

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



Form **990**

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

2009

Department of the Treasur

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

Open to Public

			0. 2000 oc			ax year be		January 1,		nd ending			er 31	, 20 09	.011			
								O Foundation	2009, an	iu enaing	Dec			yer identification	number			
			applicable	use IRS		usiness As		O I Odiidation				1	43	60750				
	_		change	label or pnnt or	<u> </u>			ot delivered to street add	iress)	Room/suite		E		one number	77.			
		Name change type.								1,	973)	744-29	220					
		Specific										313 1	744-23	720				
		tions. Upper Montclair N I 070/3									٦	C	naciota f	93230				
	_	Amended return									_	Gross re						
	LJ A	The is the investment of the i										n for affiliates? V e						
		Tay_ove	empt status								1			ıncluded? ∐Ye				
						◀ (insert no) <u> </u>	1) 01 321	· · · · · · · · · · · · · · · · · · ·		1			list. (see instruc	lions)			
		Website: ▶ www.fawcofoundation.org H(c) Group of Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1967												mber ► f legal domicile:	140			
		rt I	 		Orallon C 1	USI I ASSOC	audit 🗀 Other		Litear	OI IOITIAUOII.	1967		Julie U	r legal domicile.	MO			
	Γē		Summ							The EAV	NCO E	01100	dation	cupports the	ough			
	1 Briefly describe the organization's mission or most significant activities: The FAWCO charitable donations, programs in the global community that aid social, scientific a											ounc	oundation supports through					
_	р	-									tiric ar	ia ec	ucatio	nai program	s, that			
S	au	prevent cruelty to children and support the rights of women and children.											· 					
7	prevent cruelty to children and support the rights of women and children. 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)																	
-	é					-								1	_			
)					-	nembers of the governing body (Part VI, line 1a)							3		6			
<u>.</u>	Activities				-	•		governing body	(Part VI	, line 1b)			4		0			
	즟					-	', line 2a) . .						5		0			
_	ĕ					•	te if necessa	• •					6		100			
Ξ								art VIII, column (0		2			7a		0			
븟	-	D	net unre	iated b	usiness ta	axable inc	ome from Fo	rm 990-T, line 3	4			Year	7b	Current Y	0			
いころととに											Prior			Current				
₹	ę				_	(Part VIII,	-			· ·			19972		86915			
ر	Revenue											0		0				
Ŋ	ê								.	· ·			8662		3772			
				revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) levenue—add lines 8 through 11 (must equal Part VIII column (A), line 12)					46. H			6590		2543				
								1157		12)			35224		93230			
								nn (A), (Tinjes 1,-3)					11128		104190			
	ø	14	Benefits	paid to	or for m	embers (P	art IX, colum	ın (A), l <u>in</u> e 4) 4//	}.,	· ·			0		0			
	Expenses	15	Salaries,	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) rofessional fundraising fees (Part IX, column (A), line 140 otal fundraising expenses (Part IX, column (D), line 25)									0					
	8	16a l	Profession	rofessional fundraising fees (Part IX, column (A), line 144 5555555555555555555555555555555555								0		0				
	ũ	p.	Total fund	draisıng	g expense	s (Part IX, o	column (D), lın	ie 25) ▶	35	150 -		40000			40054			
								, lines 11a-11d, 11f-24f)					10576		12651			
								art IX, column (A	N), line 2	5) ├─			21704		116841			
	<u>ت</u> ق	19	Revenue	iess ex	penses. S	udtract line	e 18 from line	12		·			13520		(12651)			
	Assets or d Balances									Reć	ginning of			End of Y				
	Bale				art X, line	•				├		- 20	88541		265621			
	Net A Fund				Part X, lir					· ·			3500		0			
		22 rt			Block	ces. Sudu	ract line 21 fi	rom line 20	· · · ·	• • • •			85041		265621			
	Га					aclam that I I	nam avaminad ti	his return, including a	000000000	ina cohadula	c and etc	tomor	nte and t	to the best of my	kaoudodao			
	C:	and betief at is true, correct, and complete. Declaration of preparer (other than officer) is based on all informat								1	4	410	10 20	11)				
	Sig		₩ ₩	ature of	officer	a pr	77/11/00	~				/_ Date	401	10,001	<u>U</u>			
	пе	e			20104	x1, de	emmi	iger In	- 	DL)	-		بريل کور	,				
			Tyro	or prot	name and t	77 /7	CHINA	9-00 /11	PLUI	cr or	UUO		<u>~~~</u>	<u>, </u>				
	_		<u> </u>						Date	Check	k ıf		renare-te :	dentifying number				
			Preparer signature							setf-			ee instruc					
	Paid			•						empio	oyed ► L	-						
		arer's	Firm's na	me for v	rours k					1	EIN		> ;	· · · · · · · · · · · · · · · · · · ·				
	Use	Only	ıf self-em	nployed),	—	· · · · · · · · · · · · · · · · · · ·						e no.		:				
	May	/ the	address,			ith the pr	narer chown	above? (see in	struction		Trion	e IIU.	- ,	. Tyes	☐ No			
				word till	<u>- , - , , , , , , , , , , , , , , , , ,</u>	u.s pit		. 20010. 1000 111		-,				163	40			

