

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



DLN: 93493318015992

Department of the Treasury

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

B Check Address Name of Initial r Termin Amend	: if applicable ss change change return	C Name of organization Foundation for the Global Compact Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/sii 801 2nd Avenue 2nd Floor	_	D Employer iden 16-1756484 E Telephone nur (212) 907-1	
Address Name of Initial r Termin Amend	ss change change return nated	Foundation for the Global Compact Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/si	uite .	16-1756484 E Telephone nur	
Name of Initial range of Termin	change return nated	Number and street (or P O box if mail is not delivered to street address) Room/si	uite ·	E Telephone nur	
Initial r Termin Amend	return nated		uite .	(212)907-1	
Termin Amend	nated		ute		309
_	ded return			G Gross receipts \$	9,098,810
Applica		City or town, state or country, and ZIP + 4 New York, NY 10017	_		
	ation pending				
		F Name and address of principal officer Sir Mark Moody-Stuart	H(a) Is this	s a group return	for ┌Yes ┍No
		801 2nd Avenue 2nd Floor New York, NY 10017			
		New Fork, NT 10017	1 ' '	affiliates include	d?
Tax-ex	exempt status	▼ 501(c)(3)		p exemption num	
J Webs	site: 🕨 ww	w globalcompactfoundation org			
		✓ Corporation Trust Association Other ►	L Year of for	mation 2006 M	State of legal domicile N
Part		mary			
Governance	The Four	escribe the organization's mission or most significant activities ndation for Global Compact is a non profit organization established to h t Office and Global Compact-related activities	elp raise funds	to support the v	work of the UN Global
<u>.</u>					
		nis box if the organization discontinued its operations or disposed		5% of its net as: 3	
		of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b		4	
		mber of individuals employed in calendar year 2011 (Part V, line 2a)		5	
، إِ		mber of volunteers (estimate if necessary)		6	
	7a Total uni	related business revenue from Part VIII, column (C), line 12		7a	(
	b Net unre	lated business taxable income from Form 990-T, line 34		7b	
			Prior	Year	Current Year
		butions and grants (Part VIII, line 1h)		4,111,102	8,840,341
و ا د ا	=	ım service revenue (Part VIII, line 2g)		266,885	249,004
Bayenue 10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		7,721	9,465
12		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e		
				4,385,708	9,098,810
13		s and similar amounts paid (Part IX, column (A), lines 1-3)		1,000,000	2,831,905
14		ts paid to or for members (Part IX, column (A), line 4)			
\$ 15	. 5 Salarie 5–10)	es, other compensation, employee benefits (Part IX, column (A), lines		237,035	637,334
Expenses 16		sional fundraising fees (Part IX, column (A), line 11e)			C
		ndraising expenses (Part IX, column (D), line 25) • 287,365			
17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	•	4,089,776	3,915,507
18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25) ue less expenses Subtract line 18 from line 12		5,326,811 -941,103	7,384,746
	.s Keven	de less expenses Subtract line 10 from line 12		of Current	End of Year
Fund Balances Fund Balances 70	20 Totala	assets (Part X, line 16)	<u>'</u>	2,536,042	4,385,262
学 日 21 デア 21		iabilities (Part X, line 26)		61,677	196,833
ŽĒ 22	2 Net as	sets or fund balances Subtract line 21 from line 20		2,474,365	4,188,429
Part 1	III Sign	ature Block			
Under pe	enalties of police lige and belie lige.	erjury, I declare that I have examined this return, including accompanying s f, it is true, correct, and complete. Declaration of preparer (other than office	er) is based on a	all information of the state of	
Sign	F Signa				
	Alex	Stein Managing Dir or print name and title			
	Alex Type	or print name and title	Check if	Prenarer's taypaw	er identification number
Here	Alex	or print name and title Or print name and title Date David C Ashenfarb	Check if self-	Preparer's taxpayo (see instructions)	er identification number
Here Paid Prepare	Alex Type Preparer signature Firm's no	or print name and title Date David C Ashenfarb ame (or yours SCHALL & ASHENFARB CPAS	self-	(see instructions)	er identification number
Sign Here Paid Prepare Use Onl	Alex Type Preparer signature Firm's no if self-er	or print name and title Date David C Ashenfarb	self-		

