

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection****A** For the 2013 calendar year, or tax year beginning , 2013, and ending , 20**B** Check if applicable:

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization

UNITED NATIONS FOUNDATION, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1750 PENNSYLVANIA AVENUE, NW

Room/suite

STE 300

City or town, state or province, country, and ZIP or foreign postal code

WASHINGTON, DC 20006

**F** Name and address of principal officer:

KATHRYN CALVIN WALTERS

1750 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20006

**D** Employer identification number

58-2368165

**E** Telephone number

(202) 887-9040

**G** Gross receipts \$ 296,643,410.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.UNFOUNDATION.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1998 **M** State of legal domicile: NY**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: UNF SUPPORTS UN CAUSES AND ACTIVITIES. WE ARE AN ADVOCATE FOR THE UN AND A PLATFORM FOR CONNECTING PEOPLE, IDEAS AND RESOURCES TO HELP THE UN SOLVE GLOBAL PROBLEMS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14.
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	360.
	6	Total number of volunteers (estimate if necessary)	6	14.
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b		Net unrelated business taxable income from Form 990-T, line 34	7b	585.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	122,162,810.	219,015,568.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	697,101.	1,841,461.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,441,533.	3,200,891.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,507,185.	6,706,554.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	134,808,629.	230,764,474.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	83,162,074.	75,324,528.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	18,941,667.	21,317,212.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,016,699.	255,737.	473,681.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	32,491,130.	40,723,454.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	134,850,608.	137,838,875.
	19	Revenue less expenses. Subtract line 18 from line 12	-41,979.	92,925,599.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	270,882,893.	386,526,080.
	22	Net assets or fund balances. Subtract line 21 from line 20	26,055,029.	29,919,195.

**Part II Signature Block**

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

**Sign Here**

Signature of officer: Richard S. Parnell Date: 7/24/14

Type or print name and title: RICHARD S. PARNELL, COO

**Paid Preparer Use Only**

Print/Type preparer's name: Travis L. Patton Preparer's signature: [Signature] Date: 07/24/2014 Check ☐ if self-employed PTIN: P00369623

Firm's name: PRICEWATERHOUSECOOPERS, LLP Firm's EIN: 13-4008324

Firm's address: 600 13TH STREET NW, SUITE 1000 WASHINGTON, DC 20005 Phone no.: 202-414-1000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

ATTACHMENT 1

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 88,796,497. including grants of \$ 68,004,639. ) (Revenue \$ 61,743. )

ATTACHMENT 2

**4b** (Code: ) (Expenses \$ 10,747,179. including grants of \$ 185,771. ) (Revenue \$ 0 )

ATTACHMENT 3

**4c** (Code: ) (Expenses \$ 11,342,944. including grants of \$ 4,922,217. ) (Revenue \$ 1,514,332. )

ATTACHMENT 4

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

(Expenses \$ 6,920,769. including grants of \$ 2,211,901. ) (Revenue \$ 265,386. )

**4e** Total program service expenses ► 117,807,389.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> X	
<b>3</b> 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 . . . . .	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	X
<b>5</b> 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 . . . . .	<b>5</b>	X
<b>6</b> 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 I . . . . .	<b>6</b>	X
<b>7</b> 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 . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 . . . . .	<b>9</b>	X
<b>10</b> 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 V . . . . .	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> X	
<b>b</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 . . . . .	<b>11b</b> X	
<b>c</b> 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 . . . . .	<b>11c</b>	X
<b>d</b> 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 . . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b>	X
<b>f</b> 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 . . . . .	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b> X	
<b>b</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 and XII is optional . . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</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, Parts I and IV . . . . .	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	X
<b>17</b> 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) . . . . .	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b>	X
<b>19</b> 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 . . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b> X	
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .</i>	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I. . . . .</i>	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. . . . .	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III. . . . .</i>	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<b>34</b> X	
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b> X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>	<b>35b</b> X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI. . . . .</i>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b> X	

Form **990** (2013)



**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b> 184		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> 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.	<b>2a</b> 360		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</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.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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 as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders.	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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.	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand.	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>		

## PUBLIC DISCLOSURE COPY

Form 990 (2013)

UNITED NATIONS FOUNDATION, INC.

58-2368165

Page 6

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ X**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 14		
<b>2</b> 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? . . . . . <b>2</b>	X	
<b>3</b> 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? . . <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	X	
<b>9</b> 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 . . . . . <b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10a</b>		X
<b>b</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? . . <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . . <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16a</b>		X
<b>b</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? . . . . . <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 5

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** 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 during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► UN FDN. COO 1750 PENNSYLVANIA AVENUE, NW STE 300 WASHINGTON, DC 20006 202-887-9040

JSA

Form 990 (2013)

3E1042 1.000

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) R. E. TURNER CHAIRMAN	5.00 5.00	X		X				0	0	0
(2) HM QUEEN RANIA AL-ABDULLAH DIRECTOR	5.00 5.00	X						0	0	0
(3) KOFI ANNAN DIRECTOR	5.00 5.00	X						0	0	0
(4) FABIO C. BARBOSA DIRECTOR	5.00 5.00	X						0	0	0
(5) GRO HARLEM BRUNDTLAND DIRECTOR & VICE CHAIR	5.00 5.00	X		X				0	0	0
(6) IGOR S. IVANOV DIRECTOR	5.00 5.00	X						0	0	0
(7) N. R. NARAYANA MURTHY DIRECTOR	5.00 5.00	X						0	0	0
(8) HISASHI OWADA DIRECTOR	5.00 5.00	X						0	0	0
(9) EMMA ROTHSCHILD DIRECTOR	5.00 5.00	X						0	0	0
(10) NAFIS SADIK DIRECTOR	5.00 5.00	X						0	0	0
(11) ANDREW YOUNG DIRECTOR	5.00 5.00	X						0	0	0
(12) YUAN MING DIRECTOR	5.00 5.00	X						0	0	0
(13) MUHAMMAD YUNUS DIRECTOR	5.00 5.00	X						0	0	0
(14) TIMOTHY E. WIRTH PRES THRU JAN 2013; VICE CHAIR	34.00 6.00	X		X				228,791.	37,246.	22,021.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) KATHRYN CALVIN WALTERS PRESIDENT AS OF FEB 2013; CEO	34.00 6.00	X		X				340,254.	55,390.	20,909.
( 16 ) RUTHERFORD SEYDEL SECRETARY	5.00 5.00			X				0	0	0
( 17 ) RICHARD PARNELL CHIEF OPERATING OFFICER	34.00 6.00			X				248,225.	40,409.	31,392.
( 18 ) RADHA MUTHIAH EXECUTIVE DIRECTOR	40.00					X		276,227.	0	20,820.
( 19 ) AARON SHERINIAN VICE PRESIDENT	40.00					X		256,622.	0	34,469.
( 20 ) BRIAN DETCHON VICE PRESIDENT	40.00					X		249,011.	0	40,914.
( 21 ) SUSAN MYERS VICE PRESIDENT	40.00					X		237,996.	0	21,996.
( 22 ) ELIZABETH MCKEE GORE VICE PRESIDENT	40.00					X		225,102.	0	46,012.
<b>1b Sub-total</b> . . . . .								228,791.	37,246.	22,021.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								1,833,437.	95,799.	216,512.
<b>d Total (add lines 1b and 1c)</b> . . . . .								2,062,228.	133,045.	238,533.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 56

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

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 39



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	239,309.			
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	126,295.			
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	6,420,000.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	212,229,964.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		12,784,000.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		219,015,568.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b>	CONTRACT REVENUE	900099	1,835,582.	1,835,582.		
	<b>b</b>	TRAINING/WORKSHOP REVENUE	611430	5,879.	5,879.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		1,841,461.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		4,264,361.		2,787.	4,261,574.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .		0			
	<b>5</b>	Royalties . . . . .		0			
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .	8,476.				
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .	8,476.				
	<b>d</b>	Net rental income or (loss) . . . . .		8,476.			8,476.
			(i) Securities	(ii) Other			
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	64,815,466.				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	65,878,936.				
	<b>c</b>	Gain or (loss) . . . . .	-1,063,470.				
	<b>d</b>	Net gain or (loss) . . . . .		-1,063,470.			-1,063,470.
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .		0			
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0				
		<b>Business Code</b>					
<b>11a</b>	GRANT RECOVERIES AND ADJUSTMENTS	900099	7,164,578.			7,164,578.	
<b>b</b>	FOREIGN EXCHANGE LOSS	900099	-466,500.			-466,500.	
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		6,698,078.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		230,764,474.	1,841,461.	2,787.	9,904,658.	

