

Form **990****Return of Organization Exempt From Income Tax****2009**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)Open to Public
Inspection

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

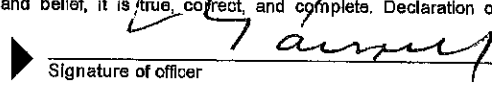
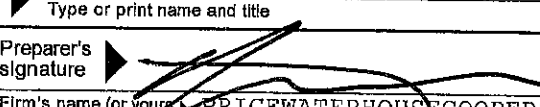
A For the 2009 calendar year, or tax year beginning**, 2009, and ending****, 20**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization UNITED NATIONS FOUNDATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1800 MASSACHUSETTS AVENUE, NW STE 400 City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036	D Employer identification number 58-2368165	
		E Telephone number (202) 887-9040	
		G Gross receipts \$ 105,055,759.	
		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number	
F Name and address of principal officer: KATHRYN CALVIN WALTERS 1800 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20005			
I Tax-exempt status: ☒ 501(c)(03) (Insert no.) ☐ 4947(a)(1) or ☐ 527			
J Website: WWW.UNFOUNDATION.ORG			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 1998 M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE UNITED NATIONS FOUNDATION SUPPORTS UN CAUSES AND ACTIVITIES. WE ARE AN ADVOCATE FOR THE UN AND A PLATFORM FOR CONNECTING PEOPLE, IDEAS AND RESOURCES TO HELP THE UN SOLVE GLOBAL PROBLEMS.		
	2 Check this box ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of employees (Part V, line 2a)	5	218
	6 Total number of volunteers (estimate if necessary)	6	14
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	108,117,642.	96,965,577.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,385,342.	2,763,942.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	185,538.	5,321,219.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	114,688,522.	105,050,738.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	117,819,639.	54,354,979.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	9,403,450.	10,606,071.
	b Total fundraising expenses, Part IX, column (D), line 25	178,375.	1,003,406.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,869,224.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,059,996.	17,116,983.
	19 Revenue less expenses. Subtract line 18 from line 12	140,461,460.	83,081,439.
	20 Total assets (Part X, line 16)	-25,772,938.	21,969,299.
	Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	Beginning of Year
22 Net assets or fund balances. Subtract line 21 from line 20		141,564,173.	150,346,095.
		28,165,570.	13,663,605.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer  RICK PARNELL Type or print name and title		Date 9/14/10 CHIEF OF STAFF	
Paid Preparer's Use Only	Preparer's signature  Firm's name (or your own if self-employed), address, and ZIP + 4 PRICEWATERHOUSECOOPERS, LLP 1301 K STREET NW, SUITE 800W WASHINGTON, DC 20005	Date SEP 20 2010	Check if self-employed ☐	Preparer's identifying number (see instructions) P00369623
	EIN 13-4008324		Phone no. 202-414-1000	
	May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No			

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.*

Form **990** (2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **►**
- 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.

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. ☐

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization UNITED NATIONS FOUNDATION, INC.		Employer identification number 58-2368165
	Number, street, and room or suite no. If a P.O. box, see instructions. 1800 MASSACHUSETTS AVENUE NW, SUITE 400		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036		

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ► **WALTER CORTES**

Telephone No. ► **202-887-9040**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐ **►**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ **►**. If it is for part of the group, check this box ☐ **►** and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 16**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year 20**09** or
► ☐ tax year beginning, 20, and ending, 20

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note**. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization UNITED NATIONS FOUNDATION, INC.	Employer identification number 58-2368165
	Number, street, and room or suite no. If a P.O. box, see instructions. 1800 MASSACHUSETTS AVENUE NW, SUITE 400	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| ☒ Form 990 | ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 6069 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 4720 | ☐ Form 8870 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **WALTER CORTES**

 Telephone No. **202-887-9040**

FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

 4 I request an additional 3-month extension of time until **NOVEMBER 15**, 20**10**.

 5 For calendar year **2009**, or other tax year beginning . . . , 20 . . . , and ending . . . , 20

 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

 7 State in detail why you need the extension **TAXPAYER IS AWAITING ADDITIONAL INFORMATION FROM THIRD PARTIES WHICH IS NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN. ADDITIONAL TIME TO FILE IS REQUESTED.**

8a 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.	8a	\$	N/A
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	N/A
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

 Title **TAX DIRECTOR**

 Date **6/28/2010**

 Form **8868** (Rev. 4-2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

ATTACHMENT 3

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 54,450,941. including grants of \$ 42,729,129.) (Revenue \$ 0.)

ATTACHMENT 4

4b (Code:) (Expenses \$ 8,703,238. including grants of \$ 4,213,520.) (Revenue \$ 0.)

ATTACHMENT 5

4c (Code:) (Expenses \$ 4,467,995. including grants of \$ 3,475,696.) (Revenue \$ 0.)

ATTACHMENT 6

4d Other program services. (Describe in Schedule O.) ATTACHMENT 7

(Expenses \$ 4,549,983. including grants of \$ 3,936,634.) (Revenue \$ 0.)

4e Total program service expenses ▶ 72,172,157.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	☒	☐
2 Is the organization required to complete Schedule B, Schedule of Contributors?	☒	☐
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	☐	☒
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	☐	☒
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	☐	☐
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	☐	☒
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	☐	☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	☐	☒
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 IV	☐	☒
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	☐	☒
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	☒	☐
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	☐	☐
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	☐	☐
• 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.	☐	☐
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	☐	☐
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	☐	☐
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	☐	☐
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	☒	☐
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	☐	☒
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	☐	☒
14a Did the organization maintain an office, employees, or agents outside of the United States?	☐	☒
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	☒	☐
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, Part II.	☒	☐
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, Part III	☐	☒
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	☒	☐
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	☐	☒
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	☐	☒
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	☐	☒

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24 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?		
24 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 with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25 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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
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? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28 a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	84	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	218	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Form 990 (2009)

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a 13	
b Enter the number of voting members that are independent	1b 13	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 X	
3 Did the organization delegate control over management duties customarily performed by or under the direct 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 organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material 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	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
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 mailing address? If "Yes," provide the names and addresses in Schedule O	9a	X

Section 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	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a 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 X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 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	15b 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 with a taxable entity during the year?	16a	X
b 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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 8

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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: ► UN FDN., 1800 MASSACHUSETTS AVENUE, NW STE 400 WASHINGTON, DC 20036
 202-887-9040

