Amount of		(d) Description of transaction	(e) Shanng (organization' revenues?	
				Yes	No
(1)RICHARD BOWEN	HUSBAND OF CEO	24,000	INDEPENDENT CONTRACTOR		x
(2)					
(3)					-
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

Part V

Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public

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Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization HALF THE SKY FOUNDATION

	Inspection
Employer ide	entification number
95-47	14047

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	d) Method of d noncash contrit	letermini	
1	Art - Works of art	X	1.	487.	COST/SELLI	NG PI	<ice< th=""></ice<>
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods, , , ,	Х		3,680.	COST/SELLI	NG PI	STCE
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation	_					
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies , , , ,						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►(ATCH 1)		169.	22,348.			
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received						-
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	gement	29		0.
_						Ye	s No
30 a	During the year, did the organiza		• • • •				-
	it must hold for at least three yea						
	used for exempt purposes for the e		g period?		3	loa	X
	if "Yes," describe the arrangement						1.0
31	Does the organization have a	-			1	_	
	contributions?				$\cdot \cdot \cdot \cdot \cdot \cdot \cdot $	31	x
32 a	Does the organization hire or us	•	B	•••			
	contributions?		· · · · · · · · · · · · · · · · ·		3	12a	X
	If "Yes," describe in Part II.			an and a dama and take a shore of	Nie oberdierd		
33	If the organization did not report a	n amount in	column (c) for a type of pro	operty for which column (a	i) is checked,		-
	describe in Part II.				1		1
For F	aperwork Reduction Act Notice, see t	he Instruction	is for Form 990.		Schedule M	(Form 99	10) (2010)

95-4714047

Page 2

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
DINNER TICKET	х	2.	330.	COST/SELLING PRICE
ENTERTAINMENT TICKET	x	2.	314.	COST/SELLING PRICE
ACCOMMODATION	х	4.	6,544.	COST/SELLING PRICE
BEAUTY TREATMENT	х	4.	1,172.	COST/SELLING PRICE
PENDANTS	х	25.	1,250.	COST/SELLING PRICE
COMPUTER	х	12.	12,300.	COST/SELLING PRICE
CALENDAR	х	120.	438.	COST/SELLING PRICE
TOTALS		169.	22, 348.	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.



HALF THE SKY FOUNDATION

ORGANIZATION'S MISSION

PART I, LINE 1 AND PART III, LINE 1

HALF THE SKY ("HTS") WAS CREATED IN ORDER TO ENRICH THE LIVES AND ENHANCE THE PROSPECTS FOR ORPHANED CHILDREN IN CHINA. WE ESTABLISH AND OPERATE INFANT NURTURE AND PRESCHOOL PROGRAMS, PROVIDE PERSONALIZED LEARNING FOR OLDER CHILDREN AND OFFER LOVING PERMANENT FAMILY CARE, MEDICAL CARE AND GUIDANCE FOR CHILDREN WITH DISABILITIES. IT IS OUR GOAL TO ENSURE THAT EVERY ORPHANED CHILD HAS A CARING ADULT IN HER LIFE AND A CHANCE AT A BRIGHT FUTURE.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

QUESTION 11B: AN EXTERNAL TAX FIRM AND HALF THE SKY STAFF WORK TOGETHER TO GATHER THE REQUIRED TAX INFORMATION NECESSARY TO COMPLETE THE RETURN. THE TAX FIRM PREPARES THE INITIAL DRAFT AND REVIEWS THE INITIAL DRAFT WITH THE FINANCE TEAM. RECOMMENDED CHANGES ARE REFLECTED IN THE RETURN AND A DRAFT TAX RETURN IS PREPARED. THE BOARD OF DIRECTORS IS SENT THE FINAL 990 DRAFT BEFORE IT IS FILED.

QUESTION 12C: ALL NEW AND EXISTING BOARD MEMBERS AND OFFICERS ARE REQUIRED TO UPDATE THE CONFLICT OF INTEREST FORM ANNUALLY. REFER TO THE ATTACHED CONFLICT OF INTEREST POLICY. ATTACHED CONFLICT OF INTEREST POLICY.

QUESTION 15A: THE BOARD MEMBERS CONDUCT AN ANNUAL REVIEW BY INTERVIEWING BOARD AND DIRECT REPORTS OR DIRECT SUPERVISOR. THE BASIS FOR SALARY COMPENSATION IS DERIVED FROM TWO SOURCES: CENTER FOR NONPROFIT MANAGEMENT COMPENSATION & BENEFITS SURVEY AND CHARITY NAVIGATOR OR CHRONICLE OF PHILANTHROPY SURVEYS. AFTER THE BOARD VOTES ON THE RECOMMENDATIONS MADE BY THE COMPENSATION COMMITTEE, THE COMMITTEE MEETS WITH THE EMPLOYEE, SHARES THE REVIEW AND CONVEYS THE BOARD-APPROVED COMPENSATION FOR THE UPCOMING YEAR.

QUESTION 15B: THE COMPENSATION FOR HTS ASIA OFFICERS AND EMPLOYEES ARE PROPOSED BY THE EXECUTIVE DIRECTOR AND THE CFO BASED ON THE SALARY INFO PROVIDED BY LOCAL RECRUITMENT AGENCIES AND APPROVED BY THE BOARD OF HTS US.