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The FAWCO Foundation was established by the Federation of the American Women's Clubs Overseas (FAWCO) in 190 as an independent not-for-profit that implements philanthropic programs of special interest to FAWCO and FAWCO Months of the American Women's Clubs Overseas (FAWCO) in 190 as an independent not-for-profit that implements philanthropic programs of special interest to FAWCO and FAWCO Months of the American Women's Clubs Overseas (FAWCO) in 190 as an independent not-for-profit that implements philanthropic programs of special interest to FAWCO and FAWCO Months of the American Women's Clubs Overseas (FAWCO) in 190 as an independent not-for-profit that implements philanthropic programs of special interest to FAWCO and FAWCO Months of the American Women's Clubs Overseas (FAWCO) in 190 as an independent not-for-profit that implements philanthropic programs of special interest to FAWCO and FAWCO Months of the American Women's Clubs Overseas (FAWCO) in 190 as an independent not-for-profit that implements philanthropic programs of special interest to FAWCO and FAWCO Months of the American Women's Clubs Overseas (FAWCO) in 190 as an independent not-for-profit that implements philanthropic programs of special interest to FAWCO and FAWCO Months of the Independent not-for-profit that implements philanthropic programs of special interest to FAWCO and FAWCO Months of the Independent not-for-profit that implements philanthropic programs of special interest to FAWCO and FAWCO Months of the Independent not-for-profit that implements philanthropic programs of special interest to FAWCO and FAWCO Months of the Independent not-for-profit that implements philanthropic programs of special interest not philanthropic philanthropic philanthropic philanthropic philanthropic philanthropic philanthropic ph
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ 160.00 including grants of \$ 42,000) (Revenue \$) Educational Awards
	The FAWCO Foundation presents educational awards to members or children of American women's organizations overseas who are, in turn, members of the unbrella organization: FAWCO. Recipients are chosen after completing a thorough application process and selected by a committee based on achievements depending on the requirements of the award in question.
4b	(Code:) (Expenses \$ 62.00 including grants of \$ 30,500) (Revenue \$) Development Grants
	The FAWCO Foundation awards Development Grants to projects nominated by FAWCO member clubs. Recipients are chosen after completing a thorough application process and all nominated projects undergo a vigorous review. The recipients are selected based on a vote as outlined in The FAWCO Foundation Administrative Guidlines.
4c	(Code:) (Expenses \$ 8.79 including grants of \$ 16,823) (Revenue \$)
	Emergency Relief Fund
	The fund is activated to receive donations when a disaster strikes somewhere in the world. The 2010 fund aided the
	earthquake victims in China.
	Other program services. (Describe in Schedule O.) (Expenses \$ 12 including grants of \$ 14957) (Revenue \$)
4e	Total program service expenses ▶

Fal	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6_	✓	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
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	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	games of the original states of the original	14a		\
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	✓	
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	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓_

Form	990 (2009)		F	age '
Pa	rt 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? If "Yes," complete Schedule I, Parts I and II.	21		1
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? If "Yes," complete Schedule I, Parts I and III	22	1	
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? If "Yes," complete Schedule J	23		1
24a	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
2 5a	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? If "Yes," complete Schedule L, Part I	25a		1
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? If "Yes," complete Schedule L, Part I	25b		1
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? If "Yes," complete Schedule L, Part II	26		1
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? If "Yes," complete Schedule L, Part III.	27		1
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		\
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
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? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	✓	
36	Section 501(c)(2) organizations. Did the organization make environment on exemptions of entitle values	1 1		

organization? If "Yes," complete Schedule R, Part V, line 2........

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

36

37

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
-	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
22	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 1 at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	_ ~	1
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
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)?	4a	√	
b	If "Yes," enter the name of the foreign country: ▶ Switzerland			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	- -		
_	Prohibited Tax Shelter Transaction?	5c		7
	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?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	The state of the s			
	and services provided to the payor?	7a 7b		-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
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?	8		√
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		\
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
þ	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?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

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.

