Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements

IIICII		The diganization may have to use a copy of this return to satisfy s	.a.e .epe	g roquiron	ilointo.								
Α	For th	e 2010 calendar year, or tax year beginning , 2010), and ending	g		, 20							
	heck if applicable	C Name of organization THE MILLENNIUM PROJECT CORPC	RATION	D Emplo	yer ide	entification nu	ımber						
	ipplicable iddress c			26-46	-								
-1	lame cha			E Teleph									
-1		4401 CARRIGON CEL N. M.	100m/Julie	•		-5179							
-	nitial retu			(202)	000	-3119							
-	erminate			G Gross		0.7.6	41 =						
Α	mended	3		receip		876,							
Α	pplicatio		l(a) Is this a gr	oup return fo	or affiliates	H	es X No						
		· ·	l(b) Are all affil	liates include	ed?	Ŭ Y	es No						
I T	ax-exe	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527	If ``No," at	tach a list. (s	ee instruc	ctions)							
J V	Vebsit	e:▶ N/A	I(C) Group exe	emption numl	ber >	•							
ΚF	orm of o	rganization: X Corporation Trust Association Other ▶ L Year of	formation:	2009	M Stat	te of legal domicile:	DC						
Pa	art I	Summary											
	1	Briefly describe the organization's mission or most significant activities:											
_	Se	e attachment #2											
A C T													
Ťč	3 -												
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.											
ĻĒ	3 3	Number of voting members of the governing body (Part VI, line 1a)			3	.	7						
		Number of independent voting members of the governing body (Part VI, line 1a)			4		4						
Ė K S C	N 7	Total number of individuals employed in calendar year 2010 (Part V, line 2a)			5								
È	<u> </u>				\vdash		Γ0						
&	6	Total number of volunteers (estimate if necessary)			6		50						
	7a	, , , , , , , , , , , , , , , , , , , ,			7a								
	d	Net unrelated business taxable income from Form 990-T, line 34	7b		0								
R		0		Current \									
REVEN	8	Contributions and grants (Part VIII, line 1h)		345,96		835,							
Ě	9	Program service revenue (Part VIII, line 2g)		35,13	37	41,	249						
N	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)											
Ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)											
	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		381,10)5	876,	415						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)											
E	14	Benefits paid to or for members (Part IX, column (A), line 4)											
EXPENSES	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	35	268,	255								
E	16a	Professional fundraising fees (Part IX, column (A), line 11e)											
N	b	Total fundraising expenses (Part IX, column (D), line 25) ▶											
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		149,26	57	588,	724						
S	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		283,55	52	856,	979						
	19	Revenue less expenses. Subtract line 18 from line 12		97,55	53	19,	436						
N E O T R	В		Beginning	of Current \	⁄ear	End of Y	ear						
ĪŘ	Å 20	Total assets (Part X, line 16)		272,12	29	291,	565						
A F U	Ñ 21	Total liabilities (Part X, line 26)				<u>_</u>							
E N	Š 22	Net assets or fund balances. Subtract line 21 from line 20		272,12	29	291,	565						
	rt II	Signature Block	· .	,		•							
Jnde	r penaltie	es of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my k	nowledge ar	nd belief, i	t is true,							
		omplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		Ü									
Sig	ın	Signature of officer				Date							
Hei		▲ JEROME C. GLENN EXECU'	TIVE D	TRECT	'OR								
		Type or print name and title											
		Print/Type preparer's name Preparer's signature Date		Check	if	PTIN							
Pai	id	SATISH P SHAH			∟∟ if nployed								
	pare		-	irm's EIN		<u> </u>							
	e Onl	· ····································		hone no.									
_ •		BURTONSVILLE MD 20866		301)4	76-0	2/06							
10:	, the ID						V N-						
vıay	tne iR	S discuss this return with the preparer shown above? (see instructions)				Yes	X No						

Form	990 (2010) THE MILLENNIUM PROJECT COR 26-4665637	Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	INDEPENDENT NON-PROFIT GLOBAL PARTICIPATORY FUTURES RESEARCH	
	THINK-TANK OF FUTURISTS, SCHOLARS, BUSINESS PLANNERS AND POLICY MA	KERS
	WHO WORK FOR INTERNATIONAL ORGANIZATIONS, GOVERNMENTS, CORPORATION	
	NGOs, AND UNIVERSITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	X No
	If ``Yes," describe these new services on Schedule O.	21 110
2		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	∇ Na
	services? Yes	X No
	If ``Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 841,152 including grants of \$) (Revenue \$ 835,166)
	See attachment #3	
		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))