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RE TURNER										
CHAIRMAN	5.00	X						0.	0.	0.
HER MAJESTY QUEEN RANIA AL-ABDULLAH										
DIRECTOR	5.00	X						0.	0.	0.
KOFI ANNAN										
DIRECTOR	5.00	X						0.	0.	0.
GRO HARLEM BRUNDTLAND										
DIRECTOR	5.00	X						0.	0.	0.
FERNANDO HENRIQUE CARDOSO										
DIRECTOR	5.00	X						0.	0.	0.
YUAN MING										
DIRECTOR	5.00	X						0.	0.	0.
NR NARAYANA MURTHY										
DIRECTOR	5.00	X						0.	0.	0.
HISASHI OWADA										
DIRECTOR	5.00	X						0.	0.	0.
EMMA ROTHSCHILD										
DIRECTOR	5.00	X						0.	0.	0.
NAFIS SADIK										
DIRECTOR	5.00	X						0.	0.	0.
ANDREW YOUNG										
DIRECTOR	5.00	X						0.	0.	0.
MUHAMMAD YUNUS										
DIRECTOR	5.00	X						0.	0.	0.
IGOR S IVANOV										
DIRECTOR	5.00	X						0.	0.	0.
TIMOTHY E WIRTH										
PRESIDENT	34.00	X		X				377,147.	71,838.	29,506.
RUTHERFORD SEYDEL										
SECRETARY OF THE BOARD	5.00			X				0.	0.	0.
KATHRYN CALVIN WALTERS										
CEO	34.00			X				252,360.	48,069.	33,880.

Part VIII Statement of Revenue

58-2368165

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	1,688.			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	14,500,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	82,463,889.			
	g	Noncash contributions included in lines 1a-1f: \$		25,781.			
	h	Total. Add lines 1a-1f		96,965,577.			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,768,963.		
4		Income from investment of tax-exempt bond proceeds		0.			
5		Royalties		0.			
6a		Gross Rents	(i) Real	15,584.			
b		Less: rental expenses	(ii) Personal				
c		Rental income or (loss)		15,584.			
d		Net rental income or (loss)		15,584.			15,584.
7a		Gross amount from sales of assets other than inventory	(i) Securities	0.			
b		Less: cost or other basis and sales expenses	(ii) Other	5,021.			
c		Gain or (loss)		-5,021.			
d		Net gain or (loss)		-5,021.			-5,021.
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b		Less: direct expenses	b				
c		Net income or (loss) from fundraising events		0.			
9a		Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities		0.			
10a		Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue			Business Code				
11a	GRANT RECOVERIES AND ADJUSTMENTS	900099	5,207,516.			5,207,516.	
b	OTHER INCOME	900099	98,223.			98,223.	
c	FOREIGN EXCHANGE LOSS		-104.			-104.	
d	All other revenue						
e	Total. Add lines 11a-11d		5,305,635.				
12	Total Revenue. See instructions		105,050,738.			8,085,161.	

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).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	11,578,199.	11,578,199.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	42,776,780.	42,776,780.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	966,940.	435,123.	241,735.	290,082.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	7,823,661.	4,870,498.	1,281,657.	1,671,506.
8 Pension plan contributions (Include section 401(k) and section 403(b) employer contributions) . . .	358,433.	216,620.	68,814.	72,999.
9 Other employee benefits	906,070.	508,295.	188,120.	209,655.
10 Payroll taxes	550,967.	322,978.	98,587.	129,402.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	347,382.	205,376.	65,018.	76,988.
c Accounting	119,691.	35,907.	77,799.	5,985.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	1,003,406.			1,003,406.
f Investment management fees	198,656.	59,597.	129,126.	9,933.
g Other	8,734,697.	7,167,012.	268,120.	1,299,565.
12 Advertising and promotion	0.			
13 Office expenses	1,011,617.	518,250.	258,302.	235,065.
14 Information technology	82,165.	2,366.	76,206.	3,593.
15 Royalties	0.			
16 Occupancy	1,448,575.	136,429.	1,312,146.	
17 Travel	2,405,654.	1,413,296.	347,343.	645,015.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	639,681.	394,928.	94,462.	150,291.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	503,520.	50,352.	453,168.	
23 Insurance	76,465.	18,917.	45,925.	11,623.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a COMMUNICATIONS	215,264.	127,618.	33,530.	54,116.
b BAD DEBT EXPENSE	1,333,616.	1,333,616.		
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	83,081,439.	72,172,157.	5,040,058.	5,869,224.
26 Joint Costs. Check here ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	441.	1	507.
	2 Savings and temporary cash investments	89,864,392.	2	32,316,864.
	3 Pledges and grants receivable, net	43,925,803.	3	32,838,393.
	4 Accounts receivable, net	5,239,412.	4	4,052,019.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	361,037.	9	326,079.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,160,471.		
	b Less: accumulated depreciation	10b 1,730,798.		
		2,173,088.	10c	2,429,673.
	11 Investments - publicly traded securities	0.	11	61,692,989.
	12 Investments - other securities. See Part IV, line 11	0.	12	16,689,571.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	141,564,173.	16	150,346,095.	
Liabilities	17 Accounts payable and accrued expenses	1,841,391.	17	2,537,349.
	18 Grants payable	25,264,830.	18	10,097,020.
	19 Deferred revenue	1,059,349.	19	1,029,236.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key 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		25	
	26 Total liabilities. Add lines 17 through 25	28,165,570.	26	13,663,605.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	61,959,821.	27	79,580,196.
	28 Temporarily restricted net assets	51,438,782.	28	57,102,294.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	113,398,603.	33	136,682,490.
34 Total liabilities and net assets/fund balances	141,564,173.	34	150,346,095.	

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

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

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

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	199,214,058.	240,103,265.	171,555,175.	108,117,642.	96,965,577.	815,955,717.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.	199,214,058.	240,103,265.	171,555,175.	108,117,642.	96,965,577.	815,955,717.
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).						240,991,619.
6 Public support. Subtract line 5 from line 4.						574,964,098.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	199,214,058.	240,103,265.	171,555,175.	108,117,642.	96,965,577.	815,955,717.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,141,139.	3,145,885.	6,239,821.	6,369,238.	2,768,859.	22,664,942.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH 1	0.	0.	0.	41,482.	5,305,739.	5,347,221.
11 Total support. Add lines 7 through 10						843,967,880.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	68.13 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	69.50 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☒
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test - 2009. 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 - 2008. 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. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
REIMBURSED EXPENSES	0.	0.	0.	41,482.	0.	41,482.
GRANT RECOVERIES/ADJUSTEMENTS	0.	0.	0.	0.	5,207,516.	5,207,516.
OTHER INCOME	0.	0.	0.	0.	98,223.	98,223.
TOTALS	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>41,482.</u>	<u>5,305,739.</u>	<u>5,347,221.</u>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2009

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		138,175.		138,175.
b Buildings				
c Leasehold improvements		3,037,039.	966,642.	2,070,397.
d Equipment		763,988.	620,523.	143,465.
e Other		221,269.	143,633.	77,636.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,429,673.

