

Form

990Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2010Open to Public
Inspection

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

A For the 2010 calendar year, or tax year beginning**, 2010, 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)

1800 MASSACHUSETTS AVENUE, NW

Room/suite

STE 400

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20036

F Name and address of principal officer:

KATHRYN CALVIN WALTERS

1800 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20005

D Employer identification number

58-2368165

E Telephone number

(202) 887-9040

G Gross receipts \$ 159,514,520.**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 ▶**I** Tax-exempt status:☒ X

501(c)(3)

501(c) ()

(insert no.)

4947(a)(1) or

527

J Website: ▶ WWW.UNFOUNDATION.ORG**K** Form of organization:☒ X

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)	13.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	248.
	6	Total number of volunteers (estimate if necessary)	13.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	-2,479.
7b	Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 96,965,577. Current Year: 124,098,656.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,763,942. 8,565,272.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,321,219. 4,850,592.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	105,050,738. 137,514,520.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	54,354,979. 72,514,564.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,606,071. 12,323,078.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,003,406. 305,139.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,661,508.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17,116,983. 22,518,663.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	83,081,439. 107,661,444.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	21,969,299. 29,853,076.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 150,346,095. End of Year: 180,980,264.
	21	Total liabilities (Part X, line 26)	13,663,605. 10,388,261.
	22	Net assets or fund balances. Subtract line 21 from line 20	136,682,490. 170,592,003.

Part II Signature Block

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.

Sign Here	Signature of officer		Date
	RICHARD S. PARNELL		COO
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	TRAVIS L. PATON		2-8-2011
	Firm's name ▶ PRICEWATERHOUSECOOPERS, LLP	Check if self-employed ☐	PTIN P00369623
	Firm's address ▶ 1301 K STREET NW, SUITE 800W WASHINGTON, DC 20005-3333	Firm's EIN ▶ 13-4008324	Phone no. 202-414-1000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ X Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

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.

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

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

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

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

Type or 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		

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

- The books are in the care of ► 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.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 10 or
 - ☐ tax year beginning _____, 20____, and ending _____, 20____.

- 2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, 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, 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.

For Paperwork Reduction Act Notice, see Instructions.

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:ATTACHMENT 1**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 \$ 70,607,177. including grants of \$ 57,759,664.) (Revenue \$ 0.)ATTACHMENT 2**4b** (Code:) (Expenses \$ 9,329,879. including grants of \$ 5,727,472.) (Revenue \$ 0.)ATTACHMENT 3**4c** (Code:) (Expenses \$ 9,062,883. including grants of \$ 7,166,847.) (Revenue \$ 0.)

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.

4d Other program services. (Describe in Schedule O.) ATTACHMENT 4(Expenses \$ 5,584,478. including grants of \$ 1,860,581.) (Revenue \$ 0.)**4e** Total program service expenses 94,584,417.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c 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		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
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		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	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>	23 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 line 25.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	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>	26	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>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	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>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	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>	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35 X	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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>	36	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>	37	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.	38 X	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

	1a	1b	1c	2a	2b	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	124																																		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		0																																	
c 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		248																																	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			X																																
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)																																			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X																																
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			X																																
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																											
b If "Yes," enter the name of the foreign country: ►																																			
See instructions for 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																													
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?						X																													
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?																																			
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																											
b 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).																																			
a 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																											
b If "Yes," did the organization notify the donor of the value of the goods or services provided?																																			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																																			
d If "Yes," indicate the number of Forms 8282 filed during the year																																			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?																																			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?																																			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?																																			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																																			
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?																																			
9 Sponsoring organizations maintaining donor advised funds.																																			
a Did the organization make any taxable distributions under section 4966?																																			
b Did the organization make a distribution to a donor, donor advisor, or related person?																																			
10 Section 501(c)(7) organizations. Enter:																																			
a Initiation fees and capital contributions included on Part VIII, line 12																																			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities																																			
11 Section 501(c)(12) organizations. Enter:																																			
a Gross income from members or shareholders																																			
b 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?																																			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year																																			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.																																			
a Is the organization licensed to issue qualified health plans in more than one state?																																			
Note. See the instructions for additional information the organization must report on Schedule O.																																			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans																																			
c Enter the amount of reserves on hand																																			
14a Did the organization receive any payments for indoor tanning services during the tax year?																																			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O																																			

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.

Check if Schedule O contains a response to any question in this Part VI ☒ X

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12
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 governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	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	9	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	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
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 5**

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 ContractorsCheck if Schedule O contains a response to any question in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) RE TURNER CHAIRMAN	5.00	X						0.	0.	0.
(2) HER MAJESTY QUEEN RANIA AL-ABDULLAH DIRECTOR	5.00	X						0.	0.	0.
(3) KOFI ANNAN DIRECTOR	5.00	X						0.	0.	0.
(4) GRO HARLEM BRUNDTLAND DIRECTOR	5.00	X						0.	0.	0.
(5) IGOR S. IVANOV DIRECTOR	5.00	X						0.	0.	0.
(6) N.R. NARAYANA MURTHY DIRECTOR	5.00	X						0.	0.	0.
(7) HISASHI OWADA DIRECTOR	5.00	X						0.	0.	0.
(8) EMMA ROTHSCHILD DIRECTOR	5.00	X						0.	0.	0.
(9) NAFIS SADIK DIRECTOR	5.00	X						0.	0.	0.
(10) ANDREW YOUNG DIRECTOR	5.00	X						0.	0.	0.
(11) YUAN MING DIRECTOR	5.00	X						0.	0.	0.
(12) MUHAMMAD YUNUS DIRECTOR	5.00	X						0.	0.	0.
(13) TIMOTHY E. WIRTH PRESIDENT	34.00	X		X				390,980.	58,422.	17,268.
(14) RUTHERFORD SEYDEL SECRETARY OF THE BOARD	5.00			X				0.	0.	0.
(15) KATHRYN CALVIN WALTERS CEO	34.00			X				260,794.	38,970.	34,908.
(16) RICHARD PARNELL CHIEF OPERATING OFFICER	34.00			X				189,836.	28,367.	20,938.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) DAVID AYLWARD EXECUTIVE DIRECTOR	40.00					X		223,566.	0.	21,312.
(18) MELINDA KIMBLE SR. VICE PRESIDENT	40.00					X		215,763.	0.	20,980.
(19) BRYAN DETCHON VICE PRESIDENT	40.00					X		215,293.	0.	32,977.
(20) LESLI CREEDON EXECUTIVE DIRECTOR	40.00					X		204,611.	0.	14,616.
(21) TAMARA KREININ EXECUTIVE DIRECTOR	40.00					X		198,034.	0.	27,735.
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								1,898,877.	125,759.	190,734.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,898,877.	125,759.	190,734.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **28**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **14**

