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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 6/1/2009 , and ending 5/31/2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
US Committee for U.N Fund for Women, Inc.

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
2345 Crystal Drive | 301

City, town, or country | State | ZIP + 4
Arlington | VA | 22202

D Employer identification number
54-1244401

E Telephone number
(703) 236-1535

F Group Exemption Number ▶

- ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting Method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ www.unifem-usnc.org

J Tax-exempt status (check only one)— ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 157,398

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	94,806
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	36,502
	4	Investment income		4	1,372
	5a	Gross amount from sale of assets other than inventory	5a 6,957		
	b	Less cost or other basis and sales expenses	5b 6,867		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	90
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 17,761		
	b	Less direct expenses other than fundraising expenses	6b 2,915		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	14,846
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	147,616
Expenses	10	Grants and similar amounts paid (attach schedule)		10	15,000
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	47,283
	13	Professional fees and other payments to independent contractors		13	20,488
	14	Occupancy, rent, utilities, and maintenance		14	6,930
	15	Printing, publications, postage, and shipping		15	17,325
	16	Other expenses (describe ▶ Statement #2)		16	21,660
	17	**Total expenses.** Add lines 10 through 16 ▶		17	128,686
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	18,930
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	147,947
	20	Other changes in net assets or fund balances (attach explanation)		20	6,441
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	173,318

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	115,367	22	185,726
23 Land and buildings		23	
24 Other assets (describe ▶ Statement #3)	67,417	24	21,141
25 **Total assets**	182,784	25	206,867
26 **Total liabilities** (describe ▶ Statement #4)	34,837	26	33,549
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	147,947	27	173,318

G7 19

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? Provide financial support to UNIFEM

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	Support to chapters throughout the Untied States by providing information materials, a web site, meetings and teleconferences. (Grants $ 15,000) If this amount includes foreign grants, check here ▶ ☐	28a	109,171
29	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	0
30	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	109,171

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Caroline Slobodzian 2345 Crystal Drive Arlington VA 22202	Title Program Director Hr/WK 40 00	27,829	0	0
Susan Cultri 2345 Crystal Drive Arlington VA 22202	Title Program Director Hr/WK 40.00	14,166	0	0
Carol Poteat-Buchanan 2345 Crystal Drive Arlington VA 22202	Title President Hr/WK 10.00	0	0	0
Terry Brackett 2345 Crystal Drive Arlington VA 22202	Title V.P. Membership Hr/WK 10.00	0	0	0
Kay Colson 2345 Crystal Drive Arlington VA 22202	Title V.P. Fund Develop. Hr/WK 10.00	0	0	0
Shari Gruber 2345 Crystal Drive Arlington VA 22202	Title V.P. Strategic Plan. Hr/WK 10 00	0	0	0
Mary Dailey 2345 Crystal Drive Arlington VA 22202	Title Secretary Hr/WK 10.00	0	0	0
Stephen Hartwell 2345 Crystal Drive Arlington VA 22202	Title Treasurer Hr/WK 10.00	0	0	0
Ann Trainor 2345 Crystal Drive Arlington VA 22202	Title Finance Chair Hr/WK 5 00	0	0	0
Maggie Forster Schmitz 2345 Crystal Drive Arlington VA 22202	Title New Chapter Dev. Hr/WK 5.00	0	0	0
Rene Kraus 2345 Crystal Drive Arlington VA 22202	Title Communications Hr/WK 5 00	0	0	0
Crystal Lander 2345 Crystal Drive Arlington VA 22202	Title Advocacy Hr/WK 5.00	0	0	0
Ruth Zeller 2345 Crystal Drive Arlington VA 22202	Title Main UN rep. Hr/WK 5.00	0	0	0
Linda Poteat-Brown 2345 Crystal Drive Arlington VA 22202	Title Chapter Pres. Rep. Hr/WK 5.00	0	0	0
Pamela Albertson 2345 Crystal Drive Arlington VA 22202	Title Director Hr/WK 5 00	0	0	0
Neale Godfrey 2345 Crystal Drive Arlington VA 22202	Title Director Hr/WK 5.00	0	0	0
Kim Randle 2345 Crystal Drive Arlington VA 22202	Title Director Hr/WK 5.00	0	0	0
Grace Richardson 2345 Crystal Drive Arlington VA 22202	Title Director Hr/WK 5.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ See Attached Statement			
42 a	The organization's books are in care of ▶ Susan Cutri Telephone no. ▶ (703) 236-1535			
	Located at ▶ 2345 Crystal Drive City Arlington ST VA ZIP + 4 ▶ 22202			
b	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)?	42b		X
	If "Yes," enter the name of the foreign country. ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Stephen R. Hartwell — Signature of officer — Date 10/4/2010