Par	t III	Statement of Program Check if Schedule O contains			I		
1	Brief	y describe the organization's n				<u> </u>	
		tion for Global Compact is a no Global Compact-related activit		established to help ra	use funds to support the w	ork of the UN Global Co	ompact
<u> </u>	e and c	sional Compact-Telated activit	165				
2	the pr	ne organization undertake any s rior Form 990 or 990-EZ? .				┌ Yes ┌ No	
_		s," describe these new service					
3	servi	e organization cease conducti				┌ Yes ┌ No	
4		s," describe these changes on tibe the organization's program		nants for anch of its t	broo largost program sorvi	cos as moasured by	
	exper	ises Section 501(c)(3) and 50 and allocations to others, the	1(c)(4) organization	s and section 4947(a)(1) trusts are required to	report the amount of	
4a	(Code	e) (Expenses	\$ 6,536,010	including grants of \$) (Revenue s	\$)	
	2011 2011, Globa Traini the U Sumr Europ activi Secto Right repre opera Work to pro Group imple Wate sessic Cope more Corru Suppr Grouf Confi	mes This document provides a brief of a detailed breakdown of the Foun Davos, SwitzerlandGlobal Compact L Id Compact Leaders Summit in June 20 ng3 February 2011, New York, USATh N Global Compact Management Modernt 2010 OUTCOME III Local Networke, Asia-Pacific, Latin American and Asies OUTCOME IV UN-Business Partner Forum 2011 focused on the role of the sard Annual Event on the Women's Ersentatives from the private sector, Gottonalized to advance company efforting Group Meeting 28-29 September 2 company effort and the sector of the same of the sector of the	dation's support of the UNEAD is a platform for the D10 OUTCOME II Commine US Network of the UNEAD is a framework for the incisor of the UNEAD is a framework for the incisor of the UNEAD is and Oceania throughous exhips Fourth UN Private Sche private sector in supponpowerment Principles9-1 overnment, civil society and to demand the UNEAD is some of the UNEAD is a month of the UNEAD is a platform of the UNEAD is a pla	I Global Compact OUTCOM Implementation of the Blue unication on Progress and I Global Compact, in particular particular progress and I Global Compact, in particular progress and I Global Compact, in particular progress assessed for the Global Compact of the Secretary-General March, New York, USAO of the UN gathered at UN I the workplace, marketplace. The United Nations Global Compact's participant base of the United Nations Global Compact of Signatories in the UN and other participant of t	ME I Leadership Blueprint - Launeprint for Corporate Sustainability Participant ManagementUN Globership with Deloitte, convened a all Compact's ten principles by bus Golobal Compact Local Networks is seed progress made, exchanged Energy for All"20 September 201 als strategy on Sustainable Energy for All"20 September 201 als strategy on Sustainable Energy ear after the launch of the Vietadquarters to take stock of hole and community and identify all Compact's Human Rights Working and in business more generally in the session was a unique opput COME VII EnvironmentSever enmarkThe CEO Water Mandate is - in Conjunction with Global Coll conference of signatories and signer interests OUTCOME VIII Antor Action on Combating Corruptio and the private sector OUTCOM 2011, New York, USAThe Expert Coll discuss ways to advance the intinues to support many operation	ch of Global Compact Lead 2 / Leadership that was launch al Compact Management Mc special training session focusiness, launched at the Leadership that was launched at the Leadership to the Lea	28 Januar hed at the odel using on ders gs in uture rivate nan horiples, an Rights iscuss how ir Working on how to holder drew against ty, and pert ess in e business
	(Code	e) (Expenses	\$	ıncludıng grants of \$) (Revenue \$;)	
	_						
4 c	(Code	e) (Expenses	\$	including grants of \$) (Revenue \$)	
_	_						
4d		er program services (Describe	•				
		enses \$	ıncludıng grants o	· · · · · · · · · · · · · · · · · · ·) (Revenue \$)	
4e	Tota	l program service expenses►\$	6,536,01	.0			