**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).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	60,173,142.	60,173,142.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . .	15,151,386.	15,151,386.		
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	828,892.	373,001.	207,223.	248,668.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	16,842,285.	12,642,207.	2,182,245.	2,017,833.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	717,361.	546,644.	94,147.	76,570.
<b>9</b> Other employee benefits . . . . .	1,767,941.	1,257,575.	289,844.	220,522.
<b>10</b> Payroll taxes . . . . .	1,160,733.	856,540.	154,488.	149,705.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	459,523.	231,842.	133,796.	93,885.
<b>c</b> Accounting . . . . .	210,216.	63,065.	136,640.	10,511.
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	473,681.			473,681.
<b>f</b> Investment management fees . . . . .	3,651,905.	1,123,994.	2,347,346.	180,565.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	19,727,064.	15,488,412.	2,974,538.	1,264,114.
<b>12</b> Advertising and promotion . . . . .	35,313.	29,211.	3,064.	3,038.
<b>13</b> Office expenses . . . . .	1,954,176.	801,089.	1,007,785.	145,302.
<b>14</b> Information technology . . . . .	120,729.	84,147.	27,911.	8,671.
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	6,281,663.	2,703,374.	2,449,278.	1,129,011.
<b>17</b> Travel . . . . .	5,246,041.	4,217,558.	477,119.	551,364.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	1,735,092.	1,417,059.	108,727.	209,306.
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	793,198.	356,939.	277,619.	158,640.
<b>23</b> Insurance . . . . .	186,121.	72,094.	82,400.	31,627.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> COMMUNICATIONS . . . . .	322,413.	218,110.	60,617.	43,686.
<b>b</b> . . . . .				
<b>c</b> . . . . .				
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .				
<b>25</b> Total functional expenses. Add lines 1 through 24e	137,838,875.	117,807,389.	13,014,787.	7,016,699.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	1,490.	<b>1</b>	1,393.
	<b>2</b> Savings and temporary cash investments	20,384,056.	<b>2</b>	82,755,124.
	<b>3</b> Pledges and grants receivable, net	73,470,815.	<b>3</b>	84,512,989.
	<b>4</b> Accounts receivable, net	13,027,018.	<b>4</b>	11,693,080.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	486,368.	<b>9</b>	209,801.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,878,219.		
	<b>b</b> Less: accumulated depreciation	10b 800,366.		
		1,284,672.	<b>10c</b>	9,077,853.
	<b>11</b> Investments - publicly traded securities	100,008,232.	<b>11</b>	98,540,568.
	<b>12</b> Investments - other securities. See Part IV, line 11	62,220,242.	<b>12</b>	99,735,272.
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
<b>15</b> Other assets. See Part IV, line 11	0	<b>15</b>	0	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	270,882,893.	<b>16</b>	386,526,080.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	7,036,209.	<b>17</b>	11,510,667.
	<b>18</b> Grants payable	8,114,751.	<b>18</b>	4,251,910.
	<b>19</b> Deferred revenue	10,904,069.	<b>19</b>	14,156,618.
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> 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 D	0	<b>25</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	26,055,029.	<b>26</b>	29,919,195.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	155,872,262.	<b>27</b>	198,808,878.
	<b>28</b> Temporarily restricted net assets	88,955,602.	<b>28</b>	157,798,007.
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	244,827,864.	<b>33</b>	356,606,885.
	<b>34</b> Total liabilities and net assets/fund balances	270,882,893.	<b>34</b>	386,526,080.

Form **990** (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	230,764,474.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	137,838,875.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	92,925,599.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	244,827,864.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	21,217,644.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-2,364,222.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	356,606,885.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</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.		

Form **990** (2013)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2013****Open to Public Inspection**▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**Name of the organization**

UNITED NATIONS FOUNDATION, INC.

**Employer identification number**

58-2368165

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I    b ☐ Type II    c ☐ Type III-Functionally integrated    d ☐ Type III-Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	96,965,577.	124,098,656.	189,963,273.	122,162,810.	219,051,568.	752,241,884.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3. . . . .	96,965,577.	124,098,656.	189,963,273.	122,162,810.	219,051,568.	752,241,884.
<b>5</b> 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). . . . .						288,798,377.
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						463,443,507.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .	96,965,577.	124,098,656.	189,963,273.	122,162,810.	219,051,568.	752,241,884.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	2,784,443.	7,972,208.	1,929,298.	8,876,172.	3,806,337.	25,368,458.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . <b>ATCH. 1</b> . . . . .	5,305,739.	4,880,914.	1,158,298.	3,519,120.	7,164,578.	22,028,649.
<b>11 Total support.</b> Add lines 7 through 10. . . . .						799,638,991.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	192,501,835.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	57.96 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	55.44 %
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
GRANT RECOVERIES/ADJUSTMENTS	5,207,516.	4,878,914.	1,158,298.	3,082,180.	7,164,578.	21,491,486.
OTHER INCOME	98,223.	2,000.		436,940.		537,163.
TOTALS	<u>5,305,739.</u>	<u>4,880,914.</u>	<u>1,158,298.</u>	<u>3,519,120.</u>	<u>7,164,578.</u>	<u>22,028,649.</u>

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2013

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_  
**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance . . . . .	
<b>1d</b> Additions during the year . . . . .	
<b>1e</b> Distributions during the year . . . . .	
<b>1f</b> Ending balance . . . . .	

**2a** Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . . ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
**b** Permanent endowment ▶ \_\_\_\_\_ %  
**c** Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . . **3a(i)**  
**(ii)** related organizations . . . . . **3a(ii)**

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		138,175.		138,175.
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		6,344,009.	10,339.	6,333,670.
<b>d</b> Equipment . . . . .		654,940.	541,135.	113,805.
<b>e</b> Other . . . . .		2,741,095.	248,892.	2,492,203.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				9,077,853.

Schedule D (Form 990) 2013

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	99,735,272.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	99,735,272.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	251,892,896.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	21,217,644.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-89,222.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	21,128,422.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	230,764,474.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	230,764,474.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	137,838,875.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	137,838,875.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	137,838,875.

**Part XIII Supplemental Information.**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5



**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

UNF HAS RECEIVED A RULING FROM THE INTERNAL REVENUE SERVICE THAT IT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS A PUBLIC CHARITY, OTHER THAN UNRELATED BUSINESS INCOME. SINCE UNF HAS NO SIGNIFICANT UNRELATED BUSINESS INCOME, NO PROVISION FOR INCOME TAX HAS BEEN RECORDED. ON JANUARY 1, 2009, UNF ADOPTED THE PROVISIONS OF ASC TOPIC 740-10-25, "INCOME TAXES RECOGNITION" (ASC TOPIC 740-10-25). ASC TOPIC 740-10-25 REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A MORE-LIKELY-THAN-NOT THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE IMPLEMENTATION OF ASC TOPIC 740-10-25 HAD NO IMPACT ON UNF'S FINANCIAL STATEMENTS. UNF DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART XI, LINE 2D:

UNREALIZED FOREIGN EXCHANGE LOSS	-89,222
----------------------------------	---------

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
 ► Attach to Form 990. ► See separate instructions.  
 ► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ **Yes** ☐ **No**

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>(1)</b> CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		199,602.
<b>(2)</b> EAST ASIA AND THE PACIFIC			GRANTMAKING		1,594,935.
<b>(3)</b> EUROPE			GRANTMAKING		5,596,617.
<b>(4)</b> MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		59,483.
<b>(5)</b> NORTH AMERICA			GRANTMAKING		50,000.
<b>(6)</b> SOUTH AMERICA			GRANTMAKING		553,072.
<b>(7)</b> SOUTH ASIA			GRANTMAKING		636,707.
<b>(8)</b> SUB-SAHARAN AFRICA			GRANTMAKING		6,460,970.
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .					15,151,386.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					15,151,386.