QUESTION 19: THE FINANCIAL STATEMENTS AND THE FORM 990 ARE POSTED ON HTS'S WEBSITE WHILE THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CHINA

HONG KONG

UNITED KINGDOM

Schedule O (Form 990 or 990-EZ) 2010	Pege 2
Name of the organization	Employer identification number
HALF THE SKY FOUNDATION	95-4714047
	ATTACHMENT 2
FORM 990, PART VI, LINE 17 - STATES	
AL, AK, AZ, AR, CA, CO, CT,	
FL, GA, 1L, KS, KY, LA, ME, MD, MA, MI,	
MN, NH, NJ, NM, NY, NC, OH, OK, OR, PA,	
RI, SC, TN, UT, VA, WA, WV, WI,	

FORM 990, PART VIII - EXCLUDED COM	TRIBUTIONS
DESCRIPTION	AMOUNT
GALA DINNER	80,126.
CHICAGO EVENT	149,004.
OTHER EVENTS	220,114.
TOTAL	449,244.

ATTACHMENT 4

ATTACHMENT 3

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS	DIRECT EXPENSES	NET INCOME
GALA DINNER	9,866.	1,885.	7,981.
CHICAGO EVENT	0.	13,712.	-13,712.
OTHER EVENTS	0.	29,956.	-29,956.
TOTALS	9,866.	45,553.	

Form 990)	Related Orga	Related Organizations and Unrelated Partnerships	d Unrelated	d Partnersh	ips		20110
Separiment of the Treasury rtemal Rovence Sarvice	Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ★ Attach to Form 990. ★ See separate instructions.	» organization answered "Yes' Attach fo Form 990.	 to Form 890, Part IV, line 33, 34 ▶ See separate instructions. 	IV, line 33, 34, 35, 3 } instructions.	6, or 37.		Open to Public Inspection
Name of the organization	FOUNDATION					Employer Identificat 95-4714047	Employer Identification number 95-4714047
Part I Identific:	Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)	he organization an	swered "Yes" on	Form 990, Part	IV, line 33.)		
	(a) Name, address, and EIN of oisregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) Enc-of-year assets	(f) Direct controlling entity
(1)						·	
(2)							
(3)							
(4)							
(5)							
(6)							
Part II dentific:	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	(Complete if the c he tax year.)	organization ansv	wered "Yes" on F	⁻ orm 990, Part IV	/, line 34 becaus	ie it had
Name	(a) Name, address, and EIN o[rela:ed organization	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Exempt Code සෙරාංග	(e) Public charity status (:f section 501(c)(3))	(1) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) HALF THE SKY FOUN RM 2703-27 FL SHD	FOUNDATION (ASIA) JIMITED	FUNDRAISING	HK	N/A	N/A	N/A	×
(2) HALF THE SKY FOUNDATION (UK 25-22 BEDFORD ROW WCIN 435	NATION (UK) LIMICED WCIR 438	FUNDRAISING	UK	N/A	N/A	N/A	X
(3)							
(4)							
(5)							
(6)							
(7)							
For Paperwork Reduction / JSA	For Paperwork Reduction Act Notice, see the instructions for Form 990. ISA					Sched	Schedule R (Form 990) 2010

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SCHEDULE R

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<u>(4)</u>							
(5)							
(8)							
(7)							
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV. line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	as a Corporation	or Trust (Com as a corporation	plete if the orga	anization answ the tax year.)	ered "Yes" on Fo	rm 990, Part IV.	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state cr foreign country)	(d) Direct controlling entity	(e) Typa of entity (C corp. S corp. or (rust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
[1]							
(2)							
(3)							
<u>(4)</u>							
(5)							
(6)							
					(0)	Schedule R (Form 990) 2010	n 990) 2010

Schedule R (Farm 990) 2010

Part III

a) Name, address, and EIN of related organization

(b) Primary activity

(c) Legal Gomicile (state or foreign country)

(e) Predominant Income (related, unrelated, axcluded from tax under sections 512-514)

(f) Share of total Income

(g) Share of end-of-year assets

Де зласочили (terchowly Ξ

() Code V-UBI arrount in box 20 of ~adda K-1

()) Ganera dr managing partes

(K) Percentage ownership

Yes No

(Form 1065)

Yes No (d) Direct controlling () entity

_(1)__

95-4714047

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

Yes No
×
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1e X
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19 X
th X
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1k X
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10 X
1p X
iq X
×
and transaction thresholds.
(d) Mathod of determining amount involved
EXPENSE
Schedule R (Form 990) 2010

Page 3

Scheoule R (Form 990) 2010

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	lusion for cartain in	vestment partn	erships.					
(a) Name, adoress, and EIN of entity	(b) Primary activity	(c) Legal domicte (state or foreign countify)	(d) Are all partners section 301(c)(3) organizztions?	(a) Snare of end-of-year assets	(f) Disproportionate al ocations?	rricnate ons?	- 20	(h) General or rraneglog pather?
			Yes No		Yes	₿ No		Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
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<u>(9)</u>			-					
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(15)								
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Schedule R (Form 990) 2010

Page 5

Schedule R (Form 990) 2010
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

HALF THE SKY FOUNDATION EIN: 95-4714047 2010 FORM 990, PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

In 2010, Half the Sky accomplished the following exempt purpose achievements:

- Opened Half the Sky/Blue Sky Model Centers in Changchun, Jilin Province; Shijiazhuang, Hebei Province; Xiamen, Fujian Province; Datong, Shanxi Province. Upgraded HTS Children's Centers in Chongqing, Hefei, Anhui; Nanjing, Jiangsu and Nanning, Guangxi to become Blue Sky Model Centers. The new Blue Sky Centers were established as part of a cooperation agreement with China's Ministry of Civil Affairs to establish model centers in every province and municipality in the country.
- Continued ongoing operation of programs in welfare institutions and AIDS-affected villages in China
- By the end of 2010, HTS operated 47 centers in 23 provinces and municipalities.
- Total children served by year-end: approximately 7,000
- Estimated number of children who have benefited from the programs: 40,000
- Published 2 general newsletters, 2 Youth Services newsletters, Annual Report, numerous email newsletters, and thousands of individual progress reports for every child in the Organization's programs
- Held program training workshops in Changchun, Jilin Province; Shijiazhuang, Hebei Province; Xiamen, Fujian Province; Datong, Shanxi; Chongqing, Hefei, Anhui; Nanjing, Jiangsu and Nanning, Guangxi and 1-5 day workshops at selected HTS Children's Centers to address a variety of specific needs.
- · Continued work on national training curriculum for HTS programs
- Co-hosted a national symposium in Nanjing that brought together 150 orphanage directors, heads of children's departments and other child welfare officials as well as HTS staff to discuss ways to better integrate Half the Sky programs into the daily life of each institution.
- Co-hosted a Directors' Workshop on the Yangtze River attended by 200 orphanage directors, other child welfare officials and HTS staff about how to work together to make positive change for the children.