Part VIII Statement of Revenue

				(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	33,563.				
	c	Fundraising events	1c					
	d	Related organizations	1d	230,442.				
	e	Government grants (contributions) . .	1e	16,910,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	106,924,651.				
	g	Noncash contributions included in lines 1a-1f: \$		45,695.				
	h	Total. Add lines 1a-1f		124,098,656.				
Program Service Revenue				Business Code				
	2a							
	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)			8,002,530.		-2,479.	8,005,009.
	4	Income from investment of tax-exempt bond proceeds			0.			
	5	Royalties			0.			
		(i) Real	(ii) Personal					
	6a	Gross Rents		22,315.				
	b	Less: rental expenses						
	c	Rental income or (loss)		22,315.				
	d	Net rental income or (loss)			22,315.			22,315.
		(i) Securities	(ii) Other					
	7a	Gross amount from sales of assets other than inventory		22,562,742.				
	b	Less: cost or other basis and sales expenses		22,000,000.				
	c	Gain or (loss)		562,742.				
	d	Net gain or (loss)			562,742.			562,742.
	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	4,878,914.			4,878,914.	
b	OTHER INCOME		900099	2,000.			2,000.	
c	FOREIGN EXCHANGE LOSS			-52,637.			-52,637.	
d	All other revenue							
e	Total. Add lines 11a-11d			4,828,277.				
12	Total revenue. See instructions			137,514,520.		-2,479.	13,418,343.	

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 . . .	14,434,718.	14,434,718.		
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	58,079,846.	58,079,846.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	905,219.	407,349.	226,305.	271,565.
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	9,359,328.	5,995,366.	1,491,304.	1,872,658.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	413,485.	266,479.	81,928.	65,078.
9 Other employee benefits	998,757.	615,490.	214,930.	168,337.
10 Payroll taxes	646,289.	407,683.	109,939.	128,667.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	422,556.	266,508.	69,800.	86,248.
c Accounting	238,856.	71,657.	155,256.	11,943.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	305,139.			305,139.
f Investment management fees	966,814.	290,044.	628,429.	48,341.
g Other	11,803,687.	9,416,592.	892,979.	1,494,116.
12 Advertising and promotion	32,248.	2,500.	26,773.	2,975.
13 Office expenses	1,481,295.	735,462.	515,864.	229,969.
14 Information technology	271,517.	65,831.	186,087.	19,599.
15 Royalties	0.			
16 Occupancy	1,685,211.	165,547.	1,513,835.	5,829.
17 Travel	3,009,889.	1,704,430.	540,111.	765,348.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	798,613.	585,574.	90,267.	122,772.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	525,322.	52,532.	472,790.	
23 Insurance	149,900.	24,948.	114,496.	10,456.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a COMMUNICATIONS	280,275.	143,381.	84,426.	52,468.
b BAD DEBT EXPENSE	852,480.	852,480.		
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	107,661,444.	94,584,417.	7,415,519.	5,661,508.
26 Joint Costs. Check here ☐ if following SOP 98-2 (ASC 958-720). 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	507.	1	825.
	2 Savings and temporary cash investments	32,316,864.	2	25,641,217.
	3 Pledges and grants receivable, net	32,838,393.	3	41,691,952.
	4 Accounts receivable, net	4,052,019.	4	4,153,305.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	326,079.	9	485,863.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,374,367.		
	b Less: accumulated depreciation	10b 2,224,878.		
		2,429,673.	10c	2,149,489.
	11 Investments - publicly traded securities	61,692,989.	11	76,721,034.
	12 Investments - other securities. See Part IV, line 11	16,689,571.	12	30,136,579.
	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)	150,346,095.	16	180,980,264.	
Liabilities	17 Accounts payable and accrued expenses	2,537,349.	17	3,046,148.
	18 Grants payable	10,097,020.	18	6,367,398.
	19 Deferred revenue	1,029,236.	19	974,715.
	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	13,663,605.	26	10,388,261.
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	79,580,196.	27	108,625,013.
	28 Temporarily restricted net assets	57,102,294.	28	61,966,990.
	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	136,682,490.	33	170,592,003.
34 Total liabilities and net assets/fund balances	150,346,095.	34	180,980,264.	

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	137,514,520.
2	Total expenses (must equal Part IX, column (A), line 25)	2	107,661,444.
3	Revenue less expenses. Subtract line 2 from line 1	3	29,853,076.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	136,682,490.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,056,437.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	170,592,003.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. ☐

	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
2b Were the organization's financial statements audited by an independent accountant?	X	
2c 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 separate basis, consolidated 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
3b 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** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

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 of churches, 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)		

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

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

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	240,103,265.	171,555,175.	108,117,642.	96,965,577.	124,098,656.	740,840,315.
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.	240,103,265.	171,555,175.	108,117,642.	96,965,577.	124,098,656.	740,840,315.
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).						281,132,797.
6 Public support. Subtract line 5 from line 4.						459,707,518.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	240,103,265.	171,555,175.	108,117,642.	96,965,577.	124,098,656.	740,840,315.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,145,885.	6,239,821.	6,369,238.	2,784,443.	7,972,208.	26,511,595.
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.	41,482.	5,305,739.	4,880,914.	10,228,135.
11 Total support. Add lines 7 through 10						777,580,045.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	59.12 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	68.13 %
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. 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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
REIMBURSED EXPENSES	0.	0.	41,482.	0.	0.	41,482.
GRANT RECOVERIES/ADJUSTEMENTS	0.	0.	0.	5,207,516.	4,878,914.	10,086,430.
OTHER INCOME	0.	0.	0.	98,223.	2,000.	100,223.
TOTALS	<u>0.</u>	<u>0.</u>	<u>41,482.</u>	<u>5,305,739.</u>	<u>4,880,914.</u>	<u>10,228,135.</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

2010

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 education)	☐ 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 Tax 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, and not on a historic structure listed in the National Register	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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, 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 (ASC 958), 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 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ► \$

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

Schedule D (Form 990) 2010

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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:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI 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		3,098,801.	1,369,287.	1,729,514.
d Equipment		916,122.	693,209.	222,913.
e Other		221,269.	162,382.	58,887.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).				2,149,489.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	30,136,579.	FMV
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	30,136,579.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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	137,514,520.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	107,661,444.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	29,853,076.
4	Net unrealized gains (losses) on investments	4	4,056,437.
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	4,056,437.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	33,909,513.