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

Schedule F (Form 990) 2013

JSA  
3E1274 1.000

940040 U172 7/18/2014 11:28:50 AM V 13-5.5T

PAGE 28

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	CHLDRN HLTH	37,500.	WIRE		N/A	N/A
(2)			SUB-SAHARAN AFRICA	CHLDRN HLTH	112,500.	WIRE		N/A	N/A
(3)			EAST ASIA/PACIFIC	CHLDRN HLTH	70,000.	WIRE		N/A	N/A
(4)			SUB-SAHARAN AFRICA	CHLDRN HLTH	436,106.	WIRE		N/A	N/A
(5)			EUROPE/ICELAND/GREENLAND	CHLDRN HLTH	5,828.	WIRE		N/A	N/A
(6)			SUB-SAHARAN AFRICA	CHLDRN HLTH	69,000.	WIRE		N/A	N/A
(7)			SOUTH AMERICA	CHLDRN HLTH	93,072.	WIRE		N/A	N/A
(8)			SUB-SAHARAN AFRICA	CHLDRN HLTH	424,993.	WIRE		N/A	N/A
(9)			SOUTH ASIA	CHLDRN HLTH	219,500.	WIRE		N/A	N/A
(10)			SUB-SAHARAN AFRICA	CHLDRN HLTH	67,465.	WIRE		N/A	N/A
(11)			SUB-SAHARAN AFRICA	CHLDRN HLTH	39,244.	WIRE		N/A	N/A
(12)			SUB-SAHARAN AFRICA	CHLDRN HLTH	119,460.	WIRE		N/A	N/A
(13)			SUB-SAHARAN AFRICA	CHLDRN HLTH	200,000.	WIRE		N/A	N/A
(14)			EAST ASIA/PACIFIC	CHLDRN HLTH	70,000.	WIRE		N/A	N/A
(15)			SUB-SAHARAN AFRICA	CHLDRN HLTH	60,000.	WIRE		N/A	N/A
(16)			SUB-SAHARAN AFRICA	CHLDRN HLTH	200,000.	WIRE		N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . .

3 Enter total number of other organizations or entities. . . . .

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	CHLDRN HLTH	73,055.	WIRE		N/A	N/A
(2)			SUB-SAHARAN AFRICA	CHLDRN HLTH	10,000.	WIRE		N/A	N/A
(3)			SUB-SAHARAN AFRICA	CHLDRN HLTH	10,000.	WIRE		N/A	N/A
(4)			SUB-SAHARAN AFRICA	CHLDRN HLTH	100,000.	WIRE		N/A	N/A
(5)			SUB-SAHARAN AFRICA	CHLDRN HLTH	25,435.	WIRE		N/A	N/A
(6)			SUB-SAHARAN AFRICA	CHLDRN HLTH	125,300.	WIRE		N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	CHLDRN HLTH	450,000.	WIRE		N/A	N/A
(8)			EAST ASIA/PACIFIC	CHLDRN HLTH	45,768.	WIRE		N/A	N/A
(9)			EAST ASIA/PACIFIC	CHLDRN HLTH	401,657.	WIRE		N/A	N/A
(10)			NORTH AMERICA	WMN & POP	30,000.	WIRE		N/A	N/A
(11)			EAST ASIA/PACIFIC	CHLDRN HLTH	128,599.	WIRE		N/A	N/A
(12)			SUB-SAHARAN AFRICA	CHLDRN HLTH	60,000.	WIRE		N/A	N/A
(13)			CENT. AMERICA/CARIBBEAN	CHLDRN HLTH	59,602.	WIRE		N/A	N/A
(14)			EUROPE/ICELAND/GREENLAND	CHLDRN HLTH	325,226.	WIRE		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	CHLDRN HLTH	3,529,044.	WIRE		N/A	N/A
(16)			EUROPE/ICELAND/GREENLAND	CHLDRN HLTH	586,503.	WIRE		N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . .

3 Enter total number of other organizations or entities. . . . .

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	CHLDRN HLTH	554,759.	WIRE		N/A	N/A
(2)			SOUTH ASIA	ENVIRONMENT	34,909.	WIRE		N/A	N/A
(3)			SUB-SAHARAN AFRICA	CHLDRN HLTH	75,000.	WIRE		N/A	N/A
(4)			SOUTH ASIA	CHLDRN HLTH	70,000.	WIRE		N/A	N/A
(5)			SOUTH AMERICA	CHLDRN HLTH	130,000.	WIRE		N/A	N/A
(6)			SOUTH ASIA	CHLDRN HLTH	33,708.	WIRE		N/A	N/A
(7)			SUB-SAHARAN AFRICA	CHLDRN HLTH	39,562.	WIRE		N/A	N/A
(8)			EUROPE/ICELAND/GREENLAND	CHLDRN HLTH	26,800.	WIRE		N/A	N/A
(9)			SUB-SAHARAN AFRICA	CHLDRN HLTH	403,271.	WIRE		N/A	N/A
(10)			SUB-SAHARAN AFRICA	CHLDRN HLTH	198,805.	WIRE		N/A	N/A
(11)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	13,389.	WIRE		N/A	N/A
(12)			SUB-SAHARAN AFRICA	CHLDRN HLTH	40,000.	WIRE		N/A	N/A
(13)			MIDDLE EAST/NORTH AFRICA	UN STRNGTHNG	59,483.	WIRE		N/A	N/A
(14)			SUB-SAHARAN AFRICA	ENVIRONMENT	10,000.	WIRE		N/A	N/A
(15)			SUB-SAHARAN AFRICA	CHLDRN HLTH	200,996.	WIRE		N/A	N/A
(16)			SUB-SAHARAN AFRICA	CHLDRN HLTH	250,000.	WIRE		N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . .

3 Enter total number of other organizations or entities. . . . .

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	UN STRNGTHNG	10,000.	WIRE		N/A	N/A
(2)			SUB-SAHARAN AFRICA	CHLDRN HLTH	199,750.	WIRE		N/A	N/A
(3)			SOUTH ASIA	CHLDRN HLTH	198,590.	WIRE		N/A	N/A
(4)			EAST ASIA/PACIFIC	CHLDRN HLTH	290,000.	WIRE		N/A	N/A
(5)			CENT. AMERICA/CARIBBEAN	CHLDRN HLTH	140,000.	WIRE		N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	CHLDRN HLTH	94,938.	WIRE		N/A	N/A
(7)			SUB-SAHARAN AFRICA	CHLDRN HLTH	198,390.	WIRE		N/A	N/A
(8)			SUB-SAHARAN AFRICA	CHLDRN HLTH	399,684.	WIRE		N/A	N/A
(9)			SOUTH AMERICA	CHLDRN HLTH	130,000.	WIRE		N/A	N/A
(10)			SUB-SAHARAN AFRICA	CHLDRN HLTH	109,494.	WIRE		N/A	N/A
(11)			SOUTH ASIA	ENVIRONMENT	10,000.	WIRE		N/A	N/A
(12)			EAST ASIA/PACIFIC	CHLDRN HLTH	47,055.	WIRE		N/A	N/A
(13)			SOUTH AMERICA	CHLDRN HLTH	200,000.	WIRE		N/A	N/A
(14)			EAST ASIA/PACIFIC	ENVIRONMENT	17,500.	WIRE		N/A	N/A
(15)			SOUTH ASIA	CHLDRN HLTH	70,000.	WIRE		N/A	N/A
(16)			SUB-SAHARAN AFRICA	CHLDRN HLTH	500,000.	WIRE		N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . .

3 Enter total number of other organizations or entities. . . . .



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	CHLDRN HLTH	301,974.	WIRE		N/A	N/A
(2)			SUB-SAHARAN AFRICA	CHLDRN HLTH	445,933.	WIRE		N/A	N/A
(3)			SUB-SAHARAN AFRICA	WMN & POP	500,000.	WIRE		N/A	N/A
(4)			SUB-SAHARAN AFRICA	WMN & POP	216,340.	WIRE		N/A	N/A
(5)			EAST ASIA/PACIFIC	CHLDRN HLTH	450,000.	WIRE		N/A	N/A
(6)			SUB-SAHARAN AFRICA	ENVIRONMENT	75,000.	WIRE		N/A	N/A
(7)			SUB-SAHARAN AFRICA	CHLDRN HLTH	199,767.	WIRE		N/A	N/A
(8)			NORTH AMERICA	CHLDRN HLTH	10,000.	WIRE		N/A	N/A
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . .

68.

3 Enter total number of other organizations or entities. . . . .

4.

Schedule F (Form 990) 2013

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

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

Schedule F (Form 990) 2013

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2013

**Part V** **Supplemental Information**

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

SCHEDULE F, PART I, LINE 2:

THE UN FOUNDATION PRIMARILY MAKES GRANTS TO THE UNITED NATIONS AND ITS  
RELATED/AFFILIATED AGENCIES. MONITORING OF FUNDS GRANTED TO THOSE  
AGENCIES CONSISTS PRIMARILY OF GRANT REPORTS RECEIVED QUARTERLY,  
SEMIANNUALLY OR ANNUALLY AS STIPULATED IN THE GRANT AGREEMENTS. FROM TIME  
TO TIME, THE UN FOUNDATION ALSO CONDUCTS SITE VISITS TO MONITOR  
DISTRIBUTION OF GRANT-RELATED RESOURCES AND ASSESS THE EFFECTIVENESS AND  
PROGRESS OF GRANT ACTIVITIES.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

**Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No****b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> INTEGRATED DIRECT MARKETING	INTERNET/ DIRECT MAIL		X	587,063.	473,681.	113,382.
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> .....				587,063.	473,681.	113,382.

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

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts . . . . .				
	2 Less: Contributions . . . . .				
	3 Gross income (line 1 minus line 2). . . . .				
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .				
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

## PUBLIC DISCLOSURE COPY

UNITED NATIONS FOUNDATION, INC.

58-2368165

Schedule G (Form 990 or 990-EZ) 2013

Page **3**

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

SCHEDULE G, PART I, LINE 2:

INTEGRATED DIRECT MARKETING

1250 CONNECTICUT AVENUE, NW - STE 250

WASHINGTON, DC 20036

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ADVENTIST DEV AND RELIEF AGENCY INT 12501 OLD COL. PIKE SILVER SPRING, MD 20904	52-1314847	501(C)(3)	75,000.		N/A	N/A	CHILDREN'S HEALTH
(2) APHA 800 I ST NW WASHINGTON, DC 20001	13-1628688	501(C)(3)	16,000.		N/A	N/A	CHILDREN'S HEALTH
(3) ASPEN GLOBAL HEALTH AND DEV. ONE DUPONT C., #700 WASHINGTON, DC 20036	84-0399006	501(C)(3)	50,000.		N/A	N/A	WOMEN & POPULATION
(4) AUSTIN COMMUNITY FDN 4315 GUADALUPE, # 300 AUSTIN, TX 78751	74-1934031	501(C)(3)	11,500.		N/A	N/A	WOMEN & POPULATION
(5) BERKELEY AIR MONITORING GROUP 2214 KITREDGE ST #57 BERKELEY, CA 94704	26-3881064		79,997.		N/A	N/A	CHILDREN'S HEALTH
(6) BETTER WORLD FUND 1750 PENN. AVE #300 WASHINGTON, DC 20006	58-2366765	501(C)(3)	67,168.		N/A	N/A	UN STRENGTHENING
(7) CAMP BROADWAY 226 WEST 47TH ST NEW YORK, NY 10036	13-3999037	501(C)(3)	35,000.		N/A	N/A	CHILDREN'S HEALTH
(8) CAPTAIN PLANET FOUNDATION 133 LUCKIE ST 2ND FL ATLANTA, GA 30303	58-1959421	501(C)(3)	7,500.		N/A	N/A	ENVIRONMENT
(9) CARE, USA 1825 I ST, NW, # 301 WASHINGTON, DC 20006	13-1685039	501(C)(3)	358,882.		N/A	N/A	WOMEN & POPULATION
(10) CCIH 1817 RUPERT ST MCLEAN, VA 22101	54-1932761	501(C)(3)	230,000.		N/A	N/A	WOMEN & POPULATION
(11) CCMC 401 9TH ST NW # 450 WASHINGTON, DC 20004	52-1524972	501(C)(3)	81,500.		N/A	N/A	WOMEN & POPULATION
(12) CONS. GP ON BIOLOGICAL DIV. PO BOX 29361 SAN FRANCISCO, CA 94129	13-3431076	501(C)(3)	10,000.		N/A	N/A	ENVIRONMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

940040 U172 7/18/2014 11:28:50 AM V 13-5.5T

PAGE 40



**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COUNCIL ON FOUNDATIONS 2121 CRYSTAL DR #700 ARLINGTON, VA 22202	13-6068327	501(C)(3)	16,480.		N/A	N/A	UN STRENGTHENING
(2) DEVEX 1341 CONNECTICUT AV NW WASHINGTON, DC 20036	04-3524272		10,000.		N/A	N/A	UN STRENGTHENING
(3) FAMILY CARE INTERNATIONAL 45 BROADWAY #320 NEW YORK, NY 10006	13-3228334	501(C)(3)	75,000.		N/A	N/A	WOMEN & POPULATION
(4) FINANCING FOR DEV., LLC UN PLAZA NEW YORK, NY 10017		UN AGENCY	75,000.		N/A	N/A	CHILDREN'S HEALTH
(5) FMF 1600 WILSON BLVD # 801 ARLINGTON, VA 22209	54-1426440	501(C)(3)	100,000.		N/A	N/A	WOMEN & POPULATION
(6) FOREST TRENDS 1050 POTOMAC ST NW WASHINGTON, DC 20007	52-2135531	501(C)(3)	17,500.		N/A	N/A	CHILDREN'S HEALTH
(7) FRIENDS OF WFP, INC. 1725 EYE ST NW #510 WASHINGTON, DC 20006	13-3843435	501(C)(3)	10,000.		N/A	N/A	UN STRENGTHENING
(8) GAVI CAMPAIGN 1776 I ST NW #600 WASHINGTON, DC 20006	91-2004617	501(C)(3)	112,000.		N/A	N/A	CHILDREN'S HEALTH
(9) GBL SUSTAINABLE TOURISM COUNCIL 1250 CONNECT. AV #825 WASHINGTON, DC 20036		501(C)(3)	40,000.		N/A	N/A	ENVIRONMENT
(10) GEN BRD OF CHRCH & SCTY-UNITED MTHDST CHRCH 100 MARYLAND AVE NE WASHINGTON, DC 20002	53-0204669	501(C)(3)	200,000.		N/A	N/A	WOMEN & POPULATION
(11) GEORGE MASON UNV FDN 4400 UNIVERSITY DR FAIRFAX, VA 22030	54-1603842	501(C)(3)	9,000.		N/A	N/A	ENVIRONMENT
(12) GUTTMACHER INSTITUTE 1301 CONNT. AV NW #700 WASHINGTON, DC 20036	13-2890727	501(C)(3)	150,000.		N/A	N/A	WOMEN & POPULATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

940040 U172 7/18/2014 11:28:50 AM V 13-5.5T

PAGE 41

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) INDEPENDENT SECTOR 1602 L ST, NW # 900 WASHINGTON, DC 20036	52-1081024	501(C)(3)	52,500.		N/A	N/A	UN STRENGTHENING
(2) INTERNATIONAL CENTER FOR RESEARCH ON WOMEN 1120 20TH ST NW #500 N WASHINGTON, DC 20036	52-1081455	501(C)(3)	150,000.		N/A	N/A	WOMEN & POPULATION
(3) INTERNATIONAL WOMEN'S HEALTH COALITION 334 SEVENTH AV 6TH FL NEW YORK, NY 10001	23-7378153	501(C)(3)	85,000.		N/A	N/A	WOMEN & POPULATION
(4) JOHNS HOPKINS UNV 3910 KESWICK RD N-4327B BALTIMORE, MD 21211	52-0595110	501(C)(3)	239,109.		N/A	N/A	CHILDREN'S HEALTH
(5) JSI RESEARCH & TRAINING INSTITUTE, INC 1616 N FORT MYER DR ARLINGTON, VA 22209	04-2679824	501(C)(3)	24,000.		N/A	N/A	UN STRENGTHENING
(6) MARIE STOPES INTERNATIONAL - US 1250 CONNT. AV NW #450 WASHINGTON, DC 20036	54-1901882	501(C)(3)	189,526.		N/A	N/A	WOMEN & POPULATION
(7) MILLENNIAL TRAINS PROJECT 3404 PROSPECT ST., NW WASHINGTON, DC 20007	45-4734302	501(C)(3)	7,500.		N/A	N/A	UN STRENGTHENING
(8) MOCHA MOMS P.O. BOX 1655 BOWIE, MD 20717	52-2197655	501(C)(3)	10,000.		N/A	N/A	CHILDREN'S HEALTH
(9) NARAL PRO-CHOICE AMERICA 1156 15TH ST NW WASHINGTON, DC 20005	52-1100361	501(C)(3)	10,000.		N/A	N/A	WOMEN & POPULATION
(10) ONLINE SOCCER ACADEMY 706 BONITA AVE LAS VEGAS, NV 89104	26-3421576	501(C)(3)	6,000.		N/A	N/A	CHILDREN'S HEALTH
(11) PEN AMERICAN CENTER 588 BROADWAY, # 303 NEW YORK, NY 10012	13-3447888	501(C)(3)	10,000.		N/A	N/A	UN STRENGTHENING
(12) PERSONAL DEMOCRACY FORUM, LLC 220 LAFAYETTE ST, 3'D FL NEW YORK, NY 10012	27-0864568	501(C)(3)	100,000.		N/A	N/A	UN STRENGTHENING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