CONFLICT OF INTEREST POLICY HALF THE SKY

I. Purpose

Half the Sky encourages the active involvement of its directors, officers, and employees in the community. In order to deal openly and fairly with actual and potential conflicts of interest that may arise as a consequence of this involvement, Half the Sky adopts the following Conflict of Interest Policy.

H. Policy

Directors, officers, and employees are expected to use good judgment, to adhere to high ethical standards, and to conduct their affairs in such a manner as to avoid any actual or potential conflict between the personal interest of a director or employee and those of Half the Sky. A conflict of interest exists when the loyalties or actions of a director, officer or employee are divided between the interests of Half the Sky and the interest of the director, officer, or employee. Both the fact and the appearance of a conflict of interest should be avoided.

III. Definitions

Affiliated, affiliation includes all direct and indirect financial interests between a director, officer, or employee and a person with whom Half the Sky is considering entering into any transaction. It also includes any other interest that may influence the judgment of a director, officer or employee. An objective test is applied to determine whether an affiliation exists between the director or employee and the other person: whether the involvement or relationship of the director, officer, or employee with the other person is such that it reduces the likelihood that the director, officer, or employee can act in the best interests of Half the Sky.

Person means any individual, trust, estate, partnership, association, company or corporation.

Substantial influence over Half the Sky. The following persons are deemed to have substantial influence over Half the Sky: each member of the Board of Directors; the officers of Half the Sky, and such persons' spouse, ancestors, children, grandchildren, great grandchildren, brothers, sisters and the spouses of the children, grandchildren, brothers and sisters; and an entity in which such persons hold more than 35 percent of the control. Furthermore, any person who met one of these definitions in the five years before the proposed transaction is deemed, for purposes of this Policy, to have substantial influence over Half the Sky.

IV. Procedures

Duty to Disclose

Each employee shall disclose to the Executive Director all material facts regarding the affiliation of such employee with any person with whom Half the Sky is considering a transaction. The employee shall make that disclosure promptly upon learning of the link between that person and transaction.

The Executive Director and any other person with substantial influence over Half the Sky shall disclose to the Board all material facts regarding his or her affiliation with any person with whom Half the Sky is

considering entering a transaction. The Executive Director or person with substantial influence shall make that disclosure promptly upon learning of the link between that person and the transaction. If there is a question as to whether the employee has substantial influence over Half the Sky, the Executive Director shall present this issue to the Board of Directors, and the Board shall resolve the matter.

At any meeting of the Board at which a transaction involving an affiliated person will be considered, a director shall disclose to the members of the Board all material facts regarding the director's affiliation with any person with whom the Board is considering entering into any transaction.

Determining Whether a Conflict of Interest Exists

With regard to an employee without substantial influence over Half the Sky, the Executive Director shall determine whether a conflict of interest exists.

With regard to the Executive Director, or a person with substantial influence over Half the Sky, the Board shall determine if a conflict of interest exists.

After an affiliation disclosure by a director at a Board meeting, the director shall leave the meeting while the implications of the affiliation are considered and voted upon. The remaining Board members shall determine if a conflict of interest exists.

Consequences of the Existence of a Conflict of Interest

With regard to an employee without substantial influence over Half the Sky, the Executive Director shall decide the appropriate response by Half the Sky once a conflict of interest has been determined to exist. An employee may appeal any adverse determination to the Board.

With regard to the Executive Director or a person with substantial influence over Half the Sky, the Board shall follow the procedures set forth in Article V in order to decide whether to enter into the transaction and, if so, to ensure that the terms of the transaction are reasonable.

In the case of a director, if it is determined that a conflict of interest exists, the director shall leave the meeting while the transaction is discussed and shall not vote on it. The remaining directors shall follow the procedures set forth in Article V in order to decide whether to enter the transaction and, if so, to ensure that the terms of the transaction are reasonable.

V. Findings of the Board

If the Board of Directors determines that a person with substantial influence over Half the Sky (such person) has a conflict of interest with regard to a transaction of Half the Sky, Half the Sky may engage in the transaction only if the following conditions are met prior to the transaction:

- A. Such person shall disclose to the Board all material facts concerning the person's affiliation with the transaction.
- B. The Board shall review the material facts. The transaction may be approved only if a majority of the directors, not counting the vote of such person, concludes that:
 - (1) The proposed transaction is fair and reasonable to Half the Sky, and

- (2) Half the Sky proposes to engage in this transaction for its own purposes and benefits and not for the benefit of such person, and
- (3) The proposed transaction is the most beneficial arrangement which Half the Sky could obtain in the circumstances with reasonable efforts.

The minutes of any meeting at which such a decision is taken shall record the nature of the affiliation and the material facts disclosed by such person and reviewed by the Chair of the Board.

VI. Annual Statements

Each person who is deemed to have substantial influence over Half the Sky shall sign an Annual Disclosure Statement which affirms that the person has received a copy of this Conflict of Interest Policy, has read and understood the Policy, and has agreed to comply with the Policy, and discloses any direct or indirect affiliations.