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			į .
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		<u> </u>
3	Did the organization delegate control over management duties customanly performed by or under the direct			l .
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		/
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	_7a_	_	<u>L</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during] :
	the year by the following:		-,	;
а	The governing body?	_8a_	√	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			ĺ
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	√	<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
<u>Hev</u>	enue Code.)			г—-
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	401		١,
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		/
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			,
	form? ,	11		V
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	1	ļ
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	401	,	•
	rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	400	✓	
40	describe in Schedule O how this is done	12c	√	
13	Does the organization have a written whistleblower policy?	14	1	
14	Does the organization have a written document retention and destruction policy?	- '		-
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?			
•	The organization's CEO, Executive Director, or top management official	15a		4
	Other officers or key employees of the organization	15b		
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	.55		-
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
100	with a taxable entity during the year?	16a		1
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			<u> </u>
U	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		
Sec	tion C. Disclosure			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ none			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	2)(3)s	onlvi	
	available for public inspection. Indicate how you make these available. Check all that apply.	,,,,,,,,,	~··· y /	
	☑ 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 inte	erest	
	policy, and financial statements available to the public.	J. 1110		
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
-	organization: ► Elizabeth Hemminger 137 Clarewill Ave, Upper Montclair, NJ 07043 973-744-2920			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not co	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (d	•	•	that ap	(viqe	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Elsie Bose `44 Blvd Du Montparnasse	25							o	0	0
F-75015 Paris, France		✓	-	\						!
Rachel McNally Wolwevershaven 24	25	_		1	-			0	0	0
3311 Aw Dordrecht, Netherlands				Ť						
Janet Darrow-Winter c/o Doug Winter	15	1		1	-			0	0	0
General Electric bld 18 Dubai Internet City PO Box 111549 Dubai, UAE							-			
Dolores Cuellar 5025 N Central Ave #149 Phoenix, AZ 85012	15	✓		1				0	0	0
Suzanne Wheeler			_	_	_					
84 Blvd Louis Schmidt	15	1	L	1			<u> </u>	0	0	0
1040 Brussels, Belgium										
Elizabeth Hemminger 137 Clarewill Ave, Upper Montclair, NJ 07043	25	✓		1	L			0	0	(
					L		L			

Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average	Positi	on (d	•	c)	that ap	(vła	(D) Reportable	(E) Reportable	E	ed .	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	com f org	mount other	tion e ion ed
									_				
												_	
							!						
1b	Total	·	<u> </u>			<u> </u>	<u> </u>	▶	0	<u> </u>			0
2	Total number of individuals (including but i reportable compensation from the organization)	not limited	to the	ose	liste	ed a	above) wi	no received mo	ore than \$100,0	000 ın		
								_				Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oye	e, or highest o	compensated	3		7
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	sum of repo	ortabl	e c	omp	ens	sation				4		1
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp olete	cen: S <i>ch</i>	satio edu	on 1 de J	from for s	any any	unrelated org	anization for	5	~	
Sec	ction B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	ере	nde	nt o	contra	cto	rs that receive	d more than \$	100,000) of	
	Name and business add	iress							(B) Description of s	ervices	(Compe		n
			_					L					
_													
2	Total number of independent contractors (i more than \$100,000 in compensation from					to	those	list	ed above) who	received			

Part VI		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 b c d e f	Federated campaigns	0 0 19106 36002 0 31807				
	<u> </u>	Total. Add lines 1a-1f	Business Code	86915			
Program Service Revenue	2a b c d e f	All other program service revenue . Total. Add lines 2a-2f		0			
	3	Total. Add lines 2a-2f					
	4 5	other similar amounts)	▶ i	3772 0 0	0	0	0
	b c d	Gross Rents		0	0	0	0
	c	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)					
Revenue	8a	Net gain or (loss)	•	0	0	0	0
Other Rev		See Part IV, line 18 a Less: direct expenses b Net income or (loss) from fundraising ex	vents ▶				
	9a	Gross income from gaming activities.	3506				
	b	See Part IV, line 19 a Less: direct expenses b	0				
	10a b	Net income or (loss) from gaming active Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventor Miscellaneous Revenue		3506	0		
	11a	Award Application fees	3-241-1435 VOUC	950			
	ь	Foreigh Exchange		(1913)			
	C			-		<u> </u>	
	d	All other revenue		(963)			
		Total revenue. See instructions.		93230			

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).												
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(D) Fundraising expenses										
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		<u>'</u>								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	8000	8000										
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	96190	96190		,								
4	Benefits paid to or for members	0	0										
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0								
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	o	0	0								
7	Other salaries and wages	0	0	0	0								
8	Pension plan contributions (include section 401(k)												
0	and section 403(b) employer contributions)	o i	0	0	0								
9	Other employee benefits	0	0	0	0								
10	Payroll taxes	0	0	0	0								
11	Fees for services (non-employees):												
	Management	0	0	0	0								
	Legal	425	0	425	0								
	Accounting	919	0	919	0								
	Lobbying	0	0	0	0								
е	Professional fundraising services. See Part IV, line 17	0			0								
f	Investment management fees	0	0	0	<u>0</u>								
g	Other												
12	Advertising and promotion	894	0	894	0								
13	Office expenses	343	0	343	0								
14	Information technology	261	0	261	0								
15	Royalties	0	0	0	0								
16	Occupancy	0			0								
17	Travel			0	0								
18	Payments of travel or entertainment expenses	a	0	0	•								
40	for any federal, state, or local public officials	3660		3660	0								
19	Conferences, conventions, and meetings .	3000		0	0								
20	Interest	0	0	0									
21 22	Payments to affiliates	0	0	0	0								
23	Insurance	0	0	0									
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)												
а	CREDIT CARD FEES	970	0	0	970								
b	BANK FEES	624	0	624	0								
c	FUNDRAISING (NON PROFESSIONAL)	81			81								
d	CHARMS PURCHASE	4464			4464								
e	MO REGISTRATION	10		10									
f	All other expenses												
25_	Total functional expenses. Add lines 1 through 24f	116841	104190	7136	5515								
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation												