) (Revenue \$

(Expenses \$

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

including grants of \$

Checklist of Required Schedules

Part IV

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If ``Yes," Χ Χ 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (h) Χ election in effect during the tax year? If ``Yes," complete Schedule C, Part II............................... 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Χ 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 Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," R Χ complete Schedule D, Part III 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 Χ 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule Χ D, Part VI 11a 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 Χ c Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total Χ 11c 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 Χ 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If ``Yes," complete Schedule D, Part X, 11e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If ``Yes," complete Χ Schedule D, Parts XI, XII, and XIII. 12a 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 Χ Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If ``Yes," complete Schedule E 13 Χ 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b business, and program service activities outside the United States? If ``Yes," complete Schedule F, Parts I and I.V. Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 Χ or entity located outside the United States? If ``Yes," complete Schedule F, Parts II and IV..... 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If ``Yes," complete Schedule F, Parts III and IV...... Χ 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)..... 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Χ lines 1c and 8a? If ``Yes," complete Schedule G, Part II. 18 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 Χ Χ 20a b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers

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Checklist of Required Schedules (continued)

Part IV

Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the 21 Χ 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 Χ Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's 23 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," Χ complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If ``Yes," answer lines 24b through 24d and complete Schedule K. If ``No," go to line 25 24a Χ 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A 24c 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a Χ 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 Χ 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 Χ 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 Χ Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If ``Yes," complete Schedule L, Part IV 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28b Χ Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If ``Yes," complete Schedule L, Part IV. 28c Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If ``Yes," complete Schedule M.......... 29 Χ Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Χ Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 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 Χ Is any related organization a controlled entity within the meaning of section 512(b)(13)?..... 35 Χ Did the organization receive any payment from or engage in any transaction with a controlled entity Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Χ 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 Χ 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

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	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
0-	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the colondor year and in with at within the year accorded by this return.			
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If ``Yes," has it filed a Form 990-T for this year? If ``No," provide an explanation in Schedule O	3b		21
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	35		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If ``Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If ``Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible?	6a		Х
b	If ``Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
b	If ``Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If ``Yes," indicate the number of Forms 8282 filed during the year			3.7
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		Λ
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? N/A	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	/ 11		
Ü	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations.Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
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		X
b	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.	46		37
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 142	Enter the amount of reserves on hand	140		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X
b	If ``Yes," has it filed a Form 720 to report these payments? If ``No," provide an explanation in Schedule Q	140	l	Δ.

Form 990 (2010)

Part VI

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

Jecti	on A. Governing body and management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	a 7		162	NO
b		b 4	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	- 1	_		
-	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under				
	of officers, directors or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more r				
	governing body?		7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken				
	by the following:	3 ,			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
	organization's mailing address? If ``Yes," provide the names and addresses in Schedule O		9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal F				
		•		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of suc	h chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	N./.A	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before	filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Does the organization have a written conflict of interest policy? If ``No," go to line 13		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	ould give			
	rise to conflicts?	N/A	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? I				
	describe in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and appro	-			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang				
	with a taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to e				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to s	•	401		
Socti	the organization's exempt status with respect to such arrangements?	N/A	16b		
	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (501(a)(2)a anhi)			
10	, , , , , , , , , , , , , , , , , , , ,	7-1 (301(c)(3)8 0Hly)			
	available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents	conflict of interest			
19	policy, and financial statements available to the public.	COMMON OF MILE 1631			
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the			
	organization: ▶ See attachment #4				

Form **990** (2010)