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	105,050,738.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	83,081,439.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	21,969,299.
4	Net unrealized gains (losses) on investments	4	1,314,588.
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	1,314,588.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	23,283,887.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	105,031,710.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,314,588.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-1,333,616.
e	Add lines 2a through 2d	2e	-19,028.
3	Subtract line 2e from line 1	3	105,050,738.
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	105,050,738.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	81,747,823.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	81,747,823.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	1,333,616.
c	Add lines 4a and 4b	4c	1,333,616.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	83,081,439.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

PART X, FIN 48

SCHEDULE D

UNF HAS RECEIVED A RULING FROM THE INTERNAL REVENUE SERVICE THAT IT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AS A PUBLIC CHARITY, OTHER THAN UNRELATED BUSINESS INCOME. SINCE UNF HAS NO SIGNIFICANT UNRELATED BUSINESS INCOME, NO PROVISION FOR INCOME TAX HAS BEEN RECORDED.

ON JANUARY 1, 2009, UNF ADOPTED THE PROVISIONS OF ASC TOPIC 740-10-25, "INCOME TAXES RECOGNITION" (ASC TOPIC 740-10-25"). ASC TOPIC 740-10-25 REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A MORE-LIKELY-THAN-NOT THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE IMPLEMENTATION OF ASC TOPIC 740-10-25 HAD NO IMPACT ON UNF'S FINANCIAL STATEMENTS. UNF DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.

PART XII, LINE 2AD:

BAD DEBT EXPENSE: -\$1,333,616

PART XIII, LINE 4B:

BAD DEBT EXPENSE: \$1,333,616

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer Identification number
58-2368165

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA/CARIBBEAN	0	0	GRANTMAKING	ENVIRONMENT/PSHR	430,697.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	UN/CHILD HEALTH/ENV'T	491,999.
EUROPE	0	0	GRANTMAKING	ENV'T/UN STRENGTHENING	4,337,103.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING	UN/CHILD HEALTH/ENV'T	147,500.
SOUTH AMERICA	0	0	GRANTMAKING	PSHR/ ENVIRONMENT	53,545.
SOUTH ASIA	0	0	GRANTMAKING	CHILD HEALTH	6,000,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	UN/CHILD HEALTH/WOMEN	30,733,370.
CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENTS		11,000,000.
Totals	0	0			53,194,214.

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

Schedule F (Form 990) 2009

JSA
9E1274 2,000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐ Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENT. AMERICA/CARIBBEAN	ENVIRONMENT	35,000.	WIRE	0.	NONE	NONE
			CENT. AMERICA/CARIBBEAN	ENVIRONMENT	29,958.	WIRE	0.	NONE	NONE
			CENT. AMERICA/CARIBBEAN	ENVIRONMENT	29,965.	WIRE	0.	NONE	NONE
			CENT. AMERICA/CARIBBEAN	ENVIRONMENT	57,034.	WIRE	0.	NONE	NONE
			CENT. AMERICA/CARIBBEAN	ENVIRONMENT	80,340.	WIRE	0.	NONE	NONE
			CENT. AMERICA/CARIBBEAN	ENVIRONMENT	198,400.	WIRE	0.	NONE	NONE
			EAST ASIA/PACIFIC	CHILD HEALTH	11,999.	WIRE	0.	NONE	NONE
			EAST ASIA/PACIFIC	UN STRENGTH	25,000.	WIRE	0.	NONE	NONE
			EAST ASIA/PACIFIC	UN STRENGTH	30,000.	CHECK	0.	NONE	NONE
			EAST ASIA/PACIFIC	ENVIRONMENT	30,000.	WIRE	0.	NONE	NONE
			EAST ASIA/PACIFIC	CHILD HEALTH	45,000.	WIRE	0.	NONE	NONE
			EAST ASIA/PACIFIC	CHILD HEALTH	350,000.	WIRE	0.	NONE	NONE
			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	8,902.	WIRE	0.	NONE	NONE
			EUROPE/ICELAND/GREENLAND	WOMEN	15,000.	WIRE	0.	NONE	NONE
			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	10,000.	WIRE	0.	NONE	NONE
			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	20,000.	WIRE	0.	NONE	NONE

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ☐ 27

3 Enter total number of other organizations or entities. ☐ 31

Schedule F (Form 990) 2009

[illegible]

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F, LINE 2:

THE UN FOUNDATION PRIMARILY MAKES GRANTS TO THE UNITED NATIONS AND ITS
RELATED/AFFILIATED AGENCIES. MONITORING OF FUNDS GRANTED TO THOSE
AGENCIES CONSISTS PRIMARILY OF GRANT REPORTS RECEIVED QUARTERLY,
SEMIANNUALLY OR ANNUALLY AS STIPULATED IN THE GRANT AGREEMENTS. FROM
TIME TO TIME, THE UN FOUNDATION ALSO CONDUCTS SITE VISITS TO MONITOR
DISTRIBUTION OF GRANT-RELATED RESOURCES AND ASSESS THE EFFECTIVENESS AND
PROGRESS OF GRANT ACTIVITIES.

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	20,000.	WIRE	0.	NONE	NONE
			EUROPE/ICELAND/GREENLAND	WOMEN	24,000.	WIRE	0.	NONE	NONE
			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	108,000.	WIRE	0.	NONE	NONE
			EUROPE/ICELAND/GREENLAND	CHILD HEALTH	221,606.	WIRE	0.	NONE	NONE
			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	200,000.	WIRE	0.	NONE	NONE
			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	414,121.	WIRE	0.	NONE	NONE
			EUROPE/ICELAND/GREENLAND	WOMEN	250,000.	WIRE	0.	NONE	NONE
			EUROPE/ICELAND/GREENLAND	PSHR	264,205.	WIRE	0.	NONE	NONE
			EUROPE/ICELAND/GREENLAND	CHILD HEALTH	300,000.	WIRE	0.	NONE	NONE
			EUROPE/ICELAND/GREENLAND	PSHR	406,100.	WIRE	0.	NONE	NONE
			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	479,037.	WIRE	0.	NONE	NONE
			EUROPE/ICELAND/GREENLAND	CHILD HEALTH	1,592,000.	WIRE	0.	NONE	NONE
			MIDDLE EAST/NORTH AFRICA	CHILD HEALTH	25,000.	WIRE	0.	NONE	NONE
			MIDDLE EAST/NORTH AFRICA	ENVIRONMENT	27,500.	WIRE	0.	NONE	NONE
			MIDDLE EAST/NORTH AFRICA	UN STRENGTH	35,000.	WIRE	0.	NONE	NONE
			MIDDLE EAST/NORTH AFRICA	ENVIRONMENT	60,000.	WIRE	0.	NONE	NONE
			SOUTH AMERICA	CHILD HEALTH	13,545.	WIRE	0.	NONE	NONE
			SOUTH AMERICA	ENVIRONMENT	15,000.	WIRE	0.	NONE	NONE
			SOUTH AMERICA	PSHR	25,000.	WIRE	0.	NONE	NONE