All Annual Disclosure Statements shall be submitted to the Secretary of Half the Sky and filed with the minutes of the first meeting of the Board of Directors held each year.

VII. Remedies

Any director who fails to comply with this Conflict of Interest Policy may, in the discretion of the Board of Directors, be censured or be removed from the Board. If an employee who is deemed to have substantial influence over Half the Sky fails to comply with this Conflict of Interest Policy, he or she may be put on notice or terminated, in the discretion of the Board of Directors. Any other employee who fails to comply with this Conflict of Interest Policy may be put on notice or terminated, in the discretion of the Board of Directors. Any other employee who fails to comply with this Conflict of Interest Policy may be put on notice or terminated, in the discretion of the Executive Director.

VIII. Periodic Reviews

To ensure that Half the Sky operates in a manner consistent with its charitable purposes and its status as an organization exempt from federal income tax, the Board shall authorize and oversee a periodic review of this Conflict of Interest Policy. The review may be written or oral. The review shall consider the level of compliance with the Policy, the continuing suitability of the Policy, and whether the Policy should be modified or improved.

		PROTEC	CTIVE						
Form 5471 (Rev. December 2007)	Respect To	n Return of I Certain For ►See separati	eign Co	orporat	tions			OMB No. 15	5 45-070 4
Department of the Treasury Internal Revenue Service	Information furnished for U section 898) (see instruction	•			iod (tax yea ending] 2			Attachment Sequence N	o. 121
Name of person filing this return			017201			7	fying numb		
HALF THE SKY	FOUNDATION					E Q	95-471	4047	
Number, street, and room or a	uite no. (or P.O. box number if m	all is not delivered to stree	t address)	B Category	of filer (See	instructions	Check appl	licable box(e	s)):
715 HEARST AV	E, <u>SUITE 200</u>				1 (repeat	ed) 2	3	4 X	5
City or town, state, and ZIP cod	e			C Enter the	total perce	ntage of the	e foreign corp	poration's vot	ing stock
BERKELEY, CA	94710		_	you awne	d al lho en	l of its annu	al accounting	g period	%
Filer's tax year beginning	1/01/2010	, and ending 12/3	31/2010)	-				
D Person(s) on whose beha	If this information return is filed:				_		_		
(4) Nome		(2) Address			a clasticie	a ourshor	(4) Che	ck applicabl	e box(es)
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•	applicable lines and so		nation mu	st be in E	nglish. A	ll amour	its must	be state	d
In U.S. do	llars unless otherwise	indicated.				- 17			
Ta mame and address of i	oreign corporation					o Employ	yer identific	cauon nuni	oer, n any
	UNDATION (ASIA)				-	N/A	under who	a love la sa	m mente d
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WAN CHAI, <u>HK</u> d Date of incorporation	e Principal place of busin	ess f Principal bus	ineen notkitu	a Drinoia	al busines	HK	h Functio	and outran	
a pate of incorporation		code ni		g Philop	ar ousmes	sacuvity	n Funcho		c.y
03/18/2006	HK	8130	00	NOT-FOR-P	ROFIT		HKD		_
	nformation for the foreign of		ig period state	ed above.					
 Name, address, and id in the United States 	entifying number of branch of	office or agent (if any)	b IfaU.S	3. income ta	x return wa	s filed, ent	er:		
in the United States			(I) Tax	able income	or (lose)		• •	ncome tax	
NONE			(0) 1 42		01 (1033)	_	(after	r all credits)
 Name and address of for country of incorporation 	preign corporation's statutory	y or resident agent in	person	and address (or persons ation, and the) with cust	ody of the	books and	records of	the foreign
TRICOR SERVICES LIMIT	ED								
LEVEL 28 THREE PACIFI									
, EK									
Schedule A Stock	of the Foreign Corpo	ration							
				(b) Num	iber of sha	res issued	I and outsta	anding	
(a) Descr	ption of each class of stock			Beginning of Accounting p			1,	d of annual nting perio	
N/A									
For Paperwork Reduction	Act Notice, see instructions						Form 5	471 (Rev	v 12-2007)

HALF THE SKY FOUNDATION Form 5471 (Rev. 12-2007)

(a) Name, address. and identifying number of shareholder	of Foreign Corporation (see instructions) (b) Description of each class of stock held by shareholder. Note: This description should mulch 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 shi of subpart F income (enter a percentage
				100%
				_
				_
		-	-	
				_
				_
				-

Schedule C Income Statement (see instructions)

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
	1 a	Gross receipts or sales	1a		
	ь	Returns and allowances ,			
	с	Subtract line 1b from line 1a	1c		
	2	Cost of goods sold	2		
ncome	3	Gross profit (subtract line 2 from line 1c)	3		
۶Ļ	4	Divideods	4		
	5	Interest	5		
	6а	Gross rents	6 a		
	ь	Gross royalties and license fees	66		
	7	Net gain or (loss) on sale of capital assets	7		
	8	Other income (attach schedule)SEE, STATEMENT, 2,	8	1.8,646,353.	2,400,344.
	9	Total income (add lines 3 through 8)	9	18,646,353.	2,400,344.
	10	Compensation not deducted elsewhere	10		
.	11a	Rents	11a		
	b	Royalties and license fees	115		
ဖွု	12	Interest	12		
eductions	13	Depreciation not deducted elsewhere	13		
<u>s</u>	14	Depletion	14		
ed.	15	Taxes (exclude provision for income, war profits, and excess profits taxes)	15		
	16	Other deductions (attach schedule - exclude provision for income, war			
		profits, and excess profits taxes)	16	18,193,108.	2,341,998,
_	17	Total deductions (add lines 10 through 16)	17	18,193,108.	2,341,998.
a)	18	Net income or (loss) before extraordinary items, prior period			
Ē		adjustments, and the provision for income, war profits, and excess	1	the states of the second se	-
Š		profits taxes (subtract line 17 from line 9)	18	453,245.	58,346.
Net Income	19	Extraordinary items and prior period adjustments (see instructions)	19		
2	20	Provision for income, war profits, and excess profits taxes (see instructions)	20		
	21	Current year net income or (loss) per books (combine lines 18 through 20)	21	453,245.	58,346.