940040 U172 7/18/2014 11:28:50 AM V 13-5.5T

PAGE 42

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PLANNED PARENTHOOD FEDERATION OF AMERICA 1110 VERMT AVE NW #300 WASHINGTON, DC 20005	13-1644147	501(C)(3)	504,554.		N/A	N/A	WOMEN & POPULATION
(2) POPULATION ACTION INTERNATIONAL 1300 19TH ST NW #200 WASHINGTON, DC 20036	52-0812075	501(C)(3)	335,000.		N/A	N/A	WOMEN & POPULATION
(3) POPULATION COUNCIL ONE DAG HAMMARSKJOLD PL NEW YORK, NY 10017	13-1687001	501(C)(3)	150,000.		N/A	N/A	WOMEN & POPULATION
(4) POTENTIAL ENERGY 2150 ALLSTON WAY # 300 BERKELEY, CA 94704	26-1321043	501(C)(3)	43,382.		N/A	N/A	ENVIRONMENT
(5) PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1350 MASS. AVE #600 CAMBRIDGE, MA 2138	04-2103580	501(C)(3)	20,000.		N/A	N/A	UN STRENGTHENING
(6) PUBLIC HEALTH INSTITUTE 555 12TH ST 10TH FL OAKLAND, CA 94607	94-1646278	501(C)(3)	584,229.		N/A	N/A	CHILDREN'S HEALTH
(7) PULITZER CENTER ON CRISIS REPORTING 1779 MASS. AV NW #615 WASHINGTON, DC 20036	27-0458242	501(C)(3)	148,000.		N/A	N/A	WOMEN & POPULATION
(8) RESOURCE MEDIA 1920 L ST NW # 800 WASHINGTON, DC 20036	82-0564961	501(C)(3)	100,000.		N/A	N/A	WOMEN & POPULATION
(9) ROOSEVELT INSTITUTE 570 LEXINGTON AV 5TH FL NEW YORK, NY 10022	23-7213592	501(C)(3)	30,000.		N/A	N/A	WOMEN & POPULATION
(10) SHE GLOBAL MEDIA INC. 254 ELIZABETH SR FL 5R NEW YORK, NY 10012	45-457865		10,000.		N/A	N/A	WOMEN & POPULATION
(11) SOCAP -SOCIAL CAPITAL MARKETS 901 MISSION ST #105 SAN FRANCISCO, CA 94103	80-0365152		26,300.		N/A	N/A	CHILDREN'S HEALTH
(12) SOLAR SISTER INC. P.O. BOX 1002 BRISTOL, RI 02809	27-1185128	501(C)(3)	45,000.		N/A	N/A	CHILDREN'S HEALTH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

940040 U172 7/18/2014 11:28:50 AM V 13-5.5T

PAGE 43

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE ALLIANCE FOR SUSTAINABLE ENERGY 15013 DENVER W PKWY GOLDEN, CO 80401	26-1939342	501(C)(3)	10,000.		N/A	N/A	ENVIRONMENT
(2) THE ASPEN INSTITUTE ONE DUPONT C., NW WASHINGTON, DC 20036	84-0399006	501(C)(3)	54,500.		N/A	N/A	WOMEN & POPULATION
(3) THE HUMPTY DUMPTY INSTITUTE, INC 29 WEST 46TH ST 5TH FL NEW YORK, NY 10036	13-4028567	501(C)(3)	102,993.		N/A	N/A	UN STRENGTHENING
(4) THE INTERNATIONAL CENTER FOR JOURNALISTS 2000 M ST NW #250 WASHINGTON, DC 20036	11-2724905	501(C)(3)	36,360.		N/A	N/A	WOMEN & POPULATION
(5) THE KING CENTER 449 AUBURN AV ATLANTA, GA 30312	58-1030989	501(C)(3)	10,000.		N/A	N/A	UN STRENGTHENING
(6) THE LOPEZ FAMILY FOUNDATION 1100 GLENDON AVE #920 LOS ANGELES, CA 90024	26-3084565	501(C)(3)	10,000.		N/A	N/A	CHILDREN'S HEALTH
(7) THE SIERRA CLUB FOUNDATION 85 SECOND ST #750 SAN FRANCISCO, CA 94105	94-6069890	501(C)(3)	75,000.		N/A	N/A	WOMEN & POPULATION
(8) THE TRUSTEES OF COLUMBIA UNIV IN THE CITY O 720 W 168TH ST 14TH FL NEW YORK, NY 10032	13-5598093	501(C)(3)	269,742.		N/A	N/A	CHILDREN'S HEALTH
(9) TOGETHER FOR GIRLS 1889 F ST NW #350 WASHINGTON, DC 20006	45-4664343	501(C)(3)	304,500.		N/A	N/A	WOMEN & POPULATION
(10) UN OFFICE OF DISARMAMENT AFFAIRS UN PLAZA RM S-3185 NEW YORK, NY 10017		UN AGENCY	100,000.		N/A	N/A	PSHR
(11) UNITED NATIONS DEPARTMENT OF MANAGEMENT UN PLAZA NEW YORK, NY 10017		UN AGENCY	81,375.		N/A	N/A	UN STRENGTHENING
(12) UNITED NATIONS FUND FOR INT'L PARTNERSHIPS 220 E 42ND ST 19TH FL NEW YORK, NY 10017		UN AGENCY	1,500,000.		N/A	N/A	UN STRENGTHENING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ -----

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ -----

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

940040 U172 7/18/2014 11:28:50 AM V 13-5.5T

PAGE 44

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNITED STATES JUNIOR CHAMBER 100 CHEST. B. P.#200 CHESTERFIELD, MO 63005	73-0555354	501(C)(4)	25,000.		N/A	N/A	CHILDREN'S HEALTH
(2) UNIVERSITY OF CHICAGO 5801 S. ELLIS AV CHICAGO, IL 60637	36-2177139	501(C)(3)	191,846.		N/A	N/A	CHILDREN'S HEALTH
(3) WOMEN DELIVER 588 BROADWAY #905 NEW YORK, NY 10012	26-4462256	501(C)(3)	25,000.		N/A	N/A	WOMEN & POPULATION
(4) WOMEN'S PHILANTHROPY INSTITUTE 550 WM ST #301 INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	40,000.		N/A	N/A	WOMEN & POPULATION
(5) WOODROW WILSON INT'L CENTER FOR SCHOLARS 1300 PENN. AVE NW WASHINGTON, DC 20004	52-1067541	501(C)(3)	25,000.		N/A	N/A	WOMEN & POPULATION
(6) WORLD FAITHS DEV DIALOGUE, INC. 3307 M ST NW #200 WASHINGTON, DC 20007	43-2084191		28,815.		N/A	N/A	WOMEN & POPULATION
(7) WORLD HEALTH ORGANIZATION AVENUE APPIA 20 1211 GENEVA 27 SZ		UN AGENCY	52,074,880.		N/A	N/A	CHILDREN'S HEALTH
(8) WORLDWATCH INSTITUTE 1176 MASS. AVE. NW WASHINGTON, DC 20036	23-736-7468	501(C)(3)	50,000.		N/A	N/A	WOMEN & POPULATION
(9) YALE U., SCHL OF FORESTRY AND ENV STUDIES 47 COLLEGE ST #203 NEW HAVEN, CT 6510	06-0646973	501(C)(3)	344,760.		N/A	N/A	CHILDREN'S HEALTH
(10) _____							
(11) _____							
(12) _____							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 58.
- 3 Enter total number of other organizations listed in the line 1 table 11.