Schedule F-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH ASIA	CHILD HEALTH	6,000,000.	WIRE	0.	NONE	NONE
			SUB-SAHARAN AFRICA	ENVIRONMENT	10,000.	CHECK	0.	NONE	NONE
			SUB-SAHARAN AFRICA	ENVIRONMENT	15,000.	WIRE	0.	NONE	NONE
			SUB-SAHARAN AFRICA	CHILD HEALTH	15,986.	WIRE	0.	NONE	NONE
			SUB-SAHARAN AFRICA	CHILD HEALTH	25,000.	CHECK	0.	NONE	NONE
			SUB-SAHARAN AFRICA	WOMEN	31,458.	CHECK	0.	NONE	NONE
			SUB-SAHARAN AFRICA	UN STRENGTH	31,980.	WIRE	0.	NONE	NONE
			SUB-SAHARAN AFRICA	CHILD HEALTH	76,640.	WIRE	0.	NONE	NONE
			SUB-SAHARAN AFRICA	CHILD HEALTH	92,460.	WIRE	0.	NONE	NONE
			SUB-SAHARAN AFRICA	WOMEN	175,000.	WIRE	0.	NONE	NONE
			SUB-SAHARAN AFRICA	ENVIRONMENT	119,750.	WIRE	0.	NONE	NONE
			SUB-SAHARAN AFRICA	CHILD HEALTH	211,156.	WIRE	0.	NONE	NONE
			SUB-SAHARAN AFRICA	UN STRENGTH	206,030.	WIRE	0.	NONE	NONE
			SUB-SAHARAN AFRICA	CHILD HEALTH	175,400.	WIRE	0.	NONE	NONE
			SUB-SAHARAN AFRICA	UN STRENGTH	330,000.	WIRE	0.	NONE	NONE
			SUB-SAHARAN AFRICA	WOMEN	360,000.	WIRE	0.	NONE	NONE
			SUB-SAHARAN AFRICA	CHILD HEALTH	456,684.	WIRE	0.	NONE	NONE
			SUB-SAHARAN AFRICA	CHILD HEALTH	500,000.	WIRE	0.	NONE	NONE
			SUB-SAHARAN AFRICA	ENVIRONMENT	570,853.	WIRE	0.	NONE	NONE

Schedule F-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

[illegible]

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | | | | | |
|---|-------------------------------------|----------------------------------|---|-------------------------------------|---------------------------------------|
| a | ☒ | Mail solicitations | e | ☒ | Solicitation of non-government grants |
| b | ☒ | Internet and email solicitations | f | ☒ | Solicitation of government grants |
| c | ☐ | Phone solicitations | g | ☒ | Special fundraising events |
| d | ☒ | In-person solicitations | | | |

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MAL WARWICK & ASSOCIATES INC	DIRECT MAIL FUNDRAISING		X	530,950.	687,909.	-156,959.
DONORDIGITAL, LLC	INTERNET FUNDRAISING		X	44,577.	315,497.	-270,879.
Total ▶				575,527.	1,003,406.	-427,838.

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

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY.

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. Combine line 3, column (d), and line 10				

Part III

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility 13a %		
b	An outside facility 13b %		
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? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
c	If "Yes," enter name and address of the third party:		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information:		
	Name ▶ _____		
	Gaming manager compensation ▶ \$ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
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 ▶ \$ _____		

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

Part I General information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☒ Yes ☐ No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	ADVOCATES FOR YOUTH							
	2000 M ST NW STE 750 WASHINGTON, DC 20036	52-1173590	501(C)(3)	265,000.	0.	NONE	NONE	WOMEN & POPULATION
	AFRICA GRANTMAKERS' AFFINITY GROUP							
	437 MADISON AVE 37TH FLR NEW YORK, NY 10022	94-3213100	501(C)(3)	15,000.	0.	NONE	NONE	CHILDREN'S HEALTH
	AIR DROP FILMS							
	1417 NEWTON ST NW WASHINGTON, DC 20010	26-2666277		15,000.	0.	NONE	NONE	UN STRENGTHENING
	AMERICANS FOR UNFPA							
	370 LEXINGTON AVE NEW YORK, NY 10017	13-3996346	501(C)(3)	21,200.	0.	NONE	NONE	WOMEN & POPULATION
	CENTER FOR DEVELOP POPULATION ACTIVITIES							
	1133 21ST ST NW WASHINGTON, DC 20036	52-1021663	501(C)(3)	40,000.	0.	NONE	NONE	WOMEN & POPULATION
	CENTER FOR ENVIRONMENT AND POPULATION							
	161 CHERRY ST NEW CANAAN, CT 06840	94-3153687	501(C)(3)	40,000.	0.	NONE	NONE	WOMEN & POPULATION
	CENTER FOR HEALTH AND GENDER EQUALITY							
	1317 F ST NW STE 400 WASHINGTON, DC 20004	31-1794048	501(C)(3)	50,000.	0.	NONE	NONE	WOMEN & POPULATION
	CERES INC.							
	99 CHAUNCEY ST 6TH FLOOR BOSTON, MA 02111	22-3053747	501(C)(3)	115,000.	0.	NONE	NONE	ENVIRONMENT
	CHRISTIAN CONNECTIONS FOR INTL HLTH							
	1175 CHESTNUT ST. UNIT 6 NEWTON, MA 02464	54-1932761	501(C)(3)	50,000.	0.	NONE	NONE	WOMEN & POPULATION
	CONSERVATION INTERNATIONAL							
	2011 CRYSTAL DRIVE ARLINGTON, VA 22202	52-1497470	501(C)(3)	260,414.	0.	NONE	NONE	ENVIRONMENT
	COUNCIL ON FOUNDATIONS							
	2121 CRYSTAL DRIVE ARLINGTON, VA 22202	13-6068327	501(C)(3)	17,280.	0.	NONE	NONE	UN STRENGTHENING
	EXECUTIVE OFFICE OF THE SECRETARY GENERAL							
	UNITED NATIONS S-1823 NEW YORK, NY 10017		UN AGENCY	587,532.	0.	NONE	NONE	ENVIRONMENT