Part X **Balance Sheet** (A) Beginning of year (B) End of year Cash—non-interest-bearing Savings and temporary cash investments Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10c Less: accumulated depreciation 10b Investments—publicly traded securities Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV. line 11 Total assets. Add lines 1 through 15 (must equal line 34) Escrow or custodial account liability. Complete Part IV of Schedule D Pavables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 . . . Balances complete lines 27 through 29, and lines 33 and 34. Fund Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ŏ Assets Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . Retained earnings, endowment, accumulated income, or other funds Set Total liabilities and net assets/fund balances

Part	XI Financial Statements and Reporting							
			Yes	No				
1 A	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🗎 Other							
lf	f the organization changed its method of accounting from a prior year or checked "Other," explain in							
S	Schedule O.							
2a V	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_				
Ь۷	b Were the organization's financial statements audited by an independent accountant?							
c If	tama mara Tanana ara ara ara ara ara ara ara ara ar							
ti	the audit, review, or compilation of its financial statements and selection of an independent accountant?							
If	If the organization changed either its oversight process or selection process during the tax year, explain in							
S	Schedule O.							
d If	f "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			•				
is	ssued on a consolidated basis, separate basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis	_						
3a A	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1					
ti	the Single Audit Act and OMB Circular A-133?	3a	[✓				
b If	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
re	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b						

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

<u>The</u>	FA	WCO Founda	ation						43 :		5075073		
Pa	t I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t comple	ete this	part.) Se	e instru	ctions.		
The	orga	anızatıon is no	ot a private foun	dation because it is:	(For lines	1 throug	jh 11, ch	eck only	one box.)			
1		A church, co	nvention of chu	rches, or association	of church	hes desci	ribed in s	ection 1	70(b)(1)(/	4)(i).			
2		(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(
3				nospital service organ			ın sectio	n 170(b)	(1)(A)(iii).				
4			search organiza me, city, and sta	tion operated in conj		with a ho	-)(A)(iii). Ente	r the	
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				in section 170(b)(1)		omplete	Part II.)						
9	\overline{Z}			receives: (1) more that				m contrib	utions, m	embersh	ip fees, and g	ross	
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33/3 % 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		-	_	nd operated exclusive						(a)(4).			
11		An organizat	tion organized a	nd operated exclusiv	ely for the	ne benefi	t of, to p	erform t	he functi	ons of, o	r to carry ou	t the	
	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		* .		e III-Fun	-	_			Type III-Oti		
е				ify that the organizat									
			er than foundatio section 509(a)(2)	n managers and other .	r than on	e or more	publicly	supporte	d organiz	ations de	escribed in se	ction	
f		-	zation received, check this box	a written determinati	on from	the IRS 1	that it is	a Type I	, Type II	or Type	III supportir	ig 🔲	
g		Since Augus following per		the organization acce	epted any	gift or c	ontributio	on from a	ny of the	•			
				r indirectly controls, en				th person	s descrit	oed in (ii)	Yes	No	
			_	rson described in (i) a			•				11g(ii)		
				of a person described			?				11g(iii)		
h			-	ation about the suppo									
(i)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) li	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the son in col zed in the S.?	(vii) Amount support	of	
					Yes	No	Yes	No	Yes	No			
_					1								
		<u> </u>											
					†	<u> </u>		— —	† 				

Total

	Support Schedule for Org (Complete only if you chec					and 170(b)(¹	I)(A)(vi)
	tion A. Public Support		T				
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					 	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						:
<u>6</u>	Public support. Subtract line 5 from line 4.			L	L	<u>. L</u>	
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(4) 2000	(2) 2000	(0, 200.	(4) 2000	(6) 2000	(1) 10121
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		<u> </u>	<u> </u>		 	<u></u>
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re					
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line		•			14	<u>%</u>
15	Public support percentage from 2008 Scl					15	<u>%</u>
16a	and stop here. The organization qualifies	as a publicly	supported orga	nızation			▶ [
	33% % support test—2008. If the organization quality and stop here. The organization quality	ılıfies as a pub	licly supported	organization .			▶[
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate Private foundation. If the organization did	acts-and-circur ances" test. The	nstances" test, o e organization qua	check this box a alifies as a public	and stop here. cly supported o	Explain in Part rganization	IV how the ▶ [