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

940040 U172 7/18/2014 11:28:50 AM V 13-5.5T

PAGE 45

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

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

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 1:

THE UN FOUNDATION PRIMARILY MAKES GRANTS TO THE UNITED NATIONS AND ITS  
RELATED/AFFILIATED AGENCIES. MONITORING OF FUNDS GRANTED TO THOSE  
AGENCIES CONSISTS PRIMARILY OF GRANT REPORTS RECEIVED QUARTERLY,  
SEMIANNUALLY OR ANNUALLY AS STIPULATED IN THE GRANT AGREEMENTS. FROM TIME  
TO TIME, THE UN FOUNDATION ALSO CONDUCTS SITE VISITS TO MONITOR  
DISTRIBUTION OF GRANT-RELATED RESOURCES AND ASSESS THE EFFECTIVENESS AND  
PROGRESS OF GRANT ACTIVITIES.

**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.☒

First-class or charter travel

☐

Housing allowance or residence for personal use

☒

Travel for companions

☐

Payments for business use of personal residence

☐

Tax indemnification and gross-up payments

☐

Health or social club dues or initiation fees

☐

Discretionary spending account

☐

Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.☐

Compensation committee

☐

Written employment contract

☐

Independent compensation consultant

☒

Compensation survey or study

☐

Form 990 of other organizations

☒

Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.****5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:**a** The organization?**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> TIMOTHY E. WIRTH PRES THRU JAN 2013; VICE CHAIR	(i)	208,989.	0	19,802.	13,158.	5,780.	247,729.	0
	(ii)	34,022.	0	3,224.	2,142.	941.	40,329.	0
<b>2</b> KATHRYN CALVIN WALTERS PRESIDENT AS OF FEB 2013; CEO	(i)	323,672.	0	16,582.	13,158.	4,824.	358,236.	0
	(ii)	52,691.	0	2,699.	2,142.	785.	58,317.	0
<b>3</b> RICHARD PARNELL CHIEF OPERATING OFFICER	(i)	232,671.	0	15,554.	13,158.	13,839.	275,222.	0
	(ii)	37,877.	0	2,532.	2,142.	2,253.	44,804.	0
<b>4</b> RADHA MUTHIAH EXECUTIVE DIRECTOR	(i)	275,847.	0	380.	15,300.	5,520.	297,047.	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> AARON SHERINIAN VICE PRESIDENT	(i)	256,370.	0	252.	15,300.	19,169.	291,091.	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> BRIAN DETCHON VICE PRESIDENT	(i)	246,020.	0	2,991.	15,129.	25,785.	289,925.	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> SUSAN MYERS VICE PRESIDENT	(i)	237,800.	0	196.	14,268.	7,728.	259,992.	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> ELIZABETH MCKEE GORE VICE PRESIDENT	(i)	207,407.	0	17,695.	14,215.	31,797.	271,114.	0
	(ii)	0	0	0	0	0	0	0
<b>9</b>	(i)							
	(ii)							
<b>10</b>	(i)							
	(ii)							
<b>11</b>	(i)							
	(ii)							
<b>12</b>	(i)							
	(ii)							
<b>13</b>	(i)							
	(ii)							
<b>14</b>	(i)							
	(ii)							
<b>15</b>	(i)							
	(ii)							
<b>16</b>	(i)							
	(ii)							

Schedule J (Form 990) 2013



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, LINE 1A:

THE TRAVEL EXPENSES OF THE PRESIDENT'S SPOUSE WERE COVERED WHEN ATTENDING  
OFFICIAL BUSINESS/FUNCTIONS.

BOARD MEMBERS AND THEIR SPOUSES WERE REIMBURSED FOR AIRFARE (INCLUDING  
FIRST-CLASS ACCOMMODATION WHENEVER REQUESTED), HOTEL, MEALS, AND  
INCIDENTAL TAXIS OR OTHER TRANSPORTATION WHEN ATTENDING BOARD MEETINGS OR  
TRAVELLING ON BEHALF OF THE FOUNDATION, AS MAY BE REQUESTED BY THE  
CHAIRMAN OR PRESIDENT FROM TIME TO TIME.

THE UN FOUNDATION'S POLICY IS NOT TO PAY FOR FIRST CLASS TRAVEL OR  
ACCOMMODATIONS FOR ITS STAFF MEMBERS.

NONE OF THE BENEFITS ARE TREATED AS TAXABALE COMPENSATION.

**SCHEDULE L**  
**(Form 990 or 990-EZ)****Transactions With Interested Persons**

OMB No. 1545-0047

**2013****Open To Public  
Inspection**Department of the Treasury  
Internal Revenue Service▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶ \$												

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

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

Schedule L (Form 990 or 990-EZ) 2013

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVIS, PICKREN, SEYDEL & SNEED, LLP	OFFICER IS 5%+ OWNER	347,878.	LEGAL SERVICES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV:

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

MR. SEYDEL IS ALSO A SON-IN-LAW TO MR. R.E. TURNER, CHAIRMAN OF THE BOARD  
OF DIRECTORS OF THE UN FOUNDATION, AND IS THE SECRETARY OF THE  
FOUNDATION.

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013****Open To Public  
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .	X	1.	12,784,000.	FMV
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( ) . . . . .				
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

**29**

30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

Yes No

<b>30a</b>		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .

<b>31</b>	X	

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

<b>32a</b>	X	

b If "Yes," describe in Part II.

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

<b>33</b>		

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

Schedule M (Form 990) (2013)

JSA

3E1298 1.000

940040 U172 7/18/2014 11:28:50 AM V 13-5.5T

PAGE 52

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

AMOUNTS REPORTED IN PART I, COLUMN (B) REPRESENT THE NUMBER OF  
CONTRIBUTIONS AND NOT THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, PART I, LINE 32B:

THE UN FOUNDATION ENTERS INTO AGREEMENTS WITH THIRD-PARTY  
VENDORS/INSTITUTIONS/ORGANIZATIONS TO ASSIST WITH THE SALE OF  
SOPHISTICATED GIFTS RECEIVED, SUCH AS WORKS OF ART, SECURITIES, AND THE  
LIKE.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**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

**2013****Open to Public  
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

FORM 990, PART III, LINE 4D:

PROGRAM SERVICE ACTIVITY #4:

UNITED NATIONS STRENGTHENING: THE UN FOUNDATION BUILDS AND IMPLEMENTS  
PUBLIC-PRIVATE PARTNERSHIPS TO ADDRESS THE WORLD'S MOST PRESSING  
PROBLEMS, AND ALSO WORKS TO BROADEN SUPPORT FOR THE UNITED NATIONS  
THROUGH ADVOCACY AND PUBLIC OUTREACH. THE UN FOUNDATION ALSO PROVIDES  
OPERATIONAL GRANTS FOR UN-RELATED PROGRAMS AND INITIATIVES.

EXPENSES: \$6,804,335; GRANTS: \$2,111,901; REVENUE: \$265,386

PROGRAM SERVICE ACTIVITY #5:

PEACE, SECURITY & HUMAN RIGHTS: THE UN FOUNDATION'S PEACE, SECURITY AND  
HUMAN RIGHTS PROGRAM PROMOTES PREVENTIVE ENGAGEMENT IN THREE AREAS:  
SECURITY, WELL-BEING AND JUSTICE.

EXPENSES: \$116,434; GRANTS: \$100,000; REVENUE: NONE

FORM 990, PART VI, LINE 2:

MR. RUTHERFORD SEYDEL, SECRETARY, IS ALSO A SON-IN-LAW TO MR. R.E.  
TURNER, CHAIRMAN OF THE BOARD OF DIRECTORS OF THE UN FOUNDATION.