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	141,570,957.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	4,056,437.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	4,056,437.
3	Subtract line 2e from line 1	3	137,514,520.
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	137,514,520.

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

1	Total expenses and losses per audited financial statements	1	107,661,444.
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	107,661,444.
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	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	107,661,444.

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.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

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 V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING		4,246,353.
(2) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		539,833.
(3) EUROPE	0.	0.	GRANTMAKING		3,218,131.
(4) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		124,020.
(5) NORTH AMERICA	0.	0.	GRANTMAKING		51,663.
(6) SOUTH AMERICA	0.	0.	GRANTMAKING		149,485.
(7) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		49,750,361.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total.	0.	0.			58,079,846.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0.	0.			58,079,846.

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

Schedule F (Form 990) 2010

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 ☐

Part II can be duplicated 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)
(1)			CENT. AMERICA/CARIBBEAN	ENVIRONMENT	30,000.	WIRE	0.	NONE	NONE
(2)			CENT. AMERICA/CARIBBEAN	ENVIRONMENT	30,000.	WIRE	0.	NONE	NONE
(3)			CENT. AMERICA/CARIBBEAN	ENVIRONMENT	117,319.	WIRE	0.	NONE	NONE
(4)			CENT. AMERICA/CARIBBEAN	UN STRENGTH	240,000.	WIRE	0.	NONE	NONE
(5)			CENT. AMERICA/CARIBBEAN	UN STRENGTH	2,000,000.	WIRE	0.	NONE	NONE
(6)			CENT. AMERICA/CARIBBEAN	UN STRENGTH	250,000.	WIRE	0.	NONE	NONE
(7)			CENT. AMERICA/CARIBBEAN	UN STRENGTH	123,268.	WIRE	0.	NONE	NONE
(8)			CENT. AMERICA/CARIBBEAN	UN STRENGTH	399,616.	WIRE	0.	NONE	NONE
(9)			CENT. AMERICA/CARIBBEAN	WOMEN	30,000.	WIRE	0.	NONE	NONE
(10)			CENT. AMERICA/CARIBBEAN	WOMEN	133,750.	WIRE	0.	NONE	NONE
(11)			CENT. AMERICA/CARIBBEAN	WOMEN	166,250.	WIRE	0.	NONE	NONE
(12)			CENT. AMERICA/CARIBBEAN	WOMEN	451,986.	WIRE	0.	NONE	NONE
(13)			CENT. AMERICA/CARIBBEAN	WOMEN	24,164.	WIRE	0.	NONE	NONE
(14)			CENT. AMERICA/CARIBBEAN	WOMEN	250,000.	WIRE	0.	NONE	NONE
(15)			EAST ASIA/PACIFIC	CHILD HEALTH	524,833.	WIRE	0.	NONE	NONE
(16)			EAST ASIA/PACIFIC	UN STRENGTH	10,000.	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 ☐
- 3 Enter total number of other organizations or entities ☐

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. ☐

Part II can be duplicated 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)
(1)			EUROPE/ICELAND/GREENLAND	CHILD HEALTH	400,000.	WIRE	0.	NONE	NONE
(2)			EUROPE/ICELAND/GREENLAND	CHILD HEALTH	1,207,409.	WIRE	0.	NONE	NONE
(3)			EUROPE/ICELAND/GREENLAND	CHILD HEALTH	95,673.	WIRE OFFSET	0.	NONE	NONE
(4)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	49,798.	WIRE	0.	NONE	NONE
(5)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	5,148.	WIRE	0.	NONE	NONE
(6)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	45,003.	WIRE OFFSET	0.	NONE	NONE
(7)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	200,000.	WIRE OFFSET	0.	NONE	NONE
(8)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	222,076.	WIRE	0.	NONE	NONE
(9)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	10,000.	WIRE	0.	NONE	NONE
(10)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	30,000.	WIRE	0.	NONE	NONE
(11)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	323,832.	WIRE	0.	NONE	NONE
(12)			EUROPE/ICELAND/GREENLAND	PSHR	5,803.	WIRE	0.	NONE	NONE
(13)			EUROPE/ICELAND/GREENLAND	PSHR	7,500.	CHECK	0.	NONE	NONE
(14)			EUROPE/ICELAND/GREENLAND	PSHR	430,475.	WIRE	0.	NONE	NONE
(15)			EUROPE/ICELAND/GREENLAND	UN STRENGTH	78,535.	WIRE	0.	NONE	NONE
(16)			EUROPE/ICELAND/GREENLAND	UN STRENGTH	97,500.	WIRE OFFSET	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.

3 Enter total number of other organizations or entities

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. ☐

Part II can be duplicated 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)
(1)			MIDDLE EAST/NORTH AFRICA	CHILD HEALTH	104,020.	WIRE	0.	NONE	NONE
(2)			MIDDLE EAST/NORTH AFRICA	ENVIRONMENT	15,000.	WIRE	0.	NONE	NONE
(3)			NORTH AMERICA	ENVIRONMENT	10,000.	WIRE	0.	NONE	NONE
(4)			NORTH AMERICA	ENVIRONMENT	24,743.	WIRE	0.	NONE	NONE
(5)			NORTH AMERICA	WOMEN	16,920.	WIRE	0.	NONE	NONE
(6)			SOUTH AMERICA	CHILD HEALTH	39,677.	WIRE	0.	NONE	NONE
(7)			SOUTH AMERICA	CHILD HEALTH	59,808.	WIRE	0.	NONE	NONE
(8)			SOUTH AMERICA	CHILD HEALTH	50,000.	WIRE	0.	NONE	NONE
(9)			SOUTH ASIA	CHILD HEALTH	317,238.	WIRE OFFSET	0.	NONE	NONE
(10)			SUB-SAHARAN AFRICA	CHILD HEALTH	275,000.	WIRE	0.	NONE	NONE
(11)			SUB-SAHARAN AFRICA	CHILD HEALTH	4,082,551.	WIRE	0.	NONE	NONE
(12)			SUB-SAHARAN AFRICA	CHILD HEALTH	200,000.	WIRE	0.	NONE	NONE
(13)			SUB-SAHARAN AFRICA	CHILD HEALTH	30,000.	CHECK	0.	NONE	NONE
(14)			SUB-SAHARAN AFRICA	CHILD HEALTH	10,000,000.	WIRE	0.	NONE	NONE
(15)			SUB-SAHARAN AFRICA	CHILD HEALTH	30,030,642.	WIRE	0.	NONE	NONE
(16)			SUB-SAHARAN AFRICA	CHILD HEALTH	137,900.	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.
- 3 Enter total number of other organizations or entities.