2 Enter total number of section 501(c)(3) and government organizations ☒ 54

3 Enter total number of other organizations ☒ 9

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

Schedule I (Form 990) 2009

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**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

58-2368165

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY CARE INTERNATIONAL 588 BROADWAY STE 503 NEW YORK, NY 10012	13-3228334	501(C)(3)	50,000.	0.	NONE	NONE	WOMEN & POPULATION
FAMILY VIOLENCE PREVENTION FUND (FVFP) 383 RHODE ISLD ST SAN FRANCISCO, CA 94103	94-3110973	501(C)(3)	50,000.	0.	NONE	NONE	WOMEN & POPULATION
FEMINIST MAJORITY FOUNDATION (FME) 1600 WILSON BLVD ARLINGTON, VA 22209	54-1426440	501(C)(3)	75,000.	0.	NONE	NONE	WOMEN & POPULATION
FUNDERS NETWORK ON POP, HLTH AND RIGHTS 1215 VTERS MILL ROAD ROCKVILLE, MD 20851	52-2098292	501(C)(3)	6,025.	0.	NONE	NONE	WOMEN & POPULATION
GLOBAL AIDS ALLIANCE 1121 14TH ST NW WASHINGTON, DC 20005	52-2310555	501(C)(3)	50,000.	0.	NONE	NONE	WOMEN & POPULATION
GLOBAL BUSINESS COALITION ON HIV/AIDS 110 WILLIAM ST STE 1800 NEW YORK, NY 10006	13-4185520	501(C)(3)	10,000.	0.	NONE	NONE	CHILDREN'S HEALTH
GLOBAL HEALTH COUNCIL 1111 19TH ST NW WASHINGTON, DC 20006	52-1048393	501(C)(3)	50,000.	0.	NONE	NONE	WOMEN & POPULATION
GLOBAL YOUTH ACTION NETWORK (GYAN) 33 FLATBUSH AVE 5TH FLR BROOKLYN, NY 11217	20-0479950	501(C)(3)	50,000.	0.	NONE	NONE	WOMEN & POPULATION
GUTTMACHER INSTITUTE 120 MAIDEN LANE 7TH FLR NEW YORK, NY 10038	13-2890727	501(C)(3)	150,000.	0.	NONE	NONE	WOMEN & POPULATION
HUMAN RIGHTS WATCH 350 FIFTH AVE 34TH FLOOR NEW YORK, NY 10118	13-2875808	501(C)(3)	50,000.	0.	NONE	NONE	PSHR
HUMPTY DUMPTY INSTITUTE 29 WEST 46TH ST NEW YORK, NY 10036	13-4028567	501(C)(3)	65,000.	0.	NONE	NONE	UN STRENGTHENING
INDEPENDENT SECTOR 1602 L ST NW STE 900 WASHINGTON, DC 20036	52-1081024	501(C)(3)	25,000.	0.	NONE	NONE	UN STRENGTHENING
INITIATIVE FOR GLOBAL DEVELOPMENT 1215 FOURTH AVE STE 650 SEATTLE, WA 98161	20-8003146	501(C)(3)	10,000.	0.	NONE	NONE	UN STRENGTHENING
INTERNATIONAL CONSERVATION CAUCUS FDN 25786 GTOWN STATION WASHINGTON, DC 20027	83-0449176	501(C)(3)	10,000.	0.	NONE	NONE	ENVIRONMENT
INTERNATIONAL PLANNED PARENTHOOD FEDERATION 120 WALL ST 9TH FLOOR NEW YORK, NY 10005	13-1845455	501(C)(3)	75,000.	0.	NONE	NONE	WOMEN & POPULATION

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Schedule I-1 (Form 990) 2009

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**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

58-2368165

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL WOMEN'S HEALTH COALITION							
333 SEVENTH AVE 6TH FLR NEW YORK, NY 10001	23-7378153	501(C)(3)	20,000.	0.	NONE	NONE	WOMEN & POPULATION
JUNIOR CHAMBER INTERNATIONAL							
15645 OLIVE BLVD CHESTERFIELD, MO 63017	59-0738429	501(C)(3)	50,000.	0.	NONE	NONE	CHILDREN'S HEALTH
KEYSTONE SYMPOSIA							
221 SUMMIT PLACE SILVERTHORNE, CO 80498	84-1326605	501(C)(3)	10,000.	0.	NONE	NONE	ENVIRONMENT
LEADERSHIP CONFERENCE CIVIL RIGHTS EDU FUND							
1629 K ST NW 10TH FLOOR	23-7026895	501(C)(3)	50,000.	0.	NONE	NONE	WOMEN & POPULATION
LUTHERAN WORLD RELIEF							
700 LIGHT ST BALTIMORE, MD 21230							
NATIONAL ASSOCIATION OF SOCIAL WORKERS FDN							
750 FIRST ST NE WASHINGTON, DC 20002	13-6128093	501(C)(3)	1,553,334.	0.	NONE	NONE	CHILDREN'S HEALTH
NOBEL PERCE PRIZE FESTIVAL							
2211 RIVERSIDE AVE MINNEAPOLIS, MN 55454		N/A	75,000.	0.	NONE	NONE	WOMEN & POPULATION
OFF RAMP FILMS, INC.							
133 W. 19TH ST 10 FLOOR NEW YORK, NY 10011	13-3599365		43,037.	0.	NONE	NONE	PSHR
PLANNED PARENTHOOD FEDERATION OF AMERICA							
434 WEST 33RD ST NEW YORK, NY 10001	13-1644147	501(C)(3)	231,107.	0.	NONE	NONE	UN STRENGTHENING
POPULATION ACTION INTERNATIONAL							
1300 19TH ST NW WASHINGTON, DC 20036	52-0812075	501(C)(3)	375,000.	0.	NONE	NONE	WOMEN & POPULATION
POPULATION CONNECTION							
2120 L ST NW STE 500 WASHINGTON, DC 20037	94-1703155	501(C)(3)	50,000.	0.	NONE	NONE	WOMEN & POPULATION
PRESIDENT AND FELLOWS OF HARVARD COLLEGE							
1350 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	25,000.	0.	NONE	NONE	PSHR
REFUGEES INTERNATIONAL							
2001 S ST NW STE 700 WASHINGTON, DC 20009	52-1224516	501(C)(3)	50,000.	0.	NONE	NONE	ENVIRONMENT
RELIGIOUS COALITION REPRODUCTIVE CHOICE EDU							
1025 VERMONT AVE NW WASHINGTON, DC 20005	52-1213972	501(C)(3)	35,000.	0.	NONE	NONE	WOMEN & POPULATION
RELIGIOUS INSTITUTE/ CHRISTIAN COMMUNITY							
21 CHARLES ST STE 140 WESTPORT, CT 06880	35-1828767	501(C)(3)	75,000.	0.	NONE	NONE	WOMEN & POPULATION