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Part VII Cor

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See instructions for definition of ``key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)		anization nor any related organizations compensated a						(D)	(E)	(F)
Name and Title	Average	Po	sition	•		at apply)		Reportable	Reportable	Estimated
	hours per week (describe hours for related organiza- tions in Schedule O)		TRUSTEE ONAL	OF F - C E R	K E M P L O Y E E		F O R M E R	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensatior from the organization and related organizations
EROME C. GLENN XECUTIVE DIRECTOR OHN W. McDONALD	40.00	X			Х	X		100,000	0	0
HAIRMAN HEODORE GORDON	2.00	Х						0	0	0
TICE-CHAIRMAN HARLES PERROTTET	20.00	Х			Х	Х		71,657	o	0
ECRETARY LIZABETH FLORESCU	4.00			Х				0	0	0
REASURER awthar nakayima	40.00			X	X	X X		61,598 35,000	0 0	0 0

Copyright Forms (Software Only) - 2010 TW Form **990** (2010)

Part	t VII Section A. Officers	s, Director	s, Trust	ees, K	(ey Er	nploy	ees, and	l High	est Compensated E	Employees(continue	ed)			
	(A)	(B)			((C)			(D)	(E)		((F)	
	Name and title	Average	Po	sition	(checl	k all th	at apply)		Reportable	Reportable		Estin	nated	t
		hours per week	NRI	I T N R	O F F	K E E M	H C E I O M	F O	compensation	compensation			unt o	f
		(describe	D U R I S E	N R S U T S I T	F	ΥP	GMP	R M	from the	from related organizations	CO		her ensati	ion
		hours for	D U R I S E V T C I E T	I T T E U E	C E R	L O Y E F	E E O S N Y T S E	E R	organization	(W-2/1099-MISC)			n the	OH
		related organiza-	III R	T E	R	E	TSE		(W-2/1099-MISC)	,	0	rgan	izatio	n
		tions in	A O N	O N			E D						elate	
		Schedule O)		A L							or	ganı	zatio	ns
1b	Sub-total							•	268255	0	0			
C	Total from continuation sl	neets to Pa	art VII. S						200233		U			
d	Total (add lines 1b and 1c							•	268255	0	0			
2	Total number of individuals								received more than	\$100,000 in reporta	ble co	mpe	nsati	on
	from the organization >												1	
•	Did the engagination list on.		e:									`	Yes	No
3	Did the organization list any on line 1a? If ``Yes," complete								•		3			Х
4	For any individual listed on													
	organization and related org										. 4			Χ
5	Did any person listed on line						-		•					
	services rendered to the org		If "Yes	," com	plete	Sched	ule J for	such	person			5		Χ
Section 1	Complete this table for your		at comp	nnosto	d indo	nondo	nt contr	notoro	that received more t	ban \$100 000 of				
1	Complete this table for your compensation from the orga		st compe	ensale	a mae	penae	ent contra	actors	that received more t	nan \$100,000 oi				
	compensation from the orga	(A)							(B)			(C))	
	Name and	d business	address	;					Description of se	ervices	Com		satio	n
2	Total number of independer	nt contracto	rs (inclu	ıdina h	out not	limite	d to thos	e liste	d above) who receiv	ed more than				

\$100,000 in compensation from the organization **\rightarrow**

TWF 41345

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JVA

Form **990** (2010) Copyright Forms (Software Only) - 2010 TW

Part	: VIII	Statement of Revenu	ie					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
0.0	10	Endorated compaigns	10			TOVENIGE		012, 010, 01014
C I T		Federated campaigns						
OFH		Membership dues						
N T E T S R	С	Fundraising events	1c					
$R_{G}S$	d	Related organizations	1d					
BAM	е	Government grants (contribu	ıtions) 1e	643,229				
UN¦				,				
T S A	ı	All other contributions, gifts, similar amounts not included		191,937				
ОАл	_			191,937				
N N M S D T	•	Noncash contributions included in line	· · · · · · · · · · · · · · · · · · ·					
Š	h	Total. Add lines 1a-1f			835,166			
P R O S G E				Business Code				
	2a	book sales			41,249	41,249		
GE	b							
RRR	С		_					
AVE	d	-						
MIV	e	-						
ĔΝ		All other management						
U	T	All other program service rev						
E	g	Total. Add lines 2a-2f			41,249			
	3	Investment income (including	g dividends, interes	st, and				
		other similar amounts)						
	4	Income from investment of to	ax-exempt bond pr	oceeds ▶				
	5	Royalties						
		,	(i) Real	(ii) Personal				
	62	Gross Rents	(.)	() 1 0.001.0.				
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss) .		<u></u>				
	70	Gross amount from sales	(i) Securities	(ii) Other				
	<i>1</i> a	of assets other than						
		inventory						
	b	Less: cost or other basis						
		and sales expenses						
0	c	Gain or (loss)						
Т		<u> </u>						
н		Net gain or (loss)						
E	oa	Gross income from fundraisi	ng					
R		events (not including \$						
ь		of contributions reported on						
R E		See Part IV, line 18	a					
v	b	Less: direct expenses	b					
E	С	Net income or (loss) from fur	ndraising events					
N		Gross income from gaming a	i i					
U		Part IV, line 19						
E	h	Less: direct expenses						
		·						
		Net income or (loss) from ga	i i	·····•				
	10a	Gross sales of inventory, les						
		returns and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sa	les of inventory	>				
		Miscellaneous Reve	enue	Business Code				
	11a							
	b							
	c							
			_					
		All other revenue						
		Total. Add lines 11a-11d .						
	12	Total revenue. See instructi	ions		876,415	41,249		