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

500	tion A. Public Support	ed the box of	i line 9 oi Pa	rt 1.)		 -	
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(=) 2000	(f) Total
Ų.	nerious year (or inscaryear beginning in)	(a) 2005	(b) 2000	(6) 2007	(a) 2008	(e) 2009	(t) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	96700	37736	89962	119972	86915	413285
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	0	0	0	0	4464	4464
_	organization's tax-exempt purpose				•	1101	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on	0	0	o	0	o	0
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	96700	37736	89962	119972	91379	435749
7a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that		i				
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	o	0	o	O	o	0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						435749
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	96700	37736	89962	119972	91379	435749
10a							
	payments received on securities loans, rents, royalties and income from similar sources	478	7108	11454	8662	3772	31474
ь							
U	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	478	7108	11454	8662	3772	21474
11	Net income from unrelated business activities not included in line 10b,		1				
	whether or not the business is regularly						_
	carned on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets	700	o	1661	1438	o	3844
	(Explain in Part IV.)				1400	-	
13	Total support. (Add lines 9, 10c, 11, and 12.)	97878	44844	103077	130072	95151	471022
14	First five years. If the Form 990 is for to organization, check this box and stop I	L				ear as a sectio	
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (lin	e 8, column (f)	divided by lin	e 13, column ((f))	15	92 %
16	Public support percentage from 2008 S	Schedule A, Pa	rt III, line 15			16	92 %
Sec	tion D. Computation of Investmen	t Income Pe	rcentage				
17	Investment income percentage for 2009					17	4 %
18	Investment income percentage from 20					18	7 %
19a	33%% support tests—2009. If the orga	anization did no	ot check the bo	ox on line 14, a	ınd line 15 is m	ore than 331/3 9	%, and line
	17 is not more than 33½ %, check this be						
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this	ization did not (s box and ston (crieck a box on here. The organ	ine 14 or line in dization dualifies	19a, and line 10 s as a publicly s	b is more than 3 supported organ	x3%, %, and nization ▶ □
20	Private foundation. If the organization						

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

The	FAWCO Foundation		4	3	6075073
Pai	Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Similar " to Form 990, Part IV, line 6.	Funds	or Accour	its. Complete if
	and the second s	(a) Donor advised funds		(b) Funds and c	other accounts
1	Total number at end of year	28		2	
2	Aggregate contributions to (during year)	122		30)
3	Aggregate contributions to (during year) Aggregate grants from (during year)	25		26	6
4	Aggregate value at end of year	51432		214	189
5	Did the organization inform all donors and funds are the organization's property, subj				
6	Did the organization inform all grantees, di used only for charitable purposes and not purpose conferring impermissible private by	for the benefit of the donor or donor advi-	sor, or fo	or any other	
Par	t II Conservation Easements. Com	plete if the organization answered "Yes"			
1 2	Purpose(s) of conservation easements held Preservation of land for public use (e.g. Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organize easement on the last day of the tax year.	d by the organization (check all that apply) ., recreation or pleasure) Preservation Preservation	on of an	historically in certified hist	nportant land area onc structure
				Held at	the End of the Tax Year
а	Total number of conservation easements .			2a	
b	Total acreage restricted by conservation e			2b	
c	Number of conservation easements on a conservation easement easements on a conservation easement easements on a conservation easement eas			2c	
d	Number of conservation easements includ			2d	
3	Number of conservation easements modifithe tax year ►	ed, transferred, released, extinguished, or	termina	ted by the o	rganization during
4	Number of states where property subject to	to conservation easement is located 🕨			
5	Does the organization have a written polici violations, and enforcement of the conservations.	vation easements it holds?			
6	Staff and volunteer hours devoted to moni				
7	Amount of expenses incurred in monitoring \$ \infty 8 \$	g, inspecting, and enforcing conservation	easemei	nts during th	e year
8	Does each conservation easement reporte 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conservation.	the text of the footnote to the organization attorn easements.	's financ	cial statemer	nts that describes
Pa		ections of Art, Historical Treasures, on wered "Yes" to Form 990, Part IV, line 8		Similar As	sets.
1a	If the organization elected, as permitted unart, historical treasures, or other similar assiprovide, in Part XIV, the text of the footnot	ets held for public exhibition, education, or	research	n in furtheran	
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to the following amounts of the following amou	s held for public exhibition, education, or rethese items: //III, line 1	esearch	in furtherand	ce of public service
2	If the organization received or held works following amounts required to be reported	of art, historical treasures, or other simil			
а	Revenues included in Form 990, Part VIII,			. , ▶ \$.	
b					