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 ☐ **Part II** can be duplicated 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)
(1)			SUB-SAHARAN AFRICA	CHILD HEALTH	162,752.	WIRE	0.	NONE	NONE
(2)			SUB-SAHARAN AFRICA	CHILD HEALTH	383,195.	WIRE	0.	NONE	NONE
(3)			SUB-SAHARAN AFRICA	CHILD HEALTH	44,000.	WIRE	0.	NONE	NONE
(4)			SUB-SAHARAN AFRICA	CHILD HEALTH	3,500,000.	WIRE	0.	NONE	NONE
(5)			SUB-SAHARAN AFRICA	CHILD HEALTH	519,968.	WIRE	0.	NONE	NONE
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 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 **26.**
- 3 Enter total number of other organizations or entities **28.**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Schedule F (Form 990) 2010

Part V Supplemental Information

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

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.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2010

**Open To Public
Inspection**

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 and address 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			
1 MAL WARWICK & ASSOCIATES INC	DIRECT MAIL FUNDRAISING		X	93,842.	104,543.	-10,701.
2 DONORDIGITAL, LLC	INTERNET FUNDRAISING		X	36,509.	21,050.	15,459.
3 M & R STRATEGIC SERVICES	DIRECT MAIL FUNDRAISING		X	193,363.	97,555.	95,808.
4 EIDOLON COMMUNICATIONS	INTERNET FUNDRAISING		X	187,427.	81,991.	105,436.
5						
6						
7						
8						
9						
10						
Total				511,141.	305,139.	206,002.

3 List all states in which the organization is registered or licensed to solicit contributions 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, 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through col. (c))
		(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				

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? ☐ Yes ☐ No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ 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? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 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 ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

**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

2010

**Open to Public
Inspection**

UNITED NATIONS FOUNDATION, INC.

Employer identification number
58-2368165

Part I General Information on Grants and Assistance

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. Part II can be duplicated 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
(1)	AFRICA GRANTMAKERS' AFFINITY GROUP 437 MADISON AVENUE NEW YORK, NY 10022-7001	94-3213100	501 (C) (3)	15,000.	0.	NONE	NONE	CHILDREN'S HEALTH
(2)	DATADYNE.ORG 1804 VERNON ST, NW WASHINGTON, DC 20009	86-1089696		338,000.	0.	NONE	NONE	CHILDREN'S HEALTH
(3)	FDN FOR THE NAT'L INST OF HEALTH 9650 ROCKVILLE PIKE BETHESDA, MD 20814	52-1986675	501 (C) (3)	40,000.	0.	NONE	NONE	CHILDREN'S HEALTH
(4)	FDN FOR THE NAT'L INST OF HEALTH 9650 ROCKVILLE PIKE BETHESDA, MD 20814	52-1986675	501 (C) (3)	50,000.	0.	NONE	NONE	CHILDREN'S HEALTH
(5)	FDN FOR THE NAT'L INST OF HEALTH 9650 ROCKVILLE PIKE BETHESDA, MD 20814	52-1986675	501 (C) (3)	35,000.	0.	NONE	NONE	CHILDREN'S HEALTH
(6)	TRUSTEES OF COLUMBIA UNIVERSITY 722 W. 168TH ST. NEW YORK, NY 10032	13-5598093	501 (C) (3)	30,000.	0.	NONE	NONE	CHILDREN'S HEALTH
(7)	TRUSTEES OF COLUMBIA UNIVERSITY 405 LOW LIBRARY, MC 4335 NEW YORK, NY 10027	13-5598093	501 (C) (3)	25,300.	0.	NONE	NONE	CHILDREN'S HEALTH
(8)	UNITED METHODIST CHURCH 810 12TH AVE. S. NASHVILLE, TN 37203-4744	78-0133277	501 (C) (3)	1,666,666.	0.	NONE	NONE	CHILDREN'S HEALTH
(9)	LUTHERAN WORLD RELIEF 700 LIGHT STREET BALTIMORE, MD 21230	13-2574963	501 (C) (3)	2,700,000.	0.	NONE	NONE	CHILDREN'S HEALTH
(10)	POPULATION SERVICES INTERNATIONAL 1120 19TH ST, NW WASHINGTON, DC 20036	56-0942853	501 (C) (3)	1,250,000.	0.	NONE	NONE	CHILDREN'S HEALTH
(11)	THE ENVIRONMENTAL GRANTMAKERS ASSOCIATION 55 EXCH. PL., STE 405 NEW YORK, NY 10005	20-8817646	501 (C) (3)	10,000.	0.	NONE	NONE	ENVIRONMENT
(12)	AMERICAN MUSEUM OF NATURAL HISTORY CEN PK W, 79TH ST NEW YORK, NY 10024	13-6162659	501 (C) (3)	10,000.	0.	NONE	NONE	ENVIRONMENT

- Enter total number of section 501(c)(3) and government organizations
- Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

UNITED NATIONS FOUNDATION, INC.

**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

2010

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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. Part II can be duplicated 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
(1)	NATIONAL PARK FOUNDATION 1201 EYE ST., NW WASHINGTON, DC 20005	52-1086761	501(C)(3)	30,000.	0.	NONE	NONE	ENVIRONMENT
(2)	CONSULATIVE GROUP ON BIOLOGICAL DIVERSITY P.O. BOX 29361 SAN FRANCISCO, CA 94129-0361	13-3431076	501(C)(3)	10,000.	0.	NONE	NONE	ENVIRONMENT
(3)	MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASS. AVE., E-19-750 CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	25,000.	0.	NONE	NONE	ENVIRONMENT
(4)	RESOURCES FOR THE FUTURE 1616 P STREET NW WASHINGTON, DC 20036	53-0220900	501(C)(3)	25,000.	0.	NONE	NONE	ENVIRONMENT
(5)	THE CLIMATE INSTITUTE 900 17TH ST. NW WASHINGTON, DC 20006	52-1492178	501(C)(3)	15,000.	0.	NONE	NONE	ENVIRONMENT
(6)	AMERICAN NATIONAL STANDARDS INSTITUTE 1819 I STREET, NW WASHINGTON, DC 20036	13-1635253	501(C)(3)	50,000.	0.	NONE	NONE	ENVIRONMENT
(7)	PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1359 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	25,000.	0.	NONE	NONE	PSHR
(8)	WITNESS 80 HANSON PLACE BROOKLYN, NY 11217	12-4167155	501(C)(3)	15,201.	0.	NONE	NONE	PSHR
(9)	CANADIAN EMBASSY 501 PENN. AVE., NW WASHINGTON, DC 20001		GOVT ENTITY	5,597.	0.	NONE	NONE	UN STRENGTHENING
(10)	COUNCIL ON FOUNDATIONS 2121 CRYSTAL DR STE 700 ARLINGTON, VA 22202	13-6068327	501(C)(3)	20,736.	0.	NONE	NONE	UN STRENGTHENING
(11)	DEVELOPMENTS IN LITERACY, INC. 10 BANFF DRIVE PRINCETON JCT., NJ 08550	33-0843213	501(C)(3)	6,000.	0.	NONE	NONE	UN STRENGTHENING
(12)	FOR THE GREATER GOOD 16000 VENTURA BLVD 600 ENCINO, CA 91436	26-3057543	501(C)(3)	10,000.	0.	NONE	NONE	UN STRENGTHENING