Part IV	Checklist of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II and IV	15	Yes	
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 $\textcircled{\textbf{5}}$	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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		No
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		No
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		No
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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V $$.	•	. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 43			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1 00	
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
Ju	year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νo
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 or securities account)?	4a		Νo
h				110
U	If "Yes," enter the name of the foreign country - See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	See maductions for ming requirements for Form בייסר בייסר בייסר אווויסר אווויסר אוויסר אוויסר אוויסר אוויסר אייסר אוויסר אוויסר אייסר אוויסר אייסר אוויסר אייסר א			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Νo
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νο
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	er.		NI ~
7	were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).	7-		NI ~
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νο
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
_	Form 1098-C?	7h		No
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		Νo
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
-	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		Νo
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is needed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		Νo

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

Se	ection A. Governing Body and Management			
			Yes	No
4_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	4		No	
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		No
b	more members of the governing body?	\vdash		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		Νo
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 Alex Stein

801 2nd Avenue 2nd Floor New York, NY 10017

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

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

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

Check this box if neither the organiz	ation nor any re	lated o	rganı	zatio	ons	compe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
(A) Name and Title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) Father Oliver Williams Director	1 00	х						0	0	0
(2) James V Kearney Director	3 00	х		Х				0	0	0
(3) Sır Mark Moody-Stuart Chaırman	1 00	х		Х				0	0	0
(4) Alex Stein Managing Dir	40 00			Х				33,925	0	2,124
(5) Celina Gorre Managing Dir	40 00			Х				132,956	0	6,303

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

	(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e tha	n one son er ai	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estima amount o compens from to	ated of other sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	relat organiza	
1b	Sub-Total							<u> </u>				
c d	Total from continuation sheets Total (add lines 1b and 1c) .	to Part VII, Sec			•	•		*	166,881			8,427
2	Total number of individuals (incl \$100,000 of reportable compen	udıng but not lın	nited to	thos	e lıs	ted	above) who		n		<u> </u>
											Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sch					ey e •	mploy •	ee, o •	r highest compens	l l	3	No
4	For any individual listed on line corganization and related organization.									ch		
5	Did any person listed on line 1a services rendered to the organiz									r individual for	-	No
								,,			5	No
1 1	Complete this table for your five \$100,000 of compensation from	highest comper the organizatio										
	or within the organization's tax y	(A) ne and business add	dress						Descr	(B) ription of services	(C Comper	
	Total number of independent cont \$100,000 of compensation from t			ot lın	nıted	l to 1	those	liste	l d above) who receiv	red more than	1	

Form 9							Page 9
Part \	<u> </u>	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
#\$ #	1a	Federated campaigns	1a				
Contributions, gifts, grants and other similar amounts	Ь	Membership dues	1b				
% ⊞	С	Fundraising events	1c				
<u>₹</u> ,ह	d	Related organizations	1d				
žŒ.	e	Government grants (contributions)	1e				
afio er∴	f	All other contributions, gifts, grants, and similar amounts not included above	1f 8,840,341				
売 色	g	Noncash contributions included i					
돌	h	lines 1a-1f \$ Total. Add lines 1a-1f		8,840,341			
<u>O @</u>	⊢"	Total. Add lines 14-11		5,6.0,6.11			
E E	2a	Event income	Business Code	249,004	249,004		
еле	Ь	Event meante	-	249,004	249,004		-
or Gr	c		-				+
<u> </u>	d		-				
Ž.	e		-				
Ta .	f	All other program service revenu	_ e				
Program Service Revenue		Total. Add lines 2a-2f		249,004			
	д 3	Investment income (including div		249,004			+
		and other similar amounts)		9,465			9,465
	4	Income from investment of tax-exempt	bond proceeds	0			
	5	Royalties		0			
		(ı) Real	(II) Personal				
	6a b	Gross rents Less rental					
		expenses Rental income					
	C	or (loss)					
	d	Net rental income or (loss)		0			
	7a	(i) Securities Gross amount	(II) Other				
		from sales of assets other					
	Ь	than inventory Less cost or					
		other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
une	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line See Part IV, line 18	1c) a				
the	b	Less direct expenses	ь				
δ	C	Net income or (loss) from fundrai	, t	0			
	9a	Gross income from gaming activi See Part IV, line 19	ties a				
	b c	Less direct expenses Net income or (loss) from gaming	b gactivities	0			
	10a	Gross sales of inventory, less returns and allowances .	a				
	Ь	Less cost of goods sold	b b				
	c	Net income or (loss) from sales of		o			
		Miscellaneous Revenue	Business Code				
	11a						
	Ь						
	C		_				
	d	All other revenue					<u> </u>
	e	Total. Add lines 11a-11d		0			
	12	Total revenue. See Instructions	▶	0.000.01-	240.00:		2.15
	1		l	9,098,810	249,004		9,465