Page 2

HALF THE SKY FOUNDATION

Form 5471 (Rev. 12-2007)

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued (see instructions)

(a)			
Name of country or U.S. possession	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
U.S.			
			NONE
B Total	. <u></u>	<u> </u>	NON

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 penod
1	Cash	1	888,299.	341,669.
2a	Trade notes and accounts receivable	2 a		
	Less allowance for bad debts	25	((}
3	Inventories , , ,	3	2,564.	256,
4	Other current assets (attach schedule)	4	15,052,	373,259.
5	Loans to shareholders and other related persons	5		
	Investment in subsidiaries (attach schedule)	6		
	Other investments (attach schedule)	7		
	Buildings and other depreciable assets	8a	3,821,	7,727,
	Less accumulated depreciation	86	(2,813,)	
	Depletable assets	9a		
	Less accumulated depletion	95	()	()
10	Land (net of any amortization)	10		
11	Intangible assets:			
а	Goodwill	11a		
	Organization costs			
	Patents, trademarks, and other intangible assets	1 1		
	Less accumulated amortization for lines 11a, b, and c.	11d	((
12	Other assets (attach schedule)	12		
13	Total assots	13	906,923.	718,451.
	Liabilities and Shareholders' Equity			
14	Accounts payable	14	274,215.	27,037.
15	Other current liabilities (attach schedule) SEE .STATEMENT. 3	1.5	NONE	359.
16	Loans from shareholders and other related persons	16		
17	Other liabilities (attach schedule),	17		
18	Capital stock:			
а	Preferred stock	18a		
ъ	Common stock ,	18b		
	Paid-in or capital surplus (attach reconciliation)			
20	Retained earnings		632,708.	691,055.
21	Less cost of treasury stock _ ,			()
22	Total liabilities and shareholders' equity	22	906,923.	718,451. Form 5471 (Rev. 12-2007)

Form 5471 (Rev. 12-2007)

_	ALF THE SKY FOUNDATION wrm 5471 (Rev. 12-2007)	Page 4
s	chedule G Other Information	
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign Yes partnership?	No X
2	If "Yes," see the instructions for required attachment. During the tax year, did the foreign corporation own an interest in any trust?	x
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as enulies separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)?	X
4 5	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 arrangement? During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?	x x

4	During the tax year, was the toraign corporation a participant in any cost sharing anangement?
5	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?

Schedule H Current Earnings and Profits (see instructions) Important: Enter the amounts on lines 1 through 5c in functional currency.

1	Current year net income or (loss) per foreign books of ac	count		1	453,245.
2	accounting standards (see instructions):	Net dditions	Net Subtractions		
а	Capital gains or losses			1.1.1	
þ	Depreciation and amortization			-	
¢					
d					
e					
f				- 1.	
9			/		
հ	Dither (attach schedule),				
3	Total net additions				
4	Total net subtractions				
	Current earnings and profits (line 1 plus line 3 minus line				453 <u>,245.</u>
Ь	 DASTM gain or (loss) for foreign corporations that use I)ASTM (see instruction	ons)	_5b_	
С				5c	453,245.
d	Current earnings and profits in U.S. dollars (line 5c	; translated at the	appropriate exchange rate as		
	defined in section 989(b) and the related regulations (se	,. · ·		5d	58,346.
_	Enter exchange rate used for line 5d	7.7682000)		
S	chedule I Summary of Shareholder's Inco	me From Forei	gn Corporation (see instru	ctions)	
1	Subpart F income (line 38b, Worksheet A in the instruct	ions)		1	NONE
2	Earnings invested in U.S. property (line 17, Worksheet 8	B in the instructions)		z	
3	Previously excluded subpart F income withdrawn fr				
	In the instructions)			3	
4	Previously excluded export trade income withdrawn				
	Worksheet D in the instructions)			4	
5	Factoring income	• • • • • • • • • •	· · · · <i>· · ·</i> · · · · · · · · · · · ·		
6	Total of lines 1 through 5. Enter here and on your incon	ne tax return. See ins	tructions , , , , , ,	6	NONE
7	Dividends received (translated at spot rate on payment	date under section 9	89(b)(1))	7	
8	Excluance gain or (loss) on a distribution of previously ta	axed income	• <u>•••</u> ••••••••••••••••••••••••••••••••	8	
					Yes No
٠	Was any income of the foreign corporation blocked?		· · · · · · · · · · · · · · · · · · ·	· · <i>·</i> ·	· · · · · · · · · · · · · · · · · · ·
	Did any such income become unblocked during the tax yo		b))?		
111	the answer to either question is "Yes," attach an explanatio	n			

Schedule J (Form 5471) (Rev. 12-2005)	Schedule J (Form				nstructions for Form 547	For Paperwork Reduction Act Notice, see the Instructions for Form 5471.
5,359,370.					5,359,370.	7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)
					5,359,37C.	b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)
						6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)
						b Actual distributions of nonpreviously taxed E&P
						5a Actual distributions or reclassifications of previously taxed E&P
						4 Amounts included under section 951(a) or reclassified under
					5,359,370.	3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)
						b Current year deficit in E&P
					453, 245.	2 a Current year E&P
4,906,125.					4,906,125.	1 Balance at beginning of year
964(a) E&P (combine columns (a), (b), and (c))	(lli) Subpart F Income	(ii) Earnings Invested in Excess Passive Assets	 (i) Earnings Invested in U.S. Property 	(pre-87 section 959(c)(3) balance)	(post-86 section 959(c)(3) balance)	functional currency.
(d) Total Section	structions) lances)	Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances)	(c) Previo	(b) Pre-1987 E&P Not Previously Taxed	s P	
					(ASIA) LTD	SXY FOUNDATION
	identifying numbar 95-4714047	ider 9				Name of person filing Form 5471 HALF THE SKY FOUNDATION
OMB No. 1545-0704		÷ ň	In Corporatio	Attach to Form 5471. See Instructions for Form 5471.	of Cont	(Rev. December 2005) Department of the Treasury Internal Revenue Service
		E&P)	and Profits (Accumulated Earnings and Profits (E&P)	Accumulat	SCHEDULE J

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

▶ Attach to Form 5471. See Instructions for Form 5471.