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

**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

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
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. Part II can be duplicated 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
(1)	FOUNDATION FOR THE GLOBAL COMPACT PO BOX 4058 NEW YORK, NY 10163	16-1756484	501(C)(3)	35,000.	0.	NONE	NONE	UN STRENGTHENING
(2)	FOUNDATION FOR THE GLOBAL COMPACT PO BOX 4058 NEW YORK, NY 10163	16-1756484	501(C)(3)	33,400.	0.	NONE	NONE	UN STRENGTHENING
(3)	FOUNDATION FOR THE GLOBAL COMPACT PO BOX 4058 NEW YORK, NY 10163	16-1756484	501(C)(3)	10,000.	0.	NONE	NONE	UN STRENGTHENING
(4)	GLOBAL BUSINESS COALITION ON HIV/AIDS, TB 110 WILLIAM ST, STE 1800 NEW YORK, NY 10006	13-4185520	501(C)(3)	10,000.	0.	NONE	NONE	UN STRENGTHENING
(5)	HUMPTY DUMPTY INSTITUTE 29 WEST 46TH STREET NEW YORK, NY 10036	13-4028567	501(C)(3)	65,200.	0.	NONE	NONE	UN STRENGTHENING
(6)	INDEPENDENT SECTOR 1602 L STREET, NW WASHINGTON, DC 20036	52-1081024	501(C)(3)	15,000.	0.	NONE	NONE	UN STRENGTHENING
(7)	INTERNATIONAL CHAMBER OF COMMERCE (ICC) 1212 AVE. OF AMERICAS NEW YORK, NY 10036	13-1525134	501(C)(6)	7,500.	0.	NONE	NONE	UN STRENGTHENING
(8)	JORDAN RIVER FOUNDATION 1100 CONN. AVE, NW WASHINGTON, DC 20036	52-2218780	501(C)(3)	10,000.	0.	NONE	NONE	UN STRENGTHENING
(9)	MILLENNIUM PROMISE 432 PARK AVENUE SOUTH NEW YORK, NY 10016	20-3042135	501(C)(3)	24,602.	0.	NONE	NONE	UN STRENGTHENING
(10)	PRODUCERS GUILD OF AMERICA 8530 WILSHIRE BLVD BEVERLY HILLS, CA 90211	95-1628346	501(C)(6)	30,000.	0.	NONE	NONE	UN STRENGTHENING
(11)	THE SOCIETY FOR INTERNATIONAL DEVELOPMENT 1875 CONN. AVE., NW WASHINGTON, DC 20009	52-1174165	501(C)(3)	12,000.	0.	NONE	NONE	UN STRENGTHENING
(12)	THE SYNERGOS INSTITUTE 51 MADISON AVENUE NEW YORK, NY 10010	13-3392006	501(C)(3)	10,000.	0.	NONE	NONE	UN STRENGTHENING

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

**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

2010

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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. Part II can be duplicated 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
(1)	UNITED NATIONS FUND FOR INT'L PARTNERSHIPS 220 EAST 42ND STREET NEW YORK, NY 10017		UN AGENCY	1,500,000.	0.	NONE	NONE	UN STRENGTHENING
(2)	UNITED NATIONS FUND FOR INT'L PARTNERSHIPS 220 EAST 42ND STREET NEW YORK, NY 10017		UN AGENCY	536,100.	0.	NONE	NONE	UN STRENGTHENING
(3)	UNITED NATIONS FUND FOR INT'L PARTNERSHIPS 220 EAST 42ND STREET NEW YORK, NY 10017		UN AGENCY	1,500,000.	0.	NONE	NONE	UN STRENGTHENING
(4)	WILLIAM J. CLINTON FOUNDATION 55 WEST 125TH STREET NEW YORK, NY 10027	31-1580204	501 (C) (3)	60,000.	0.	NONE	NONE	UN STRENGTHENING
(5)	WORLD AFFAIRS COUNCIL OF NORTHERN CALIFORNIA 312 SUTTER ST, SAN FRANCISCO, CA 94108	94-1156356	501 (C) (3)	25,000.	0.	NONE	NONE	UN STRENGTHENING
(6)	ADVOCATES FOR YOUTH 2000 M STREET, NW WASHINGTON, DC 20036	52-1173590	501 (C) (3)	100,000.	0.	NONE	NONE	WOMEN & POPULATION
(7)	AMERICANS FOR UNFPA 370 LEXINGTON AVE NEW YORK, NY 10017	13-3996346	501 (C) (3)	11,000.	0.	NONE	NONE	WOMEN & POPULATION
(8)	CARE, USA 151 ELLIS STREET, NE ATLANTA, GA 30303	13-1685039	501 (C) (3)	175,000.	0.	NONE	NONE	WOMEN & POPULATION
(9)	CENTER FOR HEALTH AND GENDER EQUALITY 1317 F STREET, NW WASHINGTON, DC 20004	31-1794048	501 (C) (3)	50,000.	0.	NONE	NONE	WOMEN & POPULATION
(10)	CHRISTIAN CONNECTIONS FOR INT'L HEALTH 1817 RUPERT STREET MCLEAN, VA 22101	54-1932761	501 (C) (3)	85,500.	0.	NONE	NONE	WOMEN & POPULATION
(11)	COMMUNICATIONS CONSORTIUM MEDIA CENTER 401 9TH ST., NW WASHINGTON, DC 20004-2142	52-1524972	501 (C) (3)	201,455.	0.	NONE	NONE	WOMEN & POPULATION
(12)	COMMUNICATIONS CONSORTIUM MEDIA CENTER 401 9TH ST., NW WASHINGTON, DC 20004-2142	52-1524972	501 (C) (3)	16,000.	0.	NONE	NONE	WOMEN & POPULATION

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2010

Open to Public
Inspection

UNITED NATIONS FOUNDATION, INC.