Part IX S

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). (**D**) Fundraising (B) Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b, (A) Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in Grants and other assistance to governments, 3 organizations, and individuals outside the Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 268,255 268,255 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Pension plan contributions (include section 401(k) 8 and section 403(b) employer contributions) Other employee benefits 9 10 11 Fees for services (non-employees): Management а Legal С 3,533 3,533 d Lobbying Professional fundraising services. See Part IV, line 17 . . . е f Other g 5,510 3,360 2,150 12 Advertising and promotion 15,571 15,571 13 6,087 3,043 3,044 14 15 Royalties 16 Occupancy 17 61,521 61,521 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 8,792 8,792 20 Interest 21 22 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) CONSULTANTS EXPENSES 449,729 449,729 b PRINTING 20,509 20,509 c POSTAGES 8,425 8,425 d TELEPHONES 3,895 1,947 1,948 utilities e 3,440 3,440 f 1,712 1,712 25 Total functional expenses. Add lines 1 through 24f 856,979 841,152 15,827 **Joint costs.** Check here ▶ if following SOP 98-2 26 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form **990** (2010)

Balance Sheet Part X (A) (B) Beginning of year End of year Cash -- non-interest bearing 272,129 291,565 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations ASSETS of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D...... 10a 10c 11 11 Investments -- publicly traded securities 12 12 Investments -- other securities. See Part IV, line 11 13 13 Investments -- program-related. See Part IV, line 11 14 15 **16 Total assets.** Add lines 1 through 15 (must equal line 34) 272,129 16 291,565 17 17 **18** Grants payable 18 19 Deferred revenue 19 20 A B 21 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified Т 22 23 Secured mortgages and notes payable to unrelated third parties 23 Ε 24 25 **26 Total liabilities.** Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. N E T 27 Unrestricted net assets 272,129 27 291,565 U N D 28 29 ASSETS В Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. **30** Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 O R **32** Retained earnings, endowment, accumulated income, or other funds 32 33 33 Total net assets or fund balances 272,129 291,565 34 Total liabilities and net assets/fund balances..... 272,129 291,565 Form 990 (2010) Page **12**

Par	Tt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	87	5,415	
2	Total expenses (must equal Part IX, column (A), line 25)	85	5,979	
3	Revenue less expenses. Subtract line 2 from line 1	1:	,436	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	27:	2,129	
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	29	L,565	
Pai	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>		
			Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 📗 Accrual 📗 Other			
	If the organization changed its method of accounting from a prior year or checked ``Other," explain			
	in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	28	1	X
b	Were the organization's financial statements audited by an independent accountant?	2l	X	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?	20	: X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on			
	a separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	ı	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 1	J./.A 31)	
JVA	10 99012 99011 TWF 41349 Copyright Forms (Software Only) - 2010 TW	For	n 990	(2010)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