FORM 990, PART VI, LINE 11B:

THE DRAFT FORM IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND CHIEF  
OPERATING OFFICER. SUBSEQUENTLY, THE DRAFT IS REVIEWED BY THE

Name of the organization	Employer identification number
UNITED NATIONS FOUNDATION, INC.	58-2368165

ORGANIZATION'S LEGAL COUNSEL. FINALLY, THE DRAFT FORM IS DISTRIBUTED TO ALL BOARD MEMBERS. THE DRAFT IS DISCUSSED BY THE EXECUTIVE COMMITTEE WHICH IS OPEN TO ALL BOARD MEMBERS. THE EXECUTIVE COMMITTEE IS EMPOWERED TO REPLY ON BEHALF OF ANY BOARD MEMBERS WITH QUESTIONS AND CONCERNS. THE DRAFT IS THEN FINALIZED, INCORPORATING ANY CHANGES OR COMMENTS BY THE BOARD MEMBERS OF THE EXECUTIVE COMMITTEE. THE FINAL APPROVED VERSION IS FILED WITH THE IRS AND POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, LINE 12C:

OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE IN WRITING INTERESTS THAT COULD GIVE RISE TO CONFLICTS ANNUALLY OR WHEN CIRCUMSTANCES CHANGE. THESE CIRCUMSTANCES ARE REVIEWED BY MANAGEMENT ON AN ON-GOING BASIS IN THE COURSE OF OUR DAY-TO-DAY OPERATIONS. WHEN A CONFLICT OF INTEREST DOES ARISE, RECUSAL FROM THE DECISIONS AND DELIBERATIONS IS REQUIRED. THERE WERE NO SUCH CIRCUMSTANCES IN THE PERIOD COVERED BY THIS REPORT.

FORM 990, PART VI, LINE 15A AND 15B:

ANY CHANGES TO THE PRESIDENT'S COMPENSATION REQUIRE BOARD APPROVAL. THE BOARD REVIEWS THE PRESIDENT'S COMPENSATION ANNUALLY AND IT WAS LAST UNDERTAKEN IN 2013. COMPARABLE DATA FROM PEER ORGANIZATIONS IS USED IN DETERMINING THE PRESIDENT'S COMPENSATION. ANY CHANGES TO THE PRESIDENT'S COMPENSATION ARE DOCUMENTED BY THE ORGANIZATION. THERE ARE NO KEY EMPLOYEES LISTED, ONLY OFFICERS. FOR OFFICERS, COMPENSATION IS DETERMINED BASED ON QUALIFICATIONS, DUTIES AND SALARIES PAID BY PEER ORGANIZATIONS.

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

FORM 990, PART VI, LINE 19:

THE GOVERNING DOCUMENTS ARE PROVIDED UPON WRITTEN REQUEST. THE CONFLICT  
OF INTEREST POLICY, AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE  
AVAILABLE ON OUR WEBSITE.

FORM 990, PART IX, LINE 11G:

CONSULTANT FEES \$19,727,064

FORM 990, PART XI, LINE 9:

OTHER CHANGES IN NET ASSETS:

ADJUSTMENT TO PLEDGE RECEIVABLE (2,275,000)

UNREALIZED FOREIGN EXCHANGE GAIN (89,222)

-----

TOTAL OTHER CHANGES IN NET ASSETS (2,364,222)

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

THE UNITED NATIONS FOUNDATION WAS CREATED IN 1998 TO SUPPORT UNITED  
NATIONS (UN) CAUSES AND ACTIVITIES. WE ARE AN ADVOCATE FOR THE UN  
AND A PLATFORM FOR CONNECTING PEOPLE, IDEAS AND RESOURCES TO HELP THE  
UN SOLVE GLOBAL PROBLEMS. WE AIM TO ACHIEVE THESE OBJECTIVES  
THROUGH: 1) PROGRAMS AND ACTIVITIES OF THE UN OR IN WHICH THE UN IS  
PARTICIPATING; 2) ACTIVITIES WHICH SUPPORT AND INCREASE PUBLIC  
AWARENESS OF THE GOALS AND OBJECTIVES OF THE UN; 3) GRANTS AND  
DISTRIBUTIONS IN SUPPORT OF UN PROGRAMS; AND 4) ADVOCACY,  
PARTNERSHIPS, CONSTITUENCY BUILDING AND FUNDRAISING. THROUGH OUR  
CAMPAIGNS AND PARTNERSHIPS, WE SEEK TO MAKE IT EASY FOR CORPORATIONS,



Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

NON-GOVERNMENTAL ORGANIZATIONS, AND INDIVIDUALS TO ENGAGE IN THE WORK  
OF THE UN.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CHILDREN'S HEALTH: THE UN FOUNDATION'S CHILDREN'S HEALTH PROGRAM  
ASSISTS THE UN IN ITS EFFORTS TO ENSURE THAT ALL CHILDREN HAVE THE  
MEANS AND THE OPPORTUNITY TO DEVELOP TO THEIR FULL POTENTIAL. THE  
UN FOUNDATION'S MAJOR PRIORITIES ARE DECREASING CHILDHOOD  
MORTALITY THROUGH COMMUNITY-BASED PROGRAMS AND UTILIZING  
PUBLIC-PRIVATE PARTNERSHIPS TO STRENGTHEN THE PUBLIC HEALTH  
INFRASTRUCTURE TO CONTROL INFECTIOUS DISEASES SUCH AS POLIO,  
MEASLES AND MALARIA. TOGETHER WITH KEY UN AGENCIES SUCH AS THE  
WORLD HEALTH ORGANIZATION, UNICEF AND PRIVATE SECTOR PARTNERS SUCH  
AS ROTARY INTERNATIONAL, NBA CARES AND THE PEOPLE OF THE UNITED  
METHODIST CHURCH, THE UN FOUNDATION HAS HELPED ESTABLISH THE  
MEASLES INITIATIVE, NOTHING BUT NETS AND THE ROTARY-POLIO BUY DOWN  
INITIATIVE. THE UN FOUNDATION'S MALARIA PARTNERSHIP WORKS TO  
PREVENT MALARIA DEATHS IN AFRICA.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

CLIMATE CHANGE, ENERGY & SUSTAINABLE DEVELOPMENT: THE UN  
FOUNDATION'S CLIMATE AND ENERGY PROGRAM WORKS WITH THE UNITED  
NATIONS TO HELP LEAD THE WORLD'S TRANSITION TOWARD A

Name of the organization	Employer identification number
UNITED NATIONS FOUNDATION, INC.	58-2368165

ATTACHMENT 3 (CONT'D)

CLIMATE-FRIENDLY ENERGY ECONOMY. IT SERVES AS A NONPARTISAN FORUM, AND CONVENES COALITIONS OF LEADING THINKERS AND ACTORS TO SEIZE OPPORTUNITIES AND ADDRESS CHALLENGES POSED BY THIS TRANSFORMATION. THE UN FOUNDATION'S SUSTAINABLE DEVELOPMENT EFFORTS ARE UNDERTAKEN IN CLOSE COLLABORATION WITH THE UN EDUCATIONAL, SCIENTIFIC, AND CULTURAL ORGANIZATION (UNESCO) WORLD HERITAGE CENTRE. THE UN FOUNDATION'S EFFORTS ARE AIMED AT SUPPORTING AND PROMOTING THE MANAGEMENT AND CONSERVATION OF NATURAL WORLD HERITAGE SITES AND PROMOTION OF SUSTAINABLE TOURISM PRACTICES.

ATTACHMENT 4FORM 990, PART III - PROGRAM SERVICE, LINE 4C

WOMEN AND POPULATION: THE UN FOUNDATION'S WOMEN AND POPULATION PROGRAM WORKS WITH THE UNITED NATIONS (UN) AND CIVIL SOCIETY TO SUPPORT ACHIEVEMENT OF "UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH SERVICES AND SUPPLIES BY 2015" -- THE CENTRAL GOAL ESTABLISHED AT THE UN INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD), ADOPTED IN 1994. TO ADVANCE THIS GOAL, THE UN FOUNDATION'S WOMEN AND POPULATION PROGRAM IS INVOLVED IN: SUPPORTING AND STRENGTHENING UN AGENCIES; ADVANCING THE EDUCATIONAL, ECONOMIC AND SOCIAL SERVICES AND OPPORTUNITIES AVAILABLE TO ADOLESCENT GIRLS; ENSURING AVAILABILITY OF REPRODUCTIVE HEALTH SUPPLIES; AND ADVOCATING FOR EMPIRICALLY-BASED STRATEGIES THAT ADDRESS THE CHALLENGES POSED BY DEGRAPHIC CHANGE AND INSUFFICIENT AVAILABILITY OF REPRODUCTIVE HEALTH AND RIGHTS AROUND THE WORLD.