OMB No. 1545-0704

Identifying number

HALF THE SKY FOUNDATION

95-4714047

Name of foreign corporation

HALF THE SKY FOUNDATION (ASIA) LTD Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's lax year. See instructions. 7 7682000 rate wood throughout this d ab -----

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership cuntrulled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other					
than stock in trade			N		
3 Sales of property rights					
(patents, trademarks, etc.)			_		
4 Platform contribution transaction					
payments received					
5 Cost sharing transaction pay-					
ments received					
6 Compensation received for tech-					
nical, managerial, engineering,					
construction, or like services					
7 Commissions received					
8 Rents, royalties, and license					
faes received					
9 Dividends received (exclude					
deemed distributions under subpart F and distributions 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 tanyible 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 tech-					
nical, 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 instructions					
26 Amounts loaned (enter the					
maximum loan balance during					
the year) - see instructions	2,040,574.	l			

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Schedule M (Form 5471) (Rev. 12-2010)

0X1664 2.000

		PROTE	CTIVE						
Form 5471 (Rev. December 2007)	Information I Respect To C		eign C	orpo			0	MB No. 15	545-0704
	Information furnished for the fo section 898) (see instructions)	preign corporation	's annual ac	counting	period (tax yea and ending1 2			llachment aquence N	o. 121
Name of person filing this return						A Ident	ifying number	r	
HALF THE SKY F	FOUNDATION						95-471	4047	
	uile no. (or P.O. box number if mail is	not delivered to street	1 address)	B Cate	gory of film (See	instruction	s. Check applic	able box(e	s)):
715 HEARST AVE	E, SUITE 200				1 (repeak	ed) 2	3	4 X	5
City or town, state, and ZIP code				C Enle	r fine lotal percer	itage of th	a foreign corpo	vration's vol	ling stock
BERKELEY, CA 9	34710			you o	owned at the end	ol its ann	ual accounting	релоо	%
Filer's tax year beginning 01	L/01/2010 , an	dending 12/3	31/2010)					
D Person(s) on whose behal	I this information return is filed:								
							(4) Chec	k applicabl	e box(es)
(1) Name (2) Address		_		(3) Identifyin	g number	Shareholder	Officer	Orrector	
in <u>U.S.</u> do	applicable lines and sche llars unless otherwise ind		mation mu	st be i					
1a Name and address of f	ureign corporation					s Emplo	yer identifica	ation num	iber, ir any
HALF THE SKY FO 20-22 BEDFORD R	UNDATION (UK) LTD OW				-	N/A Countr	y under whose	e laws inco	rporated
LONDON, WCIR 4						UK		-	
d Date of incorporation	e Principal place of business	f Principal busi code ni		g Pri	ncipal business	s activity	h Function	nal curren	су
04/25/2008	UK	8130	00	NOT-FO	OR-PROFIT		GBP		
2 Provide the following in	formation for the foreign corpo	pration's accountin	g period state	ed above	2.				
	entifying number of branch offic	e or agent (if any)	b IfaU.S	i, incom	e tax return was	s filed, en	ler:		
in the United States					(ii) U.S. ind (after	come tax; all credits	•		
c Name and address of fo country of incorporation	reign corporation's statutory or	resident agent w	person	(or pers	ress (including sons) with cust d the location (ody of the	e books and i	records of	the foreign
JORDANS LTD									
21 ST THOMAS STREET									
, BS1 6JS UK									
Schedule A Stock	of the Foreign Corporati	on							
				(b) (Number of sha	es issue	d and culsiar	vtine?	
(a) Descri	ption of each class of stock		61.8		g of annual			of annual	1
(a) Descri	provi of each uldes of allock				ng period			ting perio	
N/A		-				_		_ ,	
11/12		-							
		-							
						+-			
			L						

For Paperwork Reduction Act Notice, see Instructions.

Form 5471 (Rev. 12-2007)

edule B U.S. Shareholders	of Foreign Corporation (see instructions)			
(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 al end of annual accounting period	(e) Pro rata shar of subpart F income (enter as a percentage)
		-		
				100%
		1		

Schedule C Income Statement (see instructions)

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
	1 a	Gross receipts or sales	Ja		
	6	Returns and allowances			
	c	Subtract line 1b from line 1a	1 c		
പ	2	Cost of goods sold	2		
ξ	3	Gross profit (subtract line 2 from line 1c)	_3		
ncome	4	Dividends	4		
-	5	Interest	5		
	6 a	Gross rents	6 a		
	ь	Gross royalties and license fees	6b		
	7	Net gain or (loss) on sale of capital assets	7		
	8	Other income (attach schedule)SEE_STATEMENT, 4 .	8	17,188.	26,545.
	9	Total income (add lines 3 through 8)	9	17,188.	26,545.
	10	Compensation not deducted elsewhere	10		
	11a	Rents	11a		
	ь	Royalties and license fees	11b		
S	12	Interest			
ō	13	Depreciation not deducted elsewhere	13		
Deductions	14	Depletion	14		
ed	15	Taxes (exclude provision for income, war profils, and excess profils taxes)	15		
	16	Other deductions (attach schedule - exclude provision for income, war	1		
		profits, and excess profits taxes)	16	4,622.	7,138.
	17	Total deductions (add lines 10 through 16)	17	4,622.	7,138.
പ	18	Net income or (loss) before extraordinary items, prior period		Tanana and a second sec	
Ē		adjustments, and the provision for income, war profits, and excess	-		
ğ		profits taxes (subtract line 17 from line 9)	18	12,566.	19,407.
Net Income	19	Extraordinary items and prior period adjustments (see instructions)	19		
å	20	Provision for income, war profits, and excess profits taxes (see instructions)	20		
	21	Current year net income or (loss) per books (combine linus 18 through 20)	21	12,566.	19,407.