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Schedule I-1 (Form 990) 2009

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**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization:

UNITED NATIONS FOUNDATION, INC.

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

58-2368165

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RENEWABLE ENERGY AND INTL LAW NETWORK							
3133 CONN AVE NW WASHINGTON, DC 20008	051-54-9504		17,000.	0.	NONE	NONE	ENVIRONMENT
RESOURCES FOR THE FUTURE							
1616 P ST NW WASHINGTON, DC 20036	53-0220900	501(C)(3)	40,000.	0.	NONE	NONE	ENVIRONMENT
SIERRA CLUB FOUNDATION							
408 C ST NE WASHINGTON, DC 20002	94-6069890	501(C)(3)	40,000.	0.	NONE	NONE	WOMEN & POPULATION
SISTERSONG							
1237 ABERNATHY BLVD SW ATLANTA, GA 30310	51-0544927	501(C)(3)	125,000.	0.	NONE	NONE	WOMEN & POPULATION
STUDENIS PARTNERSHIP WORLDWIDE							
1413 K ST NW 5TH FLOOR WASHINGTON, DC 20005	04-3561445	501(C)(3)	56,719.	0.	NONE	NONE	PSHR
SYNERGOS INSTITUTE							
51 MADISON AVE NEW YORK, NY 10010	13-3392006	501(C)(3)	10,000.	0.	NONE	NONE	UN STRENGTHENING
THE CLIMATE GROUP							
444 PARK AVE SOUTH NEW YORK, NY 10016	43-2073566	501(C)(3)	25,000.	0.	NONE	NONE	ENVIRONMENT
THE EUROPEAN INSTITUTE							
5225 WISCONSIN AVE NW WASHINGTON, DC 20015	52-1627721	501(C)(3)	30,000.	0.	NONE	NONE	ENVIRONMENT
THE SOCIETY FOR INTERNATIONAL DEVELOPMENT							
1876 CONN AVE NW WASHINGTON, DC 20009	52-1174165	501(C)(3)	8,000.	0.	NONE	NONE	UN STRENGTHENING
UNA-USA							
801 SECOND AVE 2ND FLOOR NEW YORK, NY 10017	13-1623884	501(C)(3)	15,000.	0.	NONE	NONE	UN STRENGTHENING
UNION FOR REFORM JUDAISM							
633 THIRD AVE 7TH FLOOR NEW YORK, NY 10017			190,000.	0.	NONE	NONE	CHILDREN'S HEALTH
UNITED METHODIST CHURCH							
810 TWELFTH AVE SOUTH NASHVILLE, TN 37203	78-0133277	501(C)(3)	3,143,334.	0.	NONE	NONE	CHILDREN'S HEALTH
UNITED METHODIST CHURCH- GEN BOARD CHURCH							
100 MARYLAND AVE NE WASHINGTON, DC 20002	53-0204669	501(C)(3)	150,000.	0.	NONE	NONE	WOMEN & POPULATION
UNITED NATIONS DEPT OF PUBLIC INFORMATION							
1027 FIRST AVE NEW YORK, NY 10017	UN AGENCY		19,877.	0.	NONE	NONE	UN STRENGTHENING
UNITED NATIONS FUND FOR INTL PARTNERSHIPS							
220 EAST 42ND ST NEW YORK, NY 10017	UN AGENCY		1,985,500.	0.	NONE	NONE	UN STRENGTHENING

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Schedule I-1 (Form 990) 2009

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Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

Part I

Continuation of Grants and Other

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

Schedule I-1 (Form 990) 2009

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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete** if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☒

First-class or charter travel

☒

Travel for companions

☐

Tax indemnification and gross-up payments

☐

Discretionary spending account

☐

Housing allowance or residence for personal use

☐

Payments for business use of personal residence

☐

Health or social club dues or initiation fees

☐

Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

1b

X

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

2

X

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☐

Compensation committee

☐

Independent compensation consultant

☐

Form 990 of other organizations

☐

Written employment contract

☒

Compensation survey or study

☒

Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

4a

X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b

X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c

X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

5a

X

b Any related organization?

5b

X

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

6a

X

b Any related organization?

6b

X

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7

X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

8

X

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KATHRYN CALVIN WALTERS	(i)	252,360.	0.	15,180.	13,278.	280,818.	0.
	(ii)	48,069.	0.	2,892.	2,530.	53,491.	0.
RICHARD PARNELL	(i)	173,605.	0.	10,432.	12,489.	196,526.	0.
	(ii)	33,068.	0.	1,988.	2,379.	37,435.	0.
TIMOTHY E WIRTH	(i)	377,147.	0.	22,691.	2,094.	401,932.	0.
	(ii)	71,838.	0.	4,322.	399.	76,559.	0.
DANIEL CARUCCI	(i)	250,551.	0.	15,000.	7,812.	273,363.	0.
	(ii)	0.	0.	0.	0.	0.	0.
LESLI CREEDON	(i)	198,644.	0.	12,212.	1,944.	212,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.
BRYAN DETCHON	(i)	211,138.	0.	13,200.	19,968.	244,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.
MELINDA KIMBLE	(i)	216,210.	0.	13,167.	0.	229,377.	0.
	(ii)	0.	0.	0.	0.	0.	0.
TAMARA KREININ	(i)	200,053.	0.	12,051.	7,668.	219,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part 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 additional information.

SCHEDULE J, LINE 1A:

THE TRAVEL EXPENSES OF THE PRESIDENT'S SPOUSE WERE COVERED WHEN ATTENDING

OFFICIAL BUSINESS/FUNCTIONS.