THE	ו ט	ATTTTTIMINT	UM PROJECI	CORPORATION					0-400	5037			
Pa	rt I	Reason	for Public Chari	ty Status (All organ	izations m	ust comple	ete this par	t.) See ins	tructions.				
The o	orga	nization is not a	a private foundation be	cause it is: (For lines 1	through 1	1, check c	only one bo	x.)					
1		A church, conve	ention of churches, or	association of churche	s describe	d in sect	ion 170(b)	(1)(A)(i).					
2		A school descri	bed in section 170(b)	(1)(A)(ii). (Attach Sche	edule E.)								
3		A hospital or a	cooperative hospital se	ervice organization des	scribed in	section 1	70(b)(1)(A)(iii).					
4		A medical resea	arch organization oper	ated in conjunction wit	h a hospita	al describe	d in sect	ion 170(b)	(1)(A)(iii).	Enter the	hospita	al's na	me,
	ш	city, and state:		•									
5	П	•	operated for the bene	efit of a college or unive	ersity owne	ed or opera	ated by a c	overnmen	tal unit de	scribed in	secti	on	
	ш	-). (Complete Part II.)	· ·	,		, ,	•					
6	П		e, or local government	or governmental unit d	escribed in	section	170(b)(1)(A)(v).					
7	X		that normally receives	•					m the ger	neral public	c desci	ibed i	n
-		-	(1)(A)(vi). (Complete F		no oupport	90			a go.				
8	П	` '	ust described in section	,	omplete Pa	art II)							
9			that normally receives				n contribut	ions, mem	bership fe	es, and gr	oss		
•	Ш	-	ctivities related to its ex							_			
		•	oss investment income	•				,					
		acquired by the	organization after Jur	ie 30, 1975. See secti	on 509(a)(2). (Comp	lete Part II	.)					
10	П	An organization	n organized and operat	ed exclusively to test t	for nublic s	afety See	section 4	509(a)(4)					
11	Н	•	n organized and operat	•	•	•			o carry ou	t the			
• •	Ш	•	e or more publicly supp	•	-	•			•		on		
			ck the box that describ	· ·			. , . ,		` , ` ,				
		a Type I	b Type		Гуре III-Fu					ype III-Oth	her		
e	П		s box, I certify that the			•	•	one or mo	ш		101		
·	Ш		han foundation manag	-		-					n		
		509(a)(1) or se	ŭ		, oo. o	abiliony ou	pp 0.10 a 0.	ga <u>_</u> a		u 0000	••		
		. , , ,		datarmination from the	IDC that it	io o Tuno	I Type II a	or Tupo III	aupporting				
f		-	ion received a written on the contract this box							3			Г
~		_											L
g		following perso	7, 2006, has the organ	iization accepted any (giit or coriti	ibulion no	illi ally of t	ie					
		• .		, controls, oither alone	or togotho	r with nor	ono docor	ihad in (ii)			Ī	Yes	No
			tho directly or indirectly ow, the governing bod		-			. ,		NI / Z	1g(i)	100	110
			ember of a person des								1g(ii)		
			trolled entity of a perso								1g(iii)		
h			owing information abou							11/12	19(111)		
		1 TOVIGE THE TOTAL		Trine supported organ	iizatiori(s).								
(i) N	am	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	notify the	(vi)		(vii)	Amoui	nt of
	org	anization		(described on lines 1-9	in col. (i) lis	sted in your	organization	in col. (i)	organization organize	` '	S	upport	t
				above or IRC section (see instructions))	governing de	ocument?	of your su	ipport?	U.S				
				(See msu ucuons))	Yes	No	Yes	No	Yes	No			
					162	NO	162	NO	162	NO			
Tet													
Tota	a i												

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

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

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

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any ``unusual grants.")				345,968	835,166	1,181,134
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				345,968	835,166	1,181,134
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)						189,100
6	Public support. Subtract line 5 from line 4.						992,034
	tion B. Total Support		1		1	T	
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				345,968	835,166	1,181,134
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						1,181,134
12	Gross receipts from related activities, etc. (se	e instructions) .				12	41,249
13	First five years. If the Form 990 is for the orgonganization, check this box and stop here		·				▶ 🏻
	tion C. Computation of Public Sup					1 1	
14	Public support percentage for 2010 (line 6, co					14	83.99 %
15	Public support percentage from 2009 Schedu					15	%
	33 1/3 % support test 2010. If the organiz and stop here. The organization qualifies as	a publicly supp	orted organization	n			▶ ∐
b	33 1/3 % support test 2009. If the organiz box and stop here. The organization qualified						
17a	10%-facts-and-circumstances test 2010. more, and if the organization meets the ``facts-organization meets the ``facts-and-circumstants'.	s-and-circumsta	nces" test, chec	k this box and	stop here. Expla	in in Part IV hov	v the
b	10%-facts-and-circumstances test 2009. more, and if the organization meets the ``facts-and-circumstances test 2009.	s-and-circumstances" test. The o	inces" test, chec organization qua	k this box and stifies as a public	stop here. Expla ly supported orga	in in Part IV hovanization	v the
18 JVA	Private foundation. If the organization did not 10 990A12 TWF 40290 Copyright Form	ot check a box o		6b, 17a, or 17b,			ons ▶ or 990-EZ) 2010