HALF THE SKY FOUNDATION

Form 5471 (Rev 12-2007)

Page 3 Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued (see instructions) Amount of tax (a) Name of country or U.S. possession (b) (c) (d)

	In foreign currency	Conversion rate	In U.S. dollars
1_U.S.			
2			NONE
8 Total	<u></u>	<u> </u>	NON

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	NONE	21,084.
2a Trade notes and accounts receivable,	2a		
b Less allowance for bad debts		()	()
3 Inventories	3		
4 Other current assets (attach schedule)	4	NONE	600.
5 Loans to shareholders and other related persons	5		
6 Investment in subsidianes (attach schedule)	6		
7 Other investments (attach schedule)	_7		
8a Buildings and other depreciable assets	88		
b Less accumulated depreciation	85		()
9a Depletable assets	9a		
b Less accumulated depletion	96	()	()
10 Land (net of any amortization)	10		
11 Intangible assets:			
a Goodwill	11a		
b Organization costs			
c Patents, trademarks, and other intangible assets	1		
d Less accumulated amortization for lines 11a, b, and c	11d	()	(
12 Other assets (attach schedule)	12		
13 Total assets	13	NONE	21,684.
Liabilities and Shareholders' Equity			
14 Accounts payable	14		
15 Other current liabilities (attach schedule)		NONE	0.076
16 Loans from shareholders and other related persons	<u>15</u> 16	NONE	2,276.
17 Other liabilities (attach schedule)			
18 Capital stock:			
a Preferred stock	40-		
b Common stock			
19 Paid-in or capital surplus (attach reconciliation)	1 1		
		None	10,400
		NONE	19,408.
21 Less cost of treasury stock	21		<u> </u>
22 Total liabilities and shareholders' equity	22	NONE	21,684.
	<u> l</u>		Form 5471 (Rev. 12-2007)

HALF	THE	SKY	FOUNDAT	ION
Form 547	1 (Rev.	12-2007)	

Pag	8	4
Fau		-

Sc	hedule G Other Information				
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign		Ye	's T	No ⊡
	partnership?	· · ·	· · · · · · · · · ·	-	X
	If "Yes," see the instructions for required attachment.				X
2	During the tax year, did the foreign corporation own an interest in any trust?		· · · · · · · · · L_	-	1 17
3	from their owners under Regulations sections 301 7701-2 and 301.7701-3 (see instructions)?				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 cost sharing arrangement?				X
5	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrange				X
	hedule H Current Earnings and Profits (see instructions)				
lmp	portant: Enter the amounts on lines 1 through 5c in functional currency.	-		10 5	CC
1	Current year net income or (loss) per foreign books of account	1		12,5	00.
-					
2	Net adjustments made to line 1 to determine current earnings and profits Net Net	-			
	according to U.S. linancial and tax Additions Subtractions	-			
	accounting standards (see instructions):				
а	Capital gains or losses				
ъ	Depreciation and amortization				
с	Depletion				
d	investment or incentive allowance				
e	Charges to statutory reserves , , , , , , ,				
f	Inventory adjustments	i. To	1820		
g	Taxes , , ,				
	Other (attach schedule),				
3	Total net additions , ,		- 1		
4	Total net subtractions	5a		12,5	66
	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)	56		~ _ / _	00.
	Combine lines 5a and 5b.	5c	-	12,5	66.
	Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as				
	defined in section 989(b) and the related regulations (see instructions))	5 d		19,4	07.
_	Enter exchange rate used for line 5d 0.6475000				
Sc	hedule I Summary of Shareholder's Income From Foreign Corporation (see instru-	ctions	s)		
1	Subpart F Income (line 38b, Worksheet A in the instructions)	1		<u>[</u> [IONE
~	Consistent le U.C. assessts //les 47, Mexicoheat D in the instructions)	2			
2 3	Earnings Invested In U.S. property (Ilne 17, Worksheet B in the instructions)	~		-	
3	In the instructions)	3			
4	Previously excluded export trade income withdrawn from investment in export trade assets (line 7b,				
	Worksheet 0 in the instructions)	4			
5	Factoring income	5			
6	Total of lines 1 through 5. Enter here and on your income tax return. See instructions	6	<u> </u>	N	IONE
7	Dividends received (translated at spot rate on payment data under section 989(b)(1))	7			
в	Exchange gain or (loss) on a distribution of previously taxed income	6			
0	Exemange gain of (ross) on a distribution of previously taxed income		1	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
	he answer to either question is "Yes," attach an explanation.				