BOARD MEMBERS AND THEIR SPOUSES WERE REIMBURSED FOR AIRFARE (INCLUDING

FIRST-CLASS ACCOMMODATION WHENEVER REQUESTED), HOTEL, MEALS, AND

INCIDENTAL TAXIS OR OTHER TRANSPORTATION WHEN ATTENDING BOARD MEETINGS OR

TRAVELLING ON BEHALF OF THE FOUNDATION, AS MAY BE REQUESTED BY THE

CHAIRMAN OR PRESIDENT FROM TIME TO TIME.

THE UN FOUNDATION'S POLICY IS NOT TO PAY FOR FIRST CLASS TRAVEL OR

ACCOMMODATIONS FOR ITS STAFF MEMBERS.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

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 disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II 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) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting 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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RUTHERFORD SEYDEL - DETAIL ON SCHEDULE O	SECRETARY OF THE BOARD	246,572.	LEGAL SERVICES		X

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

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	4	13,634.	COST OR SALE PRICE
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 ► (AIRLINE TICKETS)	X	1	4,000.	COST OR SALE PRICE
26 Other ► (CATERING/FOOD)	X	1	8,147.	COST OR SALE PRICE
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

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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.

SCHEDULE M, LINE 32A:

THE UN FOUNDATION ENTERS INTO AGREEMENTS WITH THIRD-PARTY

VENDORS/INSTITUTIONS/ORGANIZATIONS TO ASSIST WITH THE SALE OF

SOPHISTICATED GIFTS RECEIVED, SUCH AS WORKS OF ART, SECURITIES, AND THE

LIKE.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

ATTACHMENT 2

PART III, LINE 4D:

UNITED NATIONS STRENGTHENING: THE UN FOUNDATION BUILDS AND IMPLEMENTS
PUBLIC-PRIVATE PARTNERSHIPS TO ADDRESS THE WORLD'S MOST PRESSING
PROBLEMS, AND ALSO WORKS TO BROADEN SUPPORT FOR THE UNITED NATIONS
THROUGH ADVOCACY AND PUBLIC OUTREACH. THE UN FOUNDATION ALSO PROVIDES
OPERATIONAL GRANTS FOR UN-RELATED PROGRAMS AND INITIATIVES.

PEACE, SECURITY & HUMAN RIGHTS: THE UN FOUNDATION'S PEACE, SECURITY AND
HUMAN RIGHTS PROGRAM PROMOTES PREVENTIVE ENGAGEMENT IN THREE AREAS:
SECURITY, WELL-BEING AND JUSTICE.

PART VI, LINE 2:

MR. RUTHERFORD SEYDEL, SECRETARY OF THE BOARD, IS ALSO A SON-IN-LAW TO
MR. R.E. TURNER, CHAIRMAN OF THE BOARD OF DIRECTORS OF THE UNITED NATIONS
FOUNDATION.

PART VI, LINE 11:

THE DRAFT FORM IS REVIEWED BY THE FINANCE DEPARTMENT AND CHIEF OF STAFF.
SUBSEQUENTLY, THE DRAFT IS REVIEWED BY THE ORGANIZATION'S LEGAL COUNSEL.
FINALLY, THE DRAFT FORM IS DISTRIBUTED TO ALL BOARD MEMBERS. THE DRAFT
IS DISCUSSED BY THE EXECUTIVE COMMITTEE WHICH IS OPEN TO ALL BOARD
MEMBERS. THE EXECUTIVE COMMITTEE IS EMPOWERED TO REPLY ON BEHALF OF ANY
BOARD MEMBERS WITH QUESTIONS AND CONCERNS. THE DRAFT IS THEN FINALIZED,
INCORPORATING ANY CHANGES OR COMMENTS BY BOARD MEMBERS OF THE EXECUTIVE

Name of the organization

UNITED NATIONS FOUNDATION, INC.

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ATTACHMENT 2 (CONT'D)

COMMITTEE. THE FINAL APPROVED VERSION IS FILED WITH THE IRS.

PART VI, LINE 12C:

OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE IN WRITING INTERESTS THAT COULD GIVE RISE TO CONFLICTS ANNUALLY OR WHEN CIRCUMSTANCES CHANGE.

PART VI, LINE 15A AND 15B:

ANY CHANGES TO THE PRESIDENT'S COMPENSATION REQUIRE BOARD APPROVAL. THE BOARD REVIEWS THE PRESIDENT'S COMPENSATION ANNUALLY, AND THIS TASK WAS LAST UNDERTAKEN IN 2009. COMPARABLE DATA FROM PEER ORGANIZATIONS IS USED IN DETERMINING THE PRESIDENT'S COMPENSATION. THE MINUTES TO BOARD MEETINGS DOCUMENT SUCH DECISIONS.

THERE ARE NO KEY EMPLOYEES LISTED, ONLY OFFICERS. FOR OFFICERS, COMPENSATION IS DETERMINED BASED ON QUALIFICATIONS, DUTIES AND SALARIES PAID BY PEER ORGANIZATIONS.

PART VI, LINE 19:

THE GOVERNING DOCUMENTS ARE PROVIDED UPON WRITTEN REQUEST. THE CONFLICT OF INTEREST POLICY, AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON OUR WEBSITE.

SCHEDULE L, PART IV:

MR. SEYDEL IS A PARTNER WITH THE LEGAL COUNSEL FIRM OF DAVIS, PICKREN & SEYDEL WHICH PROVIDES LEGAL SERVICES TO THE UN FOUNDATION.

Name of the organization

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ATTACHMENT 2 (CONT'D)

MR. SEYDEL IS ALSO A SON-IN-LAW TO MR. R.E. TURNER, CHAIRMAN OF THE BOARD
OF DIRECTORS OF THE UN FOUNDATION.

ATTACHMENT 3FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE UNITED NATIONS FOUNDATION WAS CREATED IN 1998 TO SUPPORT UNITED NATIONS (UN) CAUSES AND ACTIVITIES. WE ARE AN ADVOCATE FOR THE UN AND A PLATFORM FOR CONNECTING PEOPLE, IDEAS AND RESOURCES TO HELP THE UN SOLVE GLOBAL PROBLEMS. WE AIM TO ACHIEVE THESE OBJECTIVES THROUGH: 1) PROGRAMS AND ACITIVITIES OF THE UN OR IN WHICH THE UN IS PARTICIPATING; 2) ACTIVITIES WHICH SUPPORT AND INCREASE PUBLIC AWARENESS OF THE GOALS AND OBJECTIVES OF THE UN; 3) GRANTS AND DISTRIBUTIONS IN SUPPORT OF UN PROGRAMS; AND 4) ADVOCACY, PARTNERSHIPS, CONSTITUENCY BUILDING AND FUNDRAISING.