Employer identification number
58-2368165

Part I General Information on Grants and Assistance

- 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
- 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. Part II can be duplicated 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
(1)	COMMUNICATIONS CONSORTIUM MEDIA CENTER 401 9TH ST., NW WASHINGTON, DC 20004-2142	52-1524972	501(C)(3)	55,000.	0.	NONE	NONE	WOMEN & POPULATION
(2)	COMMUNICATIONS CONSORTIUM MEDIA CENTER 401 9TH ST., NW WASHINGTON, DC 20004-2142	52-1524972	501(C)(3)	45,000.	0.	NONE	NONE	WOMEN & POPULATION
(3)	COUNCIL ON FOREIGN RELATIONS 58 EAST 68TH STREET NEW YORK, NY 10065	13-1628168	501(C)(3)	152,250.	0.	NONE	NONE	WOMEN & POPULATION
(4)	FAMILY CARE INTERNATIONAL 588 BROADWAY NEW YORK, NY 10012	13-3228334	501(C)(3)	50,000.	0.	NONE	NONE	WOMEN & POPULATION
(5)	FAMILY CARE INTERNATIONAL 588 BROADWAY NEW YORK, NY 10012	13-3228334	501(C)(3)	20,000.	0.	NONE	NONE	WOMEN & POPULATION
(6)	FEMINIST MAJORITY FOUNDATION (FMF) 1600 WILSON BOULEVARD ARLINGTON, VA 22209	54-1426440	501(C)(3)	75,000.	0.	NONE	NONE	WOMEN & POPULATION
(7)	FUNDERS NETWORK ON POPULATION, REPRODUCTIVE PO BOX 750 ROCKVILLE, MD 20848-0750	52-2098292	501(C)(3)	8,650.	0.	NONE	NONE	WOMEN & POPULATION
(8)	GEN BD OF CH & SOC - UNITED METHODIST CH 100 MD. AVE., NE WASHINGTON, DC 20002	53-0204669	501(C)(3)	150,000.	0.	NONE	NONE	WOMEN & POPULATION
(9)	GLOBAL HEALTH COUNCIL 1111 19TH ST, NW WASHINGTON, DC 20006-1503	52-1048393	501(C)(3)	50,000.	0.	NONE	NONE	WOMEN & POPULATION
(10)	GUTTMACHER INSTITUTE 120 MAIDEN LANE NEW YORK, NY 10038	13-2890727	501(C)(3)	150,000.	0.	NONE	NONE	WOMEN & POPULATION
(11)	GUTTMACHER INSTITUTE 120 MAIDEN LANE NEW YORK, NY 10038	13-2890727	501(C)(3)	40,000.	0.	NONE	NONE	WOMEN & POPULATION
(12)	INTERNATIONAL WOMEN'S HEALTH COALITION 333 SEVENTH AVENUE NEW YORK, NY 10001	23-7378153	501(C)(3)	75,000.	0.	NONE	NONE	WOMEN & POPULATION

- Enter total number of section 501(c)(3) and government organizations
- Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

**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

2010

**Open to Public
Inspection**

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. Part II can be duplicated 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
(1)	INTERNATIONAL WOMEN'S HEALTH COALITION 333 SEVENTH AVENUE NEW YORK, NY 10001	23-7378153	501(C)(3)	40,000.	0.	NONE	NONE	WOMEN & POPULATION
(2)	NARAL PRO-CHOICE AMERICA 1156 15TH STREET, NW WASHINGTON, DC 20005	52-1100361	501(C)(3)	10,000.	0.	NONE	NONE	WOMEN & POPULATION
(3)	NATIONAL COUNCIL OF THE CHURCHES OF CHRIST 475 RIVERSIDE DR. NEW YORK, NY 10115	13-5562417	501(C)(3)	30,000.	0.	NONE	NONE	WOMEN & POPULATION
(4)	NEW EVANGELICAL PARTNERSHIP 665 HUNTINGTON AVE BOSTON, MA 02115	27-1243640	501(C)(3)	50,000.	0.	NONE	NONE	WOMEN & POPULATION
(5)	PLANNED PARENTHOOD FEDERATION OF AMERICA 1110 VERMONT AVE, NW WASHINGTON, DC 20005	13-1644147	501(C)(3)	200,000.	0.	NONE	NONE	WOMEN & POPULATION
(6)	PLANNED PARENTHOOD FEDERATION OF AMERICA 1110 VERMONT AVE, NW WASHINGTON, DC 20005	13-1644147	501(C)(3)	30,307.	0.	NONE	NONE	WOMEN & POPULATION
(7)	POPULATION ACTION INTERNATIONAL 1300 19TH STREET, NW WASHINGTON, DC 20036	52-0812075	501(C)(3)	100,000.	0.	NONE	NONE	WOMEN & POPULATION
(8)	POPULATION ACTION INTERNATIONAL 1300 19TH STREET, NW WASHINGTON, DC 20036	52-0812075	501(C)(3)	183,658.	0.	NONE	NONE	WOMEN & POPULATION
(9)	POPULATION ACTION INTERNATIONAL 1300 19TH STREET, NW WASHINGTON, DC 20036	52-0812075	501(C)(3)	40,017.	0.	NONE	NONE	WOMEN & POPULATION
(10)	PUBLIC HEALTH INSTITUTE 555 12TH ST., 10TH FL OAKLAND, CA 94607	94-1646278	501(C)(3)	25,000.	0.	NONE	NONE	WOMEN & POPULATION
(11)	RELIGIOUS INSTITUTE/ CHRISTIAN COMMUNITY 21 CHARLES ST. WESTPORT, CT 06880	35-1828767	501(C)(3)	50,000.	0.	NONE	NONE	WOMEN & POPULATION
(12)	THE ASPEN INSTITUTE ONE DUPONT CIRCLE, NW WASHINGTON, DC 20036	84-0399006	501(C)(3)	50,000.	0.	NONE	NONE	WOMEN & POPULATION

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)****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.**2010****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service
Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

Part I General Information on Grants and Assistance1 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.