Page	2

Par	Organizations Maintain	ing Collections	of Art, Historical	Treasures, or	Other Similar A	ssets (continued)
3	Using the organization's acquisition collection items (check all that app		ther records, chec	ck any of the follo	owing that are a s	ignificant use of its
а	Public exhibition		a ∐ Lo	oan or exchange	programs	
b	Scholarly research		e ∐ 0	ther		
C	Preservation for future genera	tions				
4	Provide a description of the organizer XIV.	zation's collections	and explain how	they further the	organization's ex	empt purpose in
5	During the year, did the organization assets to be sold to raise funds rather	er than to be mainta	ined as part of the	organization's co	illection?	Yes No
Par	t IV Escrow and Custodial / IV, line 9, or reported an				ered "Yes" to Fo	rm 990, Part
	Is the organization an agent, truste included on Form 990, Part X?				or other assets no	Yes No
ь	If "Yes," explain the arrangement in	Part XIV and com	plete the followin	g table:		
				L.	. +	mount
	•				lc	
d	Additions during the year				ld	
е	Distributions during the year				<u>1e </u>	
f	Ending balance			–	<u> [</u>	
2a 	If "Yes," explain the arrangement in	n Part XIV.				∐ Yes ∐ No
Par	t V Endowment Funds. Co	omplete if the org	anization answe	ered "Yes" to F	orm 990, Part IV	/, line 10
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance	96054	92199		<u> </u>	
b	Contributions	27946	3855			
С	Net investment earnings, gains, and losses	0	0			
d	Grants or scholarships	0	0			
	Other expenditures for facilities					
•	and programs	0	0			
f	Administrative expenses	0	0			
g	End of year balance	124000	96054			
2	Provide the estimated percentage	of the year end bal	lance held as:			
_ a	Board designated or quasi-endowr					
b	Permanent endowment ▶					
c	Term endowment ▶					
	Are there endowment funds not in t		e organization tha	t are held and ad	Iministered for the	
-	organization by:	россовоно с	.o o.g			Yes No
	(i) unrelated organizations					3a(i) 🗸
	m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					3a(ii) ✓
b	If "Yes" to 3a(ii), are the related org	ganizations listed a	s required on Sch	nedule R?		3b
4	Describe in Part XIV the intended in					
Pai	t VI Investments—Land, B	uildings, and Eq	uipment. See F	orm 990, Part >	(, line 10.	
	Description of investment	(a) Cost or ot (investm		st or other (o s (other)	c) Accumulated depreciation	(d) Book value
12	Land					
b	Buildings					
	Leasehold improvements					
d	Equipment					
	Other					
	I. Add lines 1a through 1e. (Column (d) must equal Form 9	90, Part X, column	(B), line 10(c).)	•	

Part VII Investments—Other Securities	s. See Form 990, Part X	, line 12.	. ago c
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests			
Other			
			· ·
	<u> </u>		
			
	1:	-	
			
••••••••••			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			··
Part VIII Investments—Program Relate	d. See Form 990, Part X	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
			
	· · · · · · · · · · · · · · · · · · ·	-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Pa	ert X line 15		
	(a) Description		(b) Book value
			ļ
			
			
Total. (Column (b) must equal Form 990, Part X, col.	(P) line 15)		
Part X Other Liabilities. See Form 990,			
1. (a) Description of liability	(b) Amount		
Federal income taxes			
	<u> </u>		
	ļ <u> </u>	_	
Total Mahma Allowed count from 000 Part V and Million 051 h	-		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		1	

Sched	lule D (Form 990) 2009		Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	ater	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	_6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<u> </u>
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	-	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	-	
b	Donated services and use of facilities	4	
C	Recoveries of prior year grants	-{	
d	Other (Describe in Part XIV.)	┦ _	
е	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ŀ	
a	investment expenses not included on form 550, 7 art vin, line 7b	-	
b	Other (Describe in Part XIV.)	4	<u>.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es p	per Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	_]	
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2	е
3	Subtract line 2e from line 1	3	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	4	
b	Other (Describe in Part XIV.)	4	
C	Add lines 4a and 4b	4	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	<u> </u>
Com and	Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 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 are part to provide any additional information.		
Par	t V #4 The endowment was established in the event of a downturn in fundraising and donation	ons;	it will enable
The	Foundation to fund current programs for two years.		
		-	,,,,,,
			• • • • • • • • • • • • • • • • • • • •

Schedule F (Form 990)

Totals

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047
2009
Open to Public

Name of the organization

Department of the Treasury

Inspection
Employer identification number

The FAWCO Foundar	tion				4	3 6075073
		ion on Activ		e the United States.	. Complete if the organ	ization answered
	grantees' e	_		ords to substantiate the sistance, and the selection of t		
United States.			-	's procedures for monit		funds outside the
3 Activities per Re	gion. (Use	Schedule F-1	(Form 990) if	additional space is nee	ded.)	_
(a) Region		(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundrassing, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe		0	0	fundraising		80
·		0	0	education awards		33000
		0	0	grants		21482
South America		0	0	grants		4632
East Asia and Pacific	c	0	0	grants		22398
Middle East and Nort	th Africa	0	0	grants		3294
Sub-Saharan Africa		0	0	grants		4400
Central American/Ca	ribbean	0	0	award		1000
						ļ
		i				

0

0

91286

33e 2

. 4,

Schedule F (Form 990) 2009

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. (i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance 0 0 (g) Amount of non-cash assistance (f) Manner of cash disbursement wire transfer check and 16823 (e) Amount of cash grant (d) Purpose of grant Flood relief Use Schedule F-1 (Form 990) if additional space is needed. East Asia and Pacific (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II