THROUGH OUR CAMPAIGNS AND PARTNERSHIPS, WE SEEK TO MAKE IT EASY FOR CORPORATIONS, NON-GOVERNMENTAL ORGANIZATIONS, AND INDIVIDUALS TO ENGAGE IN THE WORK OF THE UN.

ATTACHMENT 44A PROGRAM SERVICE

CHILDREN'S HEALTH: THE UN FOUNDATION'S CHILDREN'S HEALTH PROGRAM ASSISTS THE UNITED NATIONS IN ITS EFFORTS TO ENSURE THAT ALL CHILDREN HAVE THE MEANS AND THE OPPORTUNITY TO DEVELOP TO THEIR FULL POTENTIAL. THE UN FOUNDATION'S MAJOR PRIORITIES ARE

Name of the organization

UNITED NATIONS FOUNDATION, INC.

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

DECREASING CHILDHOOD MORTALITY THROUGH COMMUNITY-BASED PROGRAMS AND UTILIZING PUBLIC-PRIVATE PARTNERSHIPS TO STRENGTHEN THE PUBLIC HEALTH INFRASTRUCTURE TO CONTROL INFECTIOUS DISEASES SUCH AS POLIO, MEASLES AND MALARIA. TOGETHER WITH KEY UN AGENCIES SUCH AS THE WORLD HEALTH ORGANIZATION, UNICEF AND PRIVATE SECTOR PARTNERS SUCH AS ROTARY INTERNATIONAL, NBA CARES AND THE PEOPLE OF THE UNITED METHODIST CHURCH, THE UN FOUNDATION HAS HELPED ESTABLISH THE MEASLES INITIATIVE, NOTHING BUT NETS AND THE ROTARY-POLIO BUY DOWN INITIATIVE. THE UN FOUNDATION'S MALARIA PARTNERSHIP WORKS TO PREVENT MALARIA DEATHS IN AFRICA.

ATTACHMENT 54B PROGRAM SERVICE

CLIMATE CHANGE, ENERGY & SUSTAINABLE DEVELOPMENT: THE UN FOUNDATION'S CLIMATE AND ENERGY PROGRAM WORKS WITH THE UNITED NATIONS TO HELP LEAD THE WORLD'S TRANSITION TOWARD A CLIMATE-FRIENDLY ENERGY ECONOMY. IT SERVES AS A NONPARTISAN FORUM, AND CONVENES COALITIONS OF LEADING THINKERS AND ACTORS TO SEIZE OPPORTUNITIES AND ADDRESS CHALLENGES POSED BY THIS TRANSFORMATION. THE UN FOUNDATION'S SUSTAINABLE DEVELOPMENT EFFORTS ARE UNDERTAKEN IN CLOSE COLLABORATION WITH THE UN EDUCATIONAL, SCIENTIFIC, AND CULTURAL ORGANIZATION (UNESCO) WORLD HERITAGE CENTRE. THE UN FOUNDATION'S EFFORTS ARE AIMED AT SUPPORTING AND PROMOTING THE MANAGEMENT AND CONSERVATION OF

Name of the organization

UNITED NATIONS FOUNDATION, INC.

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 5 (CONT'D)

NATURAL WORLD HERITAGE SITES AND PROMOTION OF SUSTAINABLE TOURISM
PRACTICES.

ATTACHMENT 64C PROGRAM SERVICE

WOMEN AND POPULATION: THE UN FOUNDATION'S WOMEN AND POPULATION
PROGRAM WORKS WITH THE UNITED NATIONS (UN) AND CIVIL SOCIETY TO
SUPPORT ACHIEVEMENT OF "UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH
SERVICES AND SUPPLIES BY 2015" -- THE CENTRAL GOAL ESTABLISHED AT
THE UN INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT
(ICPD), ADOPTED IN 1994. TO ADVANCE THIS GOAL, THE UN
FOUNDATION'S WOMEN AND POPULATION PROGRAM IS INVOLVED IN:
SUPPORTING AND STRENGTHENING UN AGENCIES; ADVANCING THE
EDUCATIONAL, ECONOMIC AND SOCIAL SERVICES AND OPPORTUNITIES
AVAILABLE TO ADOLESCENT GIRLS; ENSURING AVAILABILITY OF
REPRODUCTIVE HEALTH SUPPLIES; AND ADVOCATING FOR EMPIRICALLY-BASED
STRATEGIES THAT ADDRESS THE CHALLENGES POSED BY DEMOGRAPHIC CHANGE
AND INSUFFICIENT AVAILABILITY OF REPRODUCTIVE HEALTH AND RIGHTS
AROUND THE WORLD.

ATTACHMENT 7FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICESDESCRIPTIONGRANTSEXPENSESREVENUE

Name of the organization

UNITED NATIONS FOUNDATION, INC.

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ATTACHMENT 7 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
UNITED NATIONS STRENGTHENING	2,948,917.	3,410,890.	0.
PEACE, SECURITY & HUMAN RIGHTS	987,717.	1,139,093.	0.
TOTALS	<u>3,936,634.</u>	<u>4,549,983.</u>	<u>0.</u>

FORM 990, PART VI, LINE 17 - STATES

ATTACHMENT 8

AL, AK, AZ, AR, CA, CO, CT, DE,
 DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,
 MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
 RI, SC, TN, UT, VT, VA, WA, WV, WI,

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

ATTACHMENT 9

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
VITAL WAVE 555 BRYANT STREET, #226 PALO ALTO, CA 94301	RESEARCH/WRITING	1,213,190.
MAL WARWICK AND ASSOCIATES 2550 NINTH STREET, SUITE 103 BERKELEY, CA 94710	STRATEGIC DEV	687,909.
DALBERG GLOBAL DEVELOPMENT ADVISORS 818 18TH STREET, NW, SUITE 505 WASHINGTON, DC 20006	STRATEGIC DEV	629,118.
IGNITION PO BOX 133 FITZGERALD, GA 31750	RESEARCH/STUDY	620,047.
DONORDIGITAL 2550 NINTH STREET, SUITE 103 BERKELEY, CA 94710	STRATEGIC COUNSEL	315,497.

Name of the organization

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ATTACHMENT 9 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESSDESCRIPTION OF SERVICESCOMPENSATION

TOTAL COMPENSATION

3,465,761.

OMB No. 1545-0047

▲ 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.

Employer identification number
58-2368165

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Part II 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.)

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

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