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. Part II can be duplicated 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
(1)	UNITED NATIONS DEVELOPMENT PROGRAM 304 EAST 45TH STREET NEW YORK, NY 10017		UN AGENCY	105,442.	0.	NONE	NONE	WOMEN & POPULATION
(2)	UNITED NATIONS POPULATION FUND 220 EAST 42ND STREET NEW YORK, NY 10017		UN AGENCY	224,750.	0.	NONE	NONE	WOMEN & POPULATION
(3)	UNITED NATIONS POPULATION FUND 220 EAST 42ND STREET NEW YORK, NY 10017		UN AGENCY	52,250.	0.	NONE	NONE	WOMEN & POPULATION
(4)	VITAL VOICES GLOBAL PARTNERSHIP INC. 1625 MASS. AVE., NW WASHINGTON, DC 20036	52-2151557	501(C)(3)	10,000.	0.	NONE	NONE	WOMEN & POPULATION
(5)	WOMEN DELIVER 588 BROADWAY, SUITE 503 NEW YORK, NY 10012	26-4462256	501(C)(3)	100,000.	0.	NONE	NONE	WOMEN & POPULATION
(6)	PUBLIC HEALTH INSTITUTE 555 12TH ST., 10TH FL. OAKLAND, CA 94607	94-1646278	501(C)(3)	250,000.	0.	NONE	NONE	WOMEN & POPULATION
(7)	UNITED NATIONS POPULATION FUND 220 EAST 42ND STREET NEW YORK, NY 10017		UN AGENCY	1,000,000.	0.	NONE	NONE	WOMEN & POPULATION
(8)								
(9)								
(10)								
(11)								
(12)								

69.
10.

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

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

58-2368165

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

SCHEDULE I, LINE 1:

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.

**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

2010

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 | ☐ Housing allowance or residence for personal use |
| ☒ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are 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

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?

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 | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ 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 from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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				
1 TIMOTHY E. WIRTH	(i) 371,786.	0.	19,194.	12,789.	2,234.	406,003.	0.
	(ii) 55,554.	0.	2,868.	1,911.	334.	60,667.	0.
2 KATHRYN CALVIN WALTERS	(i) 245,760.	0.	15,034.	12,789.	17,580.	291,163.	0.
	(ii) 36,723.	0.	2,247.	1,911.	2,628.	43,509.	0.
3 RICHARD PARNELL	(i) 175,235.	0.	14,601.	11,419.	6,797.	208,052.	0.
	(ii) 26,185.	0.	2,182.	1,706.	1,016.	31,089.	0.
4 DAVID AYLWARD	(i) 222,180.	0.	1,386.	13,500.	7,812.	244,878.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 MELINDA KIMBLE	(i) 214,465.	0.	1,298.	13,168.	7,812.	236,743.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 BRYAN DETCHON	(i) 213,947.	0.	1,346.	12,925.	20,052.	248,270.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 LESLI CREEDON	(i) 204,419.	0.	192.	12,600.	2,016.	219,227.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 TAMARA KREININ	(i) 197,618.	0.	416.	12,051.	15,684.	225,769.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

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

2010

**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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total ► \$										

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2010

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
(1) DAVIS, PICKREN, SEYDEL & SNEED, LLP	OFFICER IS 5%+ OWNER	212,893.	LEGAL SERVICES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

PART IV:

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

**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

2010

**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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	1.	12,546.	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 ► (T-SHIRTS)	X	1.	23,328.	COST OR SALE PRICE
26 Other ► (COMPUTERS)	X	1.	9,821.	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

30 a 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?

	Yes	No
30a		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?

31	X	
----	---	--

32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a	X	
-----	---	--

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2010)

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.

PART I, COLUMN (B):

THE NUMBERS REPORTED IN PART I, COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS.

PART I, 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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

58-2368165

PART III, LINE 4D:

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 NATURAL WORLD HERITAGE SITES AND PROMOTION OF SUTAINABLE TOURISM PRACTICES.

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 OPERATING

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

OFFICER. 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 THE BOARD MEMBERS AND THE EXECUTIVE 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. THESE CIRCUMSTANCES ARE REVIEWED BY MANAGEMENT ON AN ON-GOING BASIS IN THE COURSE OF OUR DAY-TO-DAY OPERATIONS. WHEN A CONFLICT OF INTEREST DOES ARISE, RECUSAL FROM THE DECISIONS AND DELIBERATIONS IS REQUESTED. THERE WERE NO SUCH CIRCUMSTANCES IN THE PERIOD COVERED BY THIS REPORT.

PART VI, LINE 15A AND 15B:

ANY CHANGES TO THE PRESIDENT'S COMPENSATION REQUIRE BOARD APPROVAL. THE BOARD REVIEWS THE PRESIDENT'S COMPENSATION ANNUALLY. COMPARABLE DATA FROM PEER ORGANIZATIONS IS USED IN DETERMINING THE PRESIDENT'S COMPENSATION. ANY CHANGES TO THE PRESIDENT'S COMPENSATION ARE DOCUMENTED BY THE ORGANIZATION.

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

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

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.

PART XI, LINE 5

NET UNREALIZED GAINS ON INVESTMENTS - \$4,056,437.

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

ATTACHMENT 1

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 ACTIVITIES 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 2

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ATTACHMENT 2 (CONT'D)

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 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 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

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

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

ATTACHMENT 3 (CONT'D)

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.

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
CLIMATE CHANGE, ENERGY & SUSTAINABILITY DVLP	1,373,102.	4,975,470.	0.
PEACE, SECURITY & HUMAN RIGHTS	487,479.	609,008.	0.
TOTALS	<u>1,860,581.</u>	<u>5,584,478.</u>	<u>0.</u>

FORM 990, PART VI, LINE 17 - STATESATTACHMENT 5

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

ATTACHMENT 6990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
IGNITION PO BOX 133	RESEARCH/STUDY	482,663.

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

ATTACHMENT 6 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
FITZGERALD, GA 31750		
KATHERINE STEELE CONSULTING 8425 CAMDEN ROAD ALEXANDRIA, VA 22308	CONSULTING SVC	287,275.
PRICewaterhouseCOOPERS, LLP P.O. BOX 7247-8001 PHILADELPHIA, PA 19170	AUDIT/CONSULTING SVC	235,500.
ARNOLD & PORTER, LLP P.O. BOX 37116 BALTIMORE, MD 21297	LEGAL SERVICES	209,663.
DAVIS, PICKREN, SEYDEL & SNEED, LLP 285 PEACHTREE CENTRE AVE, NE ATLANTA, GA 30303	LEGAL SERVICES	212,893.
TOTAL COMPENSATION		<u>1,427,994.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number
58-2368165

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) BETTER WORLD FUND 1800 MASSACHUSETTS AVENUE NW, WASHINGTON, DC 20036 58-2366765	SUPPORT OF UN	GA	501(C)(3)	7	N/A	Yes No X
(2) -----						
(3) -----						
(4) -----						
(5) -----						
(6) -----						
(7) -----						

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

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	BETTER WORLD FUND	C	230,442.	GAAP
(2)	BETTER WORLD FUND	P	1,286,593.	GAAP
(3)				
(4)				
(5)				
(6)				

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) _____										
(2) _____										
(3) _____										
(4) _____										
(5) _____										
(6) _____										
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										
(15) _____										
(16) _____										

Schedule R (Form 990) 2010

Part VII**Supplemental Information**

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

Form **990-T**Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))

OMB No. 1545-0687

2010Open to Public Inspection
for 501(c)(3) Organizations OnlyFor calendar year 2010 or other tax year beginning _____, 2010, and
ending _____, 20. See separate instructions.**A** ☐ Check box if
address changed**B** Exempt under section☒ 501(c)(3) ☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)**C** Book value of all assets
at end of year

180,980,264.