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 Enter total number of other organizations or entities

က

N

Schedule F (Form 990) 2009

, ن ,

Schedule F (Form 990) 2009

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement check check check check check check check check check (d) Amount of cash grant 5000 5000 3000 3500 3500 5000 5000 3000 5000 (c) Number of recipients (b) Region Europe (a) Type of grant or assistance **Educational Award** Part III

Schedule F (Form 990) 2009

Schedu	ia F	/Form	agni	2000	

Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.
Part 1 -line	2
Developm	ent Grants are vetted and must have had a working relationship with one of FAWCO's member clubs before
being con	sidered for nomination. Each organization is vetted to make sure they are eligible for nomination. A formal
contract is	signed between the foundation and the grantee. Reports documenting the use of the grant money are required.
Award Red	cipients are members or children of FAWCO member clubs and the applications are approved by the member
club. Educ	ational Award Recipients must show proof of enrollment in the program to receive their award.
Several pr	ograms are administered by FAWCO member clubs who provide financial statements for expenditures,
Grant awa	rds are decided by a vote by member FAWCO clubs, education awards are decided by a committee made up of
individual	volunteers of member clubs.
••••	

SCHEDULE G (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

The FAWCO Foundation					43	6075073
Part I Fundraising Activitie Form 990-EZ filers are	s. Complete i	if the orga	nization a	answered "Yes" to	o Form 990, Par	t IV, line 17.
 Indicate whether the organization a	n raised funds	through an e f g	y of the fo Solicitati Solicitati Special f	Illowing activities. Con of non-governm on of government of fundraising events	ent grants grants	
 2a Did the organization have a written or key employees listed in Form b If "Yes," list the ten highest pair to be compensated at least \$5,000 	990, Part VII) o d ındividuals o	or entity in o r entities (fi	connection	with professional f	undraising service	s? ∐ Yes ✔ No
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody or	draiser have r control of utions?	(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			
Total						
List all states in which the orgal registration or licensing. Missouri	nization is regi	stered or li	censed to	solicit funds or ha	as been notified if	is exempt from
						

Ρâ	rt II	Fundraising Events. Commore than \$15,000 on F					eported:	ı
			(a) Event #1 Auction (event type)	(b) Event #2	(c) Other events 4 (total number)	(d) Total (add col (a	a) through	1
Revenue	1	Gross receipts	15185		7405		22	2590
Œ	2	Less: Charitable contributions	15185		3671		18	3856
	3	Gross income (line 1 minus line 2)	0		3734	ļ <u>.</u>	3	<u>3734</u>
	4	Cash pnzes	0					
	5	Noncash prizes	0					
es	6	Rent/facility costs	0					
Direct Expenses	7	Food and beverages	0					
irect E	8	Entertainment	0					
Δ	9	Other direct expenses	76		4464	<u> </u>	4	1539
	10 11	Direct expense summary. Ad Net income summary. Comb	ld lines 4 through 9 in co	olumn (d)		(539) 805)
	rt (í		the organization answ			or reporte		
anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total (
Revenue	1	Gross revenue						
nses	2	Cash prizes						
Direct Expenses	3	Noncash prizes				<u> </u>		
Direct	4	Rent/facility costs				 		
	5	Other direct expenses .	☐ Yes %	☐ Yes %	✓ Yes %	 		
	6	Volunteer labor	□ No	□ No	□ No			
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)	•	(
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7	<u></u>	<u> </u>		Т
9		nter the state(s) in which the c	_				Yes	No
a b		the organization licensed to of "No," explain:	operate gaming activitie	s in each of these state	es?	92	3	<u> </u>
							_	-
		ere any of the organization's a "Yes," explain:	gaming licenses revoke	d, suspended or termir	nated during the tax ye	ar? 10	a	
11 12	Is	bes the organization operate of the organization a grantor, be trued to administer chantable	eneficiary or trustee of	a trust or a member of	a partnership or other	entity	_	-
		mos to administer chartable	9w111191	<u> </u>		<u>· · · · · · · · · · · · · · · · · · · </u>	<u></u>	

	-
Pone	-
raue.	•

Sche	dule G (Form 990 or 990-EZ) 2009
13	Indicate the percentage of gaming activity operated in

			162	140
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			
b	All outside lacility			1
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶	:		
	Garning manager compensation ▶ \$			<u> </u>
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:	1		
а	Is the organization required under state law to make chantable distributions from the gaming proceeds to	170		
b	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations	17a		
	or spent in the organization's own exempt activities during the tax year ▶ \$	Ц	<u></u>	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Grants and Other Assistance to Organizations,

OMB No. 1545-0047 2009

Open to Public Inspection

► Attach to Form 990.

ame of the organization	Employer identification number	cation number	
he FAWCO Foundation	43	6075073	
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	ssistance, and		
the selection criteria used to award the grants or assistance?		□ Yes □	ž
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.			
ATTIL Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	n answered "	Yes" to	
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	d more than §	55,000. Use	
Part IV and Schedule I-1 (Form 990) if additional space is needed		-	

or government	(p)	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				1			

Schedule I (Form 990) 2009

Cat No. 50055P

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 980.