5

7

25

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form 990 (2011) Page **10** 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) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 1,700,000 1,700,000 Grants and other assistance to individuals in the United States See Part IV, line 22 0 3 Grants and other assistance to governments, organizations, and individuals outside the United 1,131,905 1,131,905 States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 175,308 87,654 87,654 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 0 Other salaries and wages 311,425 195,943 61,878 53,604 Pension plan contributions (include section 401(k) and section 84,270 34,522 25,602 403(b) employer contributions) 24,146 Other employee benefits 31,043 16,169 7,778 7,096 35,288 14,456 10,721 10,111 10 Fees for services (non-employees) 11 Management 0 0 Legal 0 Accounting 0 Lobbying Professional fundraising See Part IV, line 17 . . 0 0 Investment management fees 0 g Advertising and promotion . . . 0 12 0 Office expenses 13 0 14 Information technology 15 Royalties . . 0 365,606 16 149,774 111,078 104,754 339,289 337,835 1,454 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 0 0 19 Conferences, conventions, and meetings 20 0 0 21 Payments to affiliates . . . 22 Depreciation, depletion, and amortization 10,051 10,051 5,497 23 5,497 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)

All other expenses 18,071 38,570 20,499 Total functional expenses. Add lines 1 through 24f 7,384,746 6,536,010 561,371 287,365 Joint costs. Check here ► 🗀 If following SOP 98-2 (ASC 958-720) Complete this line only if the

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,325,214 1,697,315 1 1.115.683 2.081.507 2 2 3 3 0 4 0 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 6 0 7 0 8 9 9 494,527 Prepaid expenses and deferred charges 10a 66.403 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 14,490 b Less accumulated depreciation 35,145 10c 51,913 0 11 11 12 0 12 Investments—other securities See Part IV, line 11 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 Intangible assets 14 60,000 60,000 15 15 2,536,042 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 4,385,262 61,677 111,990 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 84,843 D 26 61,677 26 196,833 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 1,131,106 27 Unrestricted net assets 2,776,286 1,343,259 28 1,412,143 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 2,474,365 33 4.188.429 34 Total liabilities and net assets/fund balances 2.536.042 4.385.262 34

Pa	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,0	098,81
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,3	384,74
3	Revenue less expenses Subtract line 2 from line 1	3		1,7	714,06
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,4	474,36
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		4,:	188,42
Pai	t XII Financial Statements and Reporting	<u> </u>			
	Check if Schedule O contains a response to any question in this Part XII			୮	-
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r	equired	3b		No

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Foundation for the Global Compact

Department of the Treasury Internal Revenue Service

h

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.