STEPHEN R. HARTWELL, TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Date 9/10/2010	Check if self-employed ▶ [X]	Preparer's identifying number (See instructions) P00009906
Firm's name (or yours if self-employed), address, and ZIP + 4	Howard J. Levine C.P.A 16600 Sherman Way #280, Van Nuys, CA 91406		EIN ▶ 95-3535569	Phone no ▶ (818) 994-5562

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

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

2009

Open to Public Inspection

Name of the organization

US Committee for U.N. Fund for Women, Inc.

Employer identification number

54-1244401

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?

		Yes	No
(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?	**11g(i)**	
(ii)	A family member of a person described in (i) above?	**11g(ii)**	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**	

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

(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	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") .	120,914	133,937	142,873	137,932	134,308	669,964
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	120,914	133,937	142,873	137,932	134,308	669,964
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)						12,702
6 **Public support.** Subtract line 5 from line 4.						657,262

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	120,914	133,937	142,873	137,932	134,308	669,964
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,527	1,607	6,457	3,280	1,462	14,333
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)						
11 **Total support.** Add lines 7 through 10						684,297

12	Gross receipts from related activities, etc. (see instructions)	12	17,761

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . ► ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .	14	96.05%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	88.90%

16a **33 1/3% support test–2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33 1/3% support test–2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

b **10%-facts-and-circumstances test–2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions ► ☐

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2009

Open To Public Inspection

Name of the organization	Employer identification number
US Committee for U.N. Fund for Women, Inc.	54-1244401

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

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

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
Total ▶						

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

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

		(a) Event #1 Conference (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	17,761			17,761
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	17,761			17,761
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	2,915			2,915
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(2,915)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				14,846

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

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

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

Part V, Line 41 (990-EZ) - States with Which a Copy of this Return is Filed

	Armed Forces the Americas		Louisiana		Palau
	Armed Forces Europe	X	Massachusetts	X	Rhode Island
X	Alaska	X	Maryland	X	South Carolina
X	Alabama	X	Maine		South Dakota
	Armed Forces Pacific		Marshall Islands	X	Tennessee
	Arkansas		Michigan		Texas
	American Samoa	X	Minnesota	X	Utah
	Arizona		Missouri	X	Virginia
X	California		Commonwealth of the Northern Mariana Islands		U.S. Virgin Islands
	Colorado	X	Mississippi		Vermont
X	Connecticut		Montana	X	Washington
X	District of Columbia	X	North Carolina	X	Wisconsin
	Delaware	X	North Dakota	X	West Virginia
X	Florida		Nebraska		Wyoming
	Federated States of Micronesia	X	New Hampshire		
X	Georgia	X	New Jersey		
	Guam		New Mexico		
	Hawaii		Nevada		
	Iowa	X	New York		
	Idaho		Ohio		
X	Illinois		Oklahoma		
	Indiana		Oregon		
X	Kansas	X	Pennsylvania		
	Kentucky		Puerto Rico		

Name as shown on return	ID number
US Committee for U N Fund for Women, Inc.	54-1244401

STATEMENT #1 - GRANTS

United Nations Development Fund For Women	15,000
TOTAL	15,000

STATEMENT #2 - OTHER EXPENSES

Bank charges	3,418
Depreciation	2,683
Development	90
Dues and subscriptions	50
Insurance	3,158
Meetings	319
Office supplies	1,203
Registration fees	2,010
Travel	4,667
Web sote	4,062
TOTAL OTHER EXPENSES	21,660

STATEMENT #3 - OTHER ASSETS

Prepaid expenses	2,789
Property and equipment	2,671
Web site	20,080
Total	25,540
Accumulated depreciation	(4,399)
TOTAL OTHER ASSETS	21,141

STATEMENT #4 - LIABILITIES

Accounts payable	3,664
Deferred revenue	29,885
TOTAL	33,549

STATEMENT #5 - OTHER CHANGES IN NET ASSETS

Unrealized gains on securities	6,441
TOTAL	6,441