Educational Awards	Educational Awards Part IV Supplemental Information. Complete this part to prove a position and applicants are first approved by their member clubs. the applicants are first approved by their member clubs.	8000 ide the information	to provide the information required in Part I, line 2, and any other additional info	line 2,	and any other additional information.
	is part to provelubs. the applie	ide the information	in required in Part		additional information.
	nis part to provelubs. the applie	ide the information	in required in Part	line 2,	additional information.
	nis part to provelubs. the applie	ide the information	in required in Part	line 2,	additional information.
	is part to provelubs. the applie	ide the information	in required in Part tted by committee a	line 2,	additional information.
	nis part to provelubs. the applic	ide the information sations are then vet indicated on their a	in required in Part tted by committee a	line 2,	additional information.
	nis part to provelubs. the applie	ide the information rations are then vet Indicated on their a	in required in Part tted by committee a	line 2,	additional information.
	ns part to provelubs, the appli	ide the information sations are then vet Indicated on their a	in required in Part tted by committee a application. At the e	line 2,	additional information.
Part IV Supplemental Information. Complete this part to provide the information required in Part I,	clubs. the applic	ations are then vet Indicated on their a	tted by committee a spplication. At the e		:
of agreement which includes proof of enrollment in their program as indic: must submit a report of how the award has helped them with their studles.	eir program as em with their stu	idles.		gram as indicated on their application. At the end of the fiscal year of the award, they their studies.	ne award, they

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047
2009
Open to Public

Inspection

6075073

Employer identification number

43

Department of the Treasury Internal Revenue Service Name of the organization

The FAWCO Foundation

► Attach to Form 990.

The 990 form is offered for review to the President of the filing year and the sitting treasurer before filing, after, it is given to whomever is reviewing the books and the board and is posted on the website. Conflict of interest - it is in our by-laws and administrative guidelines that we review each year. In addition, when a program is submitted, a check is made to ensure their is no conflict of interest. Officers Elsie Bose 44 Blvd Du Montparnasse, F-75015, Paris , France Rachel McNally, Wolwereshaven 24, 3311 Aw Dordrecht, Netherlands Janet Darrow Winter, c/o Doug Winter, General Electric Building 18, Dubai Internet City, Dubai, UAE Dolores Cuellar, 5025 Central Ave #149, Phoenix, AZ Suzanne Wheeler, 84 Blvd Louis Schmidt, 1040 Brussels, Belguim

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships See separate instructions. Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

(1)
Direct controlling entity (f)
Direct controlling
entity 6075073 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) 6 Public charity status (if section 501(c)(3)) (e) End-of-year assets 43 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 501-c-3 (d) Total income (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) Switzerland organization educating resource umbrella (b)
Primary activity **Americans living** (b) Primary activity The Federation of American Women's Clubs Overseas (FAWCO) EIN # 98-0058485 Route des Polets, 10 CH1172 Bougy-Villars, Switzerland (a) Name, address, and EIN of related organization (a) Name, address, and EIN of disregarded entity The FAWCO Foundation Part II Part I

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

Cat No. 50135Y

abroad

Schedule R (Form 990) 2009

2009	
6	
Form	
9 B	
Jagar Tagar	
졌	

						_	1	3	-	5
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	Share of total Income		(9) Share of end-of-year assets	(h) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
				512-514)				Yes	0	Yes No
						-				
Part IV Identification line 34 becaus	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	anization: nore relate	s Taxable as a lead or	ile as a Corporation or Trust (Complete if the organization ar nizations treated as a corporation or trust during the tax year.)	Trust (Comple rporation or true	ite if the org	janization answ ne tax year.)	rered "Ye	to L	art IV,
(a) Name, address, and EIN of related organization	i) V 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)	Share of total income p.	ілсоте	(9) Share of end-of-year assets	(h) Percentage ownership
						i				

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)	rt IV, line 34, 35, or 36.)	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	of a state	Yes No
Beceipt of (f) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a
b Giff, grant, or capital contribution to other organization(s)		10
c Gift, grant, or capital contribution from other organization(s)		P
		19
f Sale of assets to other organization(s)		11
		19
h Exchange of assets		- i=
I 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)		= ,
mailin		- T
o Reimbursement paid to other organization for expenses		10
p Reimbursement paid by other organization for expenses		1p
q Other transfer of cash or property to other organization(s)		- 1g ·
Other transfer of cash or property from other organization(s)		1r /
or imprimation on who must complete this line,	including covered relationships and transaction thresholds.	nsaction thresholds.
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
Federation of American Women's Clubs Overseas	þ,m,í	6958
(2)		
(6)		
(4)		
(5)		
(9)		

Schedule R (Form 990) 2009