Inspection

Employer identification number

16-1756484

Рa	Lt T	Reason for Public Charity Status (All organizations must complete this part.) See instruct	ions							
The	organı	zation 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 section 170(b)(1)(A)(i).								
2	\sqcap	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(hospital's name, city, and state	iii). Ente	r the						
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit	describe	- d ın						
_	_	section 170(b)(1)(A)(iv). (Complete Part II)								
6	<u> </u>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	<u>~</u>	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	general	public						
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
9	\sqcap	An organization that normally receives (1) more than 331/3% 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	331/3%	of						
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fro	m busine	esses						
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)								
10	Γ	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).								
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sect 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 T		a)(3).	Check					
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disorber than foundation managers and other than one or more publicly supported organizations described in 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 sup check this box	porting o	rganız	ation,					
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?								
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No					
		and (III) below, the governing body of the 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)		_					

(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 US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

instructions

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

	under Part III. If the	e organization	fails to qualify ι	inder the tests	<u>listed below, ple</u>	ease cor	<u>mplete</u>	Part III.)		
	ection A. Public Support	1	1	<u> </u>						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	011	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,137,18	5 3,200,528	4,920,052	4,111,102	8	,840,341	23,209,208		
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0		
4	Total. Add lines 1 through 3	2,137,18	5 3,200,528	4,920,052	4,111,102	8	,840,341	23,209,208		
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)							1,182,271		
6	Public Support. Subtract line 5							22.026.027		
	from line 4							22,026,937		
	ection B. Total Support									
Cale	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total		
7	beginning in) A mounts from line 4	2,137,185	3,200,528	4,920,052	4,111,102	8	,840,341	23,209,208		
8	Gross income from interest,	2,137,103	3,200,320	1,320,032	1,111,102	0,040,341		23,203,200		
0	dividends, payments received on securities loans, rents, royalties and income from similar sources	12,258	6,806	5,917	7,721		9,465	42,167		
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0		
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							0		
11	Total support (Add lines 7 through 10)							23,251,375		
12	Gross receipts from related activit	es, etc (See ins	tructions)			12		1,443,801		
13	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pul		· 	, thırd, fourth, or f	ifth tax year as a !	501(c)(3	3) organı	zation, ▶		
14	Public Support Percentage for 201			11 column (f))		14		94 730 %		
15	Public Support Percentage for 201	-				15		95 480 %		
	33 1/3% support test—2011. If the	•	•	v on line 12 and 1	ine 14 is 22 1/20/		chock			
b	and stop here. The organization qua 33 1/3% support test—2010. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization	alifies as a public organization did n qualifies as a p — 2011. If the org tion meets the "f	ly supported orgal not check the boublicly supported anization did not offects and circums	nization x on line 13 or 16 organization check a box on lir tances" test, chec	a, and line 15 is 3 ne 13, 16a, or 16b ck this box and st	33 1/3% on and line	or more, : 14 Explain	check this		
b 18	In Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test—2010. 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. 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 A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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

Schedule A (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493318015992

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

tema	al Revenue Service	Hattach to Fo	orm 990. ► See separate instructions.		Inspect	tion
	me of the organi			Employer identificat	ion numbe	er
Fot	undation for the Glob	al Compact		16-1756484		
Pa	rt I Organi	izations Maintaining Donor Ac	dvised Funds or Other Similar Fu		Complet	te if the
	organiz	zation answered "Yes" to Form 99			·	
			(a) Donor advised funds	(b) Funds and ot	her accou	nts
1	Total number a					
2	55 5	cributions to (during year)				
3		its from (during year)				
4		e at end of year				
5			sors in writing that the assets held in dono organization's exclusive legal control?	or advised	☐ Yes	┌ No
6	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor, or for an		┌ Yes	┌ No
Pa	rt III Conse	rvation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV,	, lıne 7.	
1 2	Preservati Protection Preservati Complete lines	conservation easements held by the or on of land for public use (e g , recreati of natural habitat on of open space s 2a-2d if the organization held a quali ne last day of the tax year	on or pleasure)	historically importantle ertified historic struct of a conservation	•	a
			Γ	Held at the I	End of the	Year
а	Total number o	f conservation easements		2a		
b	Total acreage i	restricted by conservation easements		2b		
c	Number of cons	servation easements on a certified his	toric structure included in (a)	2c		
d	Number of cons	servation easements included in (c) ac	cquired after 8/17/06	2d		
3	Number of cons	servation easements modified, transfe	ے rred, released, extinguished, or terminate:	d by the organization d	uring	
	the taxable yea	ar ►				
4	Number of stat	es where property subject to conserva	ation easement is located be			
5	Does the organ		g the periodic monitoring, inspection, hand	— lling of violations, and	┌ Yes	┌ No
6	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year ►		
7	A mount of expe	enses incurred in monitoring, inspectii	ng, and enforcing conservation easements	during the year		
	► \$					
8		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes	┌ No
9	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial nents			
Pai	rt IIII Organi	izations Maintaining Collectio	ns of Art, Historical Treasures, o 'Yes" to Form 990, Part IV, line 8.	or Other Similar A	ssets.	
1a	If the organizat art, historical t	tion elected, as permitted under SFAS reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researciancial statements that describes these it	h in furtherance of pub		е,
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research ir			
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1		► \$		
	(ii) Assets incl	luded in Form 990, Part X		► \$		
2	If the organizat	·	orical treasures, or other similar assets fo S 116 relating to these items			
а	-	ided in Form 990, Part VIII, line 1	-	► \$		