**Print
or
Type**Name of organization (☐ Check box if name changed and see instructions.)

UNITED NATIONS FOUNDATION, INC.

Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.

1800 MASSACHUSETTS AVENUE, NW STE 400

City or town, state, and ZIP code

WASHINGTON, DC 20036

D Employer identification number(Employees' trust, see instructions for Block D on
page 9.)

58-2368165

E Unrelated business activity codes

(See instructions for Block E on page 9.)

525900

F Group exemption number (See instructions for Block F on page 9.)**G** Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Describe the organization's primary unrelated business activity. **UNRELATED INCOME FROM INVESTMENT PARTNERSHIPS****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.**J** The books are in care of **UNITED NATIONS FDN, INC.** Telephone number **202-887-9040****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1 c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c Capital loss deduction for trusts	4 c		
5 Income (loss) from partnerships and S corporations (attach statement)	5	-2,479.	ATCH 1
6 Rent income (Schedule C)	6		-2,479.
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See page 10 of the instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12.	13	-2,479.	-2,479.

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See page 13 of the instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562).	21	0.
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 0.
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-2,479.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-2,479.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	34	-2,479.

Part III Tax Computation

- 35 Organizations Taxable as Corporations.** See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:
- a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ (2) \$ (3) \$
- b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
 (2) Additional 3% tax (not more than \$100,000) \$
- c Income tax on the amount on line 34
- 36 Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)
- 37 Proxy tax.** See page 16 of the instructions
- 38 Alternative minimum tax**
- 39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

- 40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**
- b** Other credits (see page 16 of the instructions) **40b**
- c** General business credit. Attach Form 3800 **40c**
- d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**
- e Total credits.** Add lines 40a through 40d **40e**
- 41** Subtract line 40e from line 39 **41**
- 42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **42**
- 43 Total tax.** Add lines 41 and 42 **43**
- 44 a** Payments: A 2009 overpayment credited to 2010 **44a**
- b** 2010 estimated tax payments **44b**
- c** Tax deposited with Form 8868 **44c**
- d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d**
- e** Backup withholding (see instructions) **44e**
- f** Credit for small employer health insurance premiums (Attach Form 8941) **44f**
- g** Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other **44g**
- 45 Total payments.** Add lines 44a through 44g **45**
- 46** Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached **46**
- 47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.
- 48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.
- 49** Enter the amount of line 48 you want: Credited to 2011 estimated tax ☐ Refunded ☐ **49** 0.

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)

- 1** At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes No**
- 2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. **Yes No**
- 3** Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

- 1** Inventory at beginning of year **1**
- 2** Purchases **2**
- 3** Cost of labor **3**
- 4 a** Additional section 263A costs (attach schedule) **4a**
- b** Other costs (attach schedule) **4b**
- 5 Total.** Add lines 1 through 4b **5**
- 6** Inventory at end of year **6**
- 7 Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2. **7**
- 8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No**

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 taxpayer) is based on all information of which preparer has any knowledge.

RICHARD S. PARNELL

Signature of officer

Date

COO

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

TRAVIS L. PATTON

Preparer's signature

Date

JUL 28 2011

Check ☐ if self-employed

PTIN

P00369623

Firm's name PRICEWATERHOUSECOOPERS, LLP

Firm's EIN 13-4008324

Firm's address 1301 K STREET NW, SUITE 800W

Phone no. 202-414-1000

WASHINGTON, DC 20005-3333

Form 990-T (2010)

JSA

0E1620 0.040

940040 U172 6/21/2011 10:43:53 AM V 10-6.3

PAGE 2

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
 (see instructions on page 18)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals ▶				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col. (A).		Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.	
Totals ▶						

Schedule J - Advertising Income (see instructions on page 21)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Enter here and on page 1, Part I, line 11, col. (A).		Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			
Total. Enter here and on page 1, Part II, line 14. ▶			

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

UNRELATED INVESTMENT INCOME FROM PARTNERSHIPS

-2,479.

INCOME (LOSS) FROM PARTNERSHIPS

-2,479.

Alternative Minimum Tax—Corporations

2010

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to the corporation's tax return.

Name

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1	Taxable income or (loss) before net operating loss deduction	1	(2,479)
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	(2,479)
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	(2,479)
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	4b	0
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c	0
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	
e	ACE adjustment.		
	• If line 4b is zero or more, enter the amount from line 4c		
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e	0
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	(2,479)
6	Alternative tax net operating loss deduction (see instructions)	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	
b	Multiply line 8a by 25% (.25)	8b	
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c	
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	
10	Multiply line 9 by 20% (.20)	10	
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	
13	Regular tax liability before applying all credits except the foreign tax credit	13	
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	

For Paperwork Reduction Act Notice, see the instructions.

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions (which begin on page 8).

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	(2,479)
2 ACE depreciation adjustment:			
a AMT depreciation	2a		
b ACE depreciation:			
(1) Post-1993 property	2b(1)		
(2) Post-1989, pre-1994 property	2b(2)		
(3) Pre-1990 MACRS property	2b(3)		
(4) Pre-1990 original ACRS property	2b(4)		
(5) Property described in sections 168(f)(1) through (4)	2b(5)		
(6) Other property	2b(6)		
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)	0	
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	0
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a Tax-exempt interest income	3a		
b Death benefits from life insurance contracts	3b		
c All other distributions from life insurance contracts (including surrenders)	3c		
d Inside buildup of undistributed income in life insurance contracts	3d		
e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	0
4 Disallowance of items not deductible from E&P:			
a Certain dividends received	4a		
b Dividends paid on certain preferred stock of public utilities that are deductible under section 247	4b		
c Dividends paid to an ESOP that are deductible under section 404(k)	4c		
d Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	0
5 Other adjustments based on rules for figuring E&P:			
a Intangible drilling costs	5a		
b Circulation expenditures	5b		
c Organizational expenditures	5c		
d LIFO inventory adjustments	5d		
e Installment sales	5e		
f Total other E&P adjustments. Combine lines 5a through 5e		5f	0
6 Disallowance of loss on exchange of debt pools		6	
7 Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8 Depletion		8	
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10 Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	(2,479)