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number

2010

26-4665637 THE MILLENNIUM PROJECT CORPORATION Organization type (check one): Filers of: Section: □ 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ,

Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its

Name of organization

THE MILLENNIUM PROJECT CORPORATION

Employer identification number 26-4665637

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNESCO 7 PLACE DE FONTENOY PARIS, , FR 75007	\$64,987	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	KOREA 2050 (CCSR) 508-10 JUNGNUNG 2-DONG SUNGBUK-KU SEOUL, KR	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	AZERBAIJAN FUTURE STUDIES SOCIETY OLD CASPIAN BUSINESS CENTER V. MAMMADOV STR., 10/12 BAKU AZ, , AJ 1000	\$ 25,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4_	ROCKEFELLER FOUNDATION 420 FIFTH AVENUE NEW YORK, NY 10018-2702	\$124,700	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	AEPI 505 KING AVENUE COLUMBUS, OH OH 43201	\$87,584	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6_	P O BOX 2 GPO G P O 15015 , , KU	\$299,145	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization THE MILLENNIUM PROJECT CORPORATION 26-4665637 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or AccountsComplete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X...... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1...... Assets included in Form 990, Part X

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Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Asset(continued)

Part III

Page 2

3	Using the organization's acquisiti	ion accession an	d other records chec	ck any of the following	n that a	are a significant use o	of its collect	tion	
Ū	items (check all that apply):	on, accession, an	a other records, ones	on any or the renewing	guiace	are a significant ase c	71 113 0011001	.1011	
а	Public exhibition		d	Loan or exchang	e nroa	rams			
b	Scholarly research		e	Other	o piog	ramo			
c	Preservation for future gener	rations	Č						
4	Provide a description of the organ		ne and explain how t	they further the organ	ization	n'e evemnt nurnose in			
7	Part XIV.	Tilzation s collectio	ilis and explain now	iney futilier the organ	iizatioi	rs exempt purpose in			
5	During the year, did the organiza	tion solicit or rece	ive donations of art	historical trassuras o	r othai	r cimilar			
5	assets to be sold to raise funds ra						TYe:		No
Par							. 10.		140
ı uı	Part IV, line 9, or reporte	_	-		3 10 1	01111 330,			
	r arriv, inic 3, or reporte	a an amount on r	omi 550, i art X, iiic	21.					
1a	Is the organization an agent, trus	tee custodian or (other intermediary fo	r contributions or othe	er asse	ets not			
	included on Form 990, Part X? .						Ye	s \Box	No
b	If ``Yes," explain the arrangemen						□		٦
	ii ree, explain the arrangement	till alt Alv and	somplete the followin	ig table.		An	nount		
С	Beginning balance				1c	7.01	- Iount		
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an a				<u> </u>		. Ye	s	No
b	If "Yes," explain the arrangemen		70, 1 art 7, iii 6 2 1 :				. 🔲 10.	· _]
Pai			ization answered ``\	es" to Form 990 Par	rt IV lii	ne 10			
		(a) Current year	(b) Prior year			(d) Three years back	(e) Four	vears ba	ack
1a	Beginning of year balance	(4) 040) 04	(2) : year	(6) 1 110 years 2	, aut.	(4)	(0) . 00	, 50.5 25	20.1
b	Contributions								
C	Net investment earnings,								
	gains, and losses								
d	Grants or scholarships								
e	Other expenditures for								
_	facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage	e of the vear end h	palance held as:						
a	Board designated or quasi-endov		%						
b	Permanent endowment	%							
С	Term endowment ▶	%							
3a	Are there endowment funds not in	n the possession	of the organization th	nat are held and admi	nistere	ed for the			
	organization by:		.					Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If ``Yes" to 3a(ii), are the related								
4	Describe in Part XIV the intended								
Pai	t VI Land, Buildings, and								
	Description of investment		ost or other basis	(b) Cost or other	(0	c) Accumulated	(d) Boo	k value	
	·		(investment)	basis (other)	,	depreciation	, ,		
1a	Land		,	. ,					
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
Total	. Add lines 1a through 1e. (Colum		l Form 990, Part X, o	column (B), line 10(c)	.)				