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Treasu</u>	res, or Oth	<u>er Similar Asse</u>	ts (con	ntınued)
	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing that ar	e a significant	use of its collection	1	
а	Public exhibition		d	Γ	Loan or excl	nange program	S		
b	Scholarly research		e	Γ	Other				
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	iin hov	w the	/ further the o	rganızatıon's e	exempt purpose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	┌ No
Part	Escrow and Custodial Arrang Part IV, line 9, or reported an an					n answered "	Yes" to Form 990),	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermo	ediary	for c	ontributions (or other assets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	able		Amou	ınt	
c	Reginning halance					1c			
d	Beginning balance Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo	orm 990 Part V lin	م 210 م					Yes	
	If "Yes," explain the arrangement in Part XIV	•	C 21'				,	. 63	, 140
Par			n ans	Wer	od "Yes" to I	Form 990 Da	rt IV line 1∩		
	Endowniene i anabi complete	(a)Current Year		Prior `) Four Yea	ars Back
1a	Beginning of year balance							-	
b	Contributions								
c	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the yea	r end balance held	as						
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment 🕨								
С	Term endowment ►								
За	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	are held and a	dmınıstered fo	r the	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)	<u> </u>	
	If "Yes" to 3a(II), are the related organizatio	•					3b		
4	Describe in Part XIV the intended uses of th								
Pari	Land, Buildings, and Equipme	int. See Form 99	10, Pa				1		
	Description of property				a) Cost or other sis (investment)	(b)Cost or other)	er (c) Accumulated depreciation	(d) Boo	ok value
4 - 1	and			1					
Ia L									
	Buildings		-						
b B	Buildings		•						
b E	•	· · · · · · · · · · · · · · · · · · ·	· ·			66,40	3 14,490		51,913
b E c L d E e C	easehold improvements	· · · · · · · · · · · · · · · · · · ·	· · ·			,	3 14,490		51,913

Investments—Other Securities. See	form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)20011 10100	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
o ther		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	 	
	 	
Total (Column (h) should equal Form 990, Part X, col.(R) line 13.)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(h) Poole volue
	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15. tion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,098,810
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,384,746
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,714,064
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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,714,064
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	9,388,810
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		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	290,000
3	Subtract line 2e from line 1	3	9,098,810
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
C	Add lines 4a and 4b	4 c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	9,098,810
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	7,674,746
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	290,000
3	Subtract line 2e from line 1	3	7,384,746
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Ohlow (December in Bort VIV)	1	
b	Other (Describe in Part XIV) 4b	1	
b c	Add lines 4a and 4b	4c	
		4c 5	7,384,746