Name of the organization

Employer identification number

UNITED NATIONS FOUNDATION, INC.

58-2368165

ATTACHMENT 5FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GLOVER PARK GROUP LLC 1025 F STREET NW, 9TH FL WASHINGTON, DC 20004-1409	CONSULTING SERVICES	644,794.
STUDIOS ARCHITECTURE 1625 M STREET NW WASHINGTON, DC 20036	ARCHITECTURAL SVCS	624,177.
INTEGRATED DIRECT MARKETING 1250 CONNECTICUT AVENUE NW , #200 WASHINGTON, DC 20036	CONSULTING SERVICES	473,681.
92ND STREET Y 1395 LEXINGTON AVENUE NEW YORK, NY 10128	EVENT PLANNING SCVS	455,636.
LIVE MARKETING DE DISSEMINACAO RUA CAPOTE VALENTE, 109 SAO PAULO BRAZIL	CONSULTING SERVICES	409,150.

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

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

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

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BETTER WORLD FUND 58-2366765 1750 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20006	SUPPORT OF UN	GA	501(C)(3)	7	UNF	X	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2013

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BETTER WORLD FUND	B	67,168.	GAAP
(2) BETTER WORLD FUND	C	126,295.	GAAP
(3) BETTER WORLD FUND	Q	1,713,845.	GAAP
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

**Part VII** **Supplemental Information**

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

---



Form **990-T****Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**

OMB No. 1545-0687

Department of the Treasury  
Internal Revenue Service

For calendar year 2013 or other tax year beginning \_\_\_\_\_, 2013, and ending \_\_\_\_\_, 2013.

▶ See separate instructions.

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**2013**Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input checked="" type="checkbox"/> Check box if address changed	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D Employer identification number</b> (Employees' trust, see instructions.)
<b>B Exempt under section</b>		UNITED NATIONS FOUNDATION, INC.	58-2368165
<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions.  1750 PENNSYLVANIA AVENUE, NW STE 300	<b>E Unrelated business activity codes</b> (See instructions.)
<b>C Book value of all assets at end of year</b>  386,526,080.		City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006	525900
<b>F Group exemption number (See instructions.) ▶</b>			
<b>G Check organization type ▶</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

**H Describe the organization's primary unrelated business activity. ▶ UNRELATED INCOME FROM INVESTMENT PARTNERSHIPS****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation. ▶**J** The books are in care of ▶ UN FDN. COO Telephone number ▶ 202-887-9040

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales						
<b>b</b> Less returns and allowances		<b>c Balance ▶</b>	<b>1c</b>			
<b>2</b> Cost of goods sold (Schedule A, line 7) . . . . .			<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .			<b>3</b>			
<b>4a</b> Capital gain net income (attach Form 8949 and Schedule D)			<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . .			<b>4b</b>			
<b>c</b> Capital loss deduction for trusts . . . . .			<b>4c</b>			
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)			<b>5</b>	2,787.	ATCH 1	2,787.
<b>6</b> Rent income (Schedule C) . . . . .			<b>6</b>			
<b>7</b> Unrelated debt-financed income (Schedule E) . . . . .			<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			<b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			<b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I) . . . . .			<b>10</b>			
<b>11</b> Advertising income (Schedule J) . . . . .			<b>11</b>			
<b>12</b> Other income (See instructions; attach schedule.) . . . . .			<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 . . . . .			<b>13</b>	2,787.		2,787.

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K) . . . . .	<b>14</b>	
<b>15</b> Salaries and wages . . . . .	<b>15</b>	
<b>16</b> Repairs and maintenance . . . . .	<b>16</b>	
<b>17</b> Bad debts . . . . .	<b>17</b>	
<b>18</b> Interest (attach schedule) . . . . .	<b>18</b>	
<b>19</b> Taxes and licenses . . . . .	<b>19</b>	1,090.
<b>20</b> Charitable contributions (See instructions for limitation rules.) . . . . .	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562) . . . . .	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>22a</b>	
<b>23</b> Depletion . . . . .	<b>22b</b>	
<b>24</b> Contributions to deferred compensation plans . . . . .	<b>23</b>	
<b>25</b> Employee benefit programs . . . . .	<b>24</b>	
<b>26</b> Excess exempt expenses (Schedule I) . . . . .	<b>25</b>	
<b>27</b> Excess readership costs (Schedule J) . . . . .	<b>26</b>	
<b>28</b> Other deductions (attach schedule) . . . . . ATTACHMENT 2 . . . . .	<b>27</b>	
<b>29 Total deductions.</b> Add lines 14 through 28 . . . . .	<b>28</b>	112.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>29</b>	1,202.
<b>31</b> Net operating loss deduction (limited to the amount on line 30) . . . . .	<b>30</b>	1,585.
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . .	<b>31</b>	
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) . . . . .	<b>32</b>	1,585.
<b>34</b> Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	<b>33</b>	1,000.
	<b>34</b>	585.

## PUBLIC DISCLOSURE COPY

Form 990-T (2013)

UNITED NATIONS FOUNDATION, INC.

58-2368165

Page **2****Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) . . . . . \$ _____ (2) Additional 3% tax (not more than \$100,000) . . . . . \$ _____		
<b>c</b> Income tax on the amount on line 34 . . . . . <b>35c</b>		88.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . . <b>36</b>		
<b>37 Proxy tax.</b> See instructions . . . . . <b>37</b>		
<b>38 Alternative minimum tax</b> . . . . . <b>38</b>		
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies . . . . . <b>39</b>		88.

**Part IV Tax and Payments**

<b>40 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . . <b>40a</b>		
<b>b</b> Other credits (see instructions) . . . . . <b>40b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions) . . . . . <b>40c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . . <b>40d</b>		
<b>e Total credits.</b> Add lines 40a through 40d . . . . . <b>40e</b>		
<b>41</b> Subtract line 40e from line 39 . . . . . <b>41</b>		88.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) . . . . . <b>42</b>		
<b>43 Total tax.</b> Add lines 41 and 42 . . . . . <b>43</b>		88.
<b>44 a</b> Payments: A 2012 overpayment credited to 2013 . . . . . <b>44a</b>	247.	
<b>b</b> 2013 estimated tax payments . . . . . <b>44b</b>		
<b>c</b> Tax deposited with Form 8868 . . . . . <b>44c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) . . . . . <b>44d</b>		
<b>e</b> Backup withholding (see instructions) . . . . . <b>44e</b>		
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941) . . . . . <b>44f</b>		
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total <b>44g</b>		
<b>45 Total payments.</b> Add lines 44a through 44g . . . . . <b>45</b>		247.
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <b>46</b>		
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed . . . . . <b>47</b>		
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid . . . . . <b>48</b>		159.
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2014 estimated tax</b> 159. <b>Refunded</b> <b>49</b>		

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here _____	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . . If YES, see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year <b>\$</b> _____		

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

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

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

<b>Sign Here</b>	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Print/Type preparer's name Travis L. Patton	Preparer's signature 	Date 07/24/2014	
<b>Paid Preparer Use Only</b>	Firm's name <b>▶</b> PRICEWATERHOUSECOOPERS, LLP	Firm's EIN <b>▶</b> 13-4008324	Check <input type="checkbox"/> if self-employed	PTIN P00369623
	Firm's address <b>▶</b> 600 13TH STREET NW, SUITE 1000 WASHINGTON, DC 20005	Phone no. 202-414-1000		

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

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

**2. Rent received or accrued**

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

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

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

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

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

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

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

**Nonexempt Controlled Organizations**

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

## PUBLIC DISCLOSURE COPY

Form 990-T (2013)

UNITED NATIONS FOUNDATION, INC.

58-2368165

Page 4

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

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

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

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

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

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

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

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

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

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

ATTACHMENT 1

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

UNRELATED INVESTMENT INCOME FROM PARTNERSHIPS

2,787.

INCOME (LOSS) FROM PARTNERSHIPS

2,787.

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

INVESTMENT MANAGEMENT FEES 112.

PART II - LINE 28 - OTHER DEDUCTIONS 112.