Part VII Investments Other Securities. See Form	990, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valua	tion:
(including name of security)		Cost or end-of-year mar	ket value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
Total (a.)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments Program Related. See Form	n 000 Part V line 12		
(a) Description of investment type	(b) Book value	(c) Method of valua	tion:
(a) Description of investment type	(b) book value	Cost or end-of-year mar	
-		Cost of end-of-year mar	ket value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Des	scription		(b) Book value
Total (Column (h) must squal Form 000 Part V and (P) line	15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, line	•		
1. (a) Description of liability	(b) Amount		
Federal income taxes	(b) / linount		
1 cucrai morno taxes			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			

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

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Part XI	age 4
2 Total expenses (Form 990, Part IX, column (A), line 25). 2 856, 9° 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 19, 4° 4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV.) 8 9 Total adjustments (net). Add lines 4 through 8 9 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 19, 4° Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 876, 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2a a Net unrealized gains on investments 2a 2b 2c b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 2c 2c d Other (Describe in Part XIV.) 2d 2e 3 Sub	
3 Excess or (deficit) for the year. Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV.) 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Excess or (deficit) for the year per audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 876,	.5
4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV.) 8 Total adjustments (net). Add lines 4 through 8 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 In Intervenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 Intervenue, gains, and other support per audited financial statements 1 Intervenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2 Donated services and use of facilities 2 Donated services and use of facilities 2 C Recoveries of prior year grants 2 C C C Recoveries in Part XIV.) 2 E Add lines 2a through 2d 3 Subtract line 2e from line 1 3 876,	9
5 Donated services and use of facilities 6 Investment expenses 6 Investment expenses 7 Prior period adjustments 7 Sother (Describe in Part XIV.) 8 Other (Describe in Part XIV.) 9 Total adjustments (net). Add lines 4 through 8 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 19,41 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 Net unrealized gains on investments 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV.) 2 Add lines 2a through 2d 2 Subtract line 2e from line 1 3 876,	6
6 Investment expenses 7 Prior period adjustments 7 Other (Describe in Part XIV.) 8 Other (Describe in Part XIV.) 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 19, 4: Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 7	
7 Prior period adjustments 7 8 Other (Describe in Part XIV.) 8 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 19, 4: Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 876, 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIV.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 876,	
8 Other (Describe in Part XIV.). 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 19,42 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 876,2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1	
9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 19,43 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 876,2 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2 b b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV.) e Add lines 2a through 2d 2 Subtract line 2e from line 1 3 876,	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 876, 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 1 876,	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 876, 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2a a Net unrealized gains on investments 2b 2b b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIV.) 2d 2e e Add lines 2a through 2d 2e 3 876,	
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV.) e Add lines 2a through 2d Subtract line 2e from line 1 1 876,	6
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV.) e Add lines 2a through 2d 2u 2b 2c 3 Subtract line 2e from line 1 3 876,	
a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV.) e Add lines 2a through 2d Subtract line 2e from line 1 2a 2b 2c 2d 2d 2a 3 876,	ł15
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV.) e Add lines 2a through 2d Subtract line 2e from line 1 2b 2c 2d 2d 2e	
c Recoveries of prior year grants d Other (Describe in Part XIV.) e Add lines 2a through 2d Subtract line 2e from line 1 2c 2d 2e 3 876,	
d Other (Describe in Part XIV.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 876,	
e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 876,	
3 Subtract line 2e from line 1	
1 Amounto included on Form 000 Dort VIII line 12 but not on line 1.	ł15
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV.)	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 876,	£15
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	770
1 Total expenses and losses per audited financial statements	, /9
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	
=======================================	
c Other losses 2c d Other (Describe in Part XIV.) 2d	
· · · · · · · · · · · · · · · · · · ·	70
3 Subtract line 2e from line 1	, , , ,
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV.) 4b	
c Add lines 4a and 4b	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 856,	79
Part XIV Supplemental Information	. , ,