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

Identifier	Return Reference	Explanation
Part X		The Foundation has adopted the provisions of FASB ASC 740, Income Taxes, which applies to positions taken or expected to be taken in a tax return. Organizations are required to recognize the effects of tax positions if they are more likely than not of being sustained. The Foundation does not believe its financial statements include any uncertain tax positions.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318015992

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Name of the organization Foundation for the Global Compact

Employer identification number

					16-1756484		
Pa	"Yes" to Form 990, Pa			ne United States. C	omplete if the organiz	ation answered	
1	For grantmakers. Does the assistance, the grantees' eligible the grants or assistance?	organızatıon n gıbılıty for the	naıntaın record grants or assıs	stance, and the select	ion criteria used to awa		
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States							
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed [)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region	
	South America	0	0	Program Services	Antı-Corruption mtgs	280,000	
	Europe	0	0	Program services	Caring for Climate	82,000	
	Europe	0	0	Program Services	Private Sector Mtg	160,000	
	Europe	0	0	Program services	Water Mandate Mtg	273,000	
	Sub-total Total from continuation sheets					795,000	
	to Part I						

c Totals (add lines 3a and 3b)

795,000

Pa	Part IV, li	ine 15, for any	sistance to Orgai y recipient who rece space is needed.	nizations or Entition or Entition \$5,	es Outside the Un 000. Check this box	ited States. Comp of no one recipient	plete if the organization of the control of the con	tion answered "Yes' n \$5,000	' to Form 990, ► 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Europe	Support	1,131,905	Wire			
2	Enter total nun tax-exempt by	nber of recipie the IRS, or fo	ent organizations lis or which the grante	ted above that are i e or counsel has pro	recognized as charit ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	ountry, recognized letter	as . 🕨	1
3	Enter total nun	nber of other	organizations or en	tities					(Farm 000) 2011

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
		+			+		
		+ +	·		+		
'	 	+	<u> </u>	-	+		+
		+	<u> </u>	-	+	<u> </u>	+
		+	ı———			1	
			<u> </u>	<u> </u>		 	+
				<u> </u>		 	
						1	
			<u></u>	<u> </u>		1	
		T					
-					Ţ		
		+ + + + + + + + + + + + + + + + + + + +	 I		†		
		+		<u> </u>	+		
		+	·	<u> </u>	+		
	+	+	 I	<u> </u>	+	<u> </u>	+
·	 	+	ı———	<u>'</u>		1	_
			<u> </u>	<u> </u>		 	1
						1	dula E (Earry 000) 2011

Part IV Foreign Forms

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

Schedule F (Form 990) 2011

Identifier	ReturnReference	ections) required in Part I, line 2, and any Explanation
		<u>.</u>

lefile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

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

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

OMB No 1545-0047

DLN: 93493318015992

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization Foundation for the Global Compact

Employer identification number

16-1756484		
e, and	☐ Yes	Г

Part 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

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

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UN Global Compact2 United Nations Plaza DC2- 612 New York, NY 10017			1,700,000	0			O perating support
2 Enter total number of sec	tion 501(c)(3) and go	vernment organizations	listed in the line 1 tabl	e			0

Enter total number of other organizations listed in the line 1 table

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc

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

Identifier Return Reference

Explanation

Schedule I (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318015992

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization Foundation for the Global Compact	Employer identification number	
	16-1756484	

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Financial statements are available upon request
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Members of the Board reviewed and considered the salaries of comparable positions. Based on its understanding of comparable salaried positions, the Board approved the contract with and the amount of compensation for the Director of Administration and Managing Director.
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The organization has a "board approved" conflicts of interest policy. Each board member must fill out an annual declaration stating they had no conflicts or identifying the nature of their interested party transactions.
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	Management reviewed a draft of the form 990 with the audit/finance committee and provided edits to the tax preparer. After this process was performed, the form 990 was sent to the full board of directors prior to being filed with the IRS.

Additional Data

Software ID: 11000144

Software Version: 2011v1.2

EIN: 16-1756484

Name: Foundation for the Global Compact

Form 990, Special Condition Description:

Special Condition Description