Form 5471 (Rev. 12-2007)

SCHEDULE J (Form 5471)	Accumulat	Accumulated Earnings and Profits (E&P) of Controlled Foreign Corporation	and Profits (n Corporatic	E&P)		OMB No. 1 545-0704
Department of the Treasury Internal Revenue Service	➤ Attach to	Attach to Form 5471. See Instructions for Form 5471.	uctions for Form 547			
Name of person filing Form 5471				_	Identifying number	
HALF THE SKY FOUNDATION				9	95-4714047	
Name of foreign corporation						
HALF THE SKY FOUNDATION ((UK) LTD	(b) D/2 1007 E2D				
Important. Enter amounts in	(a) Post-1986 Undistributed Earnings	(b) Pre-1987 E&P Not Previously Taxed	(c) Previ (sectia	Previously Taxed E&P (see Instructions) (sections 959(c)(1) and (2) balances)	inuctions) ances)	(d) Total Section 964(a) E&P
functional currency.	(post-86 section 959(c)(3) balance)	(pre-87 section 959(c)(3) balance)	 (1) Earnings Invested in U.S. Property 	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	(combine columns (a), (b), and (c))
1 Balance at beginning of year	KONE					NONE
2a Current year E&P	12,566.					
b Current year deficit in E&P						
3 Total current and accumulated						
E&P not previously taxed (line 1 nue line 2a or line 1 minus line 2h)	13 565					
4 Amounts included under section						-
section 959(c) in current year						
5a Actual distributions or						
previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	12,566.		$\frac{1}{2}$			
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	12, 556.					12,566.
For Paperwork Reduction Act Notice, see the Instructions for Form 5471. JSA 0X:065 1 000	Instructions for Form 547				Schedule J (Forn	Schedule J (Form 5471) (Rev. 12-2005)

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

▶ Attach to Form 6471. See Instructions for Form 5471.

Name of person filing Form 5471

HALF THE SKY FOUNDATION

Name of foreign corporation

95-4714047

HALF THE SKY FOUNDATION (UK) LTD Important: Complete a separate Schedula M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (l). All amounts must be stated in US dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. Sec instructions

Enter the relevant functional currency :	and the exchange rate	used throughout this sch	cdule 🕨 🛛 GBP		0.6475000
(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U S person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other					
than stock in trade					
3 Sales of property rights					
(patents, trademarks, etc)					
4 Platform contribution transaction					
payments received					
5 Cost sharing transaction pay-					
ments received ,					
					-
6 Compensation received for tech-					
nical, managenal, 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 distributions 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					
15 Purchases of property rights					
(patents, trademarks, etc.)					l
16 Platform contribution transaction					
payments paid					
17 Cost sharing transaction payments paid .					
18 Compensation paid for tech-					
nical, managerial, engineering,					
construction, or like services					
19 Commissions paid					
20 Rents, myaltias, and keense 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 instructions	2,276				
26 Amounts loaned (onter the	• • •				
maximum loan balance during					
the year) - see instructions					
For Paperwork Reduction Act Notic	e, see the instructions	for Form 5471		Schadula M	(Form 5471) (Rev. 12-2010
JSA	of see the matricedona	1971 9111 977 IV		Schebole M	() SIN 241 () (NEV. 12-2010

0X1864 2.000 36324Y 700W Identifying number

HALF THE SKY FOUNDATION HALF THE SKY FOUNDATION (ASIA) LTD

FORM 5471, PAGE 2 DETAIL

SCH C, LINE 8 - OTHER INCOME	FUNC CURRENCY	US CURRENCY
CONTRIBUTIONS RECEIVED OTHER INCOME	18,363,484. 282,869.	2,363,930. 36,414.
TOTAL	18,646,353.	2,400,344.
SCH C, LINE 16 - OTHER DEDUCTIONS PROGRAM SERVICES FUNDRAISING EXPENSES MANAGEMENT AND GENERAL EXPENSES	14,340,789. 2,706,719. 1,145,600.	1,846,089. 348,436. 147,473.
TOTAL	18,193,108.	2,341,998.

HALF THE SKY FOUNDATION HALF THE SKY FOUNDATION (ASIA) LTD

FORM 5471, PAGE 3 DETAIL

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--	--	-------------

	BEG	INNING	END	DING
	FUNC CURRENCY	US CURRENCY	FUNC CURRENCY	US CURRENCY
SCH F, LINE 4 - OTHER CURRENT AS	SETS			
PREPAID EXPENSE		31.		561.
DEPOSITS		13,429.		29,238.
UNDEPOSITED FUND		1,558.		11,489.
PLEDGE RECEIVABLE		34.		100,346.
INTERCOMPANY RECEIVABLE		NONE		231,625.
TOTALS		15,052.		373,259.
			68238 ///////////////////////////////////	

SCH F, LINE 15 - OTHER CURRENT LIABILITIES

DEFERRED INCOME	NONE	359.
TOTALS	NONE	359.

HALF THE SKY FOUNDATION HALF THE SKY FOUNDATION (UK) LTD

LONG STILL INCO & SETTER

SCH C, LINE 8 - OTHER INCOME	FUNC CURRENCY	US CURRENCY
CONTRIBUTIONS OTHER INCOME	17,186. 2.	26,542. 3.
TOTAL	17,188.	26,545.
SCH C, LINE 16 - OTHER DEDUCTIONS		
PROGRAM SERVICES	582.	899.
FUNDRAISING EXPENSES MANAGEMENT AND GENERAL EXPENSES	3,911. 129.	6,040. 199.
TOTAL	4,622.	7,138.

HALF THE SKY FOUNDATION HALF THE SKY FOUNDATION (UK) LTD

FORM 5471, PAGE 3 DETAIL

	BEGI	INNING	ENI	ING
	FUNC CURRENCY	US CURRENCY	FUNC CURRENCY	US CURRENCY
SCH F, LINE 4 - OTHER CURRENT ASS	ETS			
UNDEPOSITED FUNDS		NONE		600.
TOTALS		NONE		600.
SCH F, LINE 15 - OTHER CURRENT LI	ABILITIES			
INTERCOMPANY PAYABLE		NONE		2,276.
TOTALS		NONE		2,276.