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

Schedule D (Form 990) 2010

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Internal Revenue Service Name of the organization

THE MILLENNIUM PROJECT CORPORATION

Employer identification number 26-4665637

PART III, PAGE 2, LINE 2:

RESEARCH AND EDUCATION REGARDING LONG-RANGE GLOBAL ISSUES, PUBLICATION OF THE "STATE OF THE FUTURE" ANNUAL REPORT AND OTHER FUTURE RESEARCH MATERIALS.

PART VI, PAGE 6, SECTION C. DISCLOSURE, LINE 19. YES, AVAILABLE UPON REQUEST AT ANY TIME AND DISCUSSED ONCE A YEAR AT THE ANNUAL PLANNING COMITTEE MEETING.

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990 PRINCIPAL OFFICER NAME AND ADDRESS

Attachment 1: Form 990 Page 1, Line F	
Open to Public	
Inspection For calendar year 2010, or tax period beginning	, and ending .
Name of Organization	Employer Identification Number
THE MILLENNIUM PROJECT CORPORATION	26-4665637
990, Page 1, Line F	
Principal officer name	JEROME C. GLENN
Business Name:	
Street Address	4421 GARRISON STREET, N.W.
U.S. Address:	
Zip code 20016-4055 city Washington	State DC
or	
Foreign Address	
City	
Province or State	
Country	
Postal code	

990 PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 1, Part I

Open to Public Inspection For calendar year 2010 or tax period beginning , and ending .

Name of Organization Employer Identification Number 26–4665637

Primary Purpose

INDEPENDENT NON-PROFIT GLOBAL PARTICIPATORY FUTURES RESEARCH THINK-TANK OF FUTURISTS, SCHOLARS, BUSINESS PLANNERS AND POLICY MAKERS WHO WORK FOR INTERNATIONAL ORGANIZATIONS, GOVERNMENTS, CORPORATIONS, NGOS, AND UNIVERSITIES.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection For calendar year 2010, or tax period beginning , and ending .

Name of Organization Employer Identification Number 26-4665637

Part III - Statement of Program Service Accomplishments

Code: Expenses: 841,152 including Grants of: Revenue: 835,166

Exempt Purpose Achievements

RESEARCH AND EDUCATION REGARDING LONG-RANGE GLOBAL ISSUES.

990 BOOKS ARE IN CARE OF

Attachment	4:	Form 99	0 Page 6	5, Part	VI,	Section C	, Lin	e 20		
Open to Public										
Inspection	For ca	alendar year 201	10 or tax period	beginning		, a	and ending			
Name of Organization	on							Employ	er Identification Number	
THE MILLEN	INIUI	M PROJEC'	T CORPOR	RATION				26-46	665637	
Part VI - Line 20										
Individual Name .						JEROME C.	GLEN	N		
or										
Business Name:										
Street Address						4421 GARR	ISON	STREE'	Γ, N.W.	
U.S. Address:										
U.S. Address.										
7:	200	16 4055	Q., Tu7.	abina+	0.70		•	. Da		
	<u> 200</u> .	L6-4055	City Wo	ashingt	OH		St	ate <u>DC</u>		
or										
Foreign Address										
City										
City										_
Province or	State									
1 10411100 01	Clair .									_
Country										
										_
Postal code										
	• • • •									
Phone Num	ber								(202)686-5179	
									·/	
Fax Numbe	r									

709 SCHEDULE OF OTHER EXPENSES

Attachment 5: Form 990 Page 10, Line 24 - Other Expenses

Open to Public Inspection For calendar year 2010 or tax period beginning , and ending Name of Organization **Employer Identification Number** THE MILLENNIUM PROJECT CORPORATION 26-4665637 (B) Program (C) Management Other Expenses (A) Total (D) Fundraising Services and General BANK CHARGES 993 993 DUES, & LICENSES 485 485 publications 234 234 Total: 1,712 1,712