

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.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED NATIONS FOUNDATION, INC.				D Employer identification number 58-2368165	
	Doing Business As		Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
	1750 PENNSYLVANIA AVENUE NW STE 300		WASHINGTON, DC 20006		E Telephone number (202) 887-9040	
	F Name and address of principal officer: ELIZABETH COUSENS 1750 PENNSYLVANIA AVENUE NW ST, WASHINGTON, DC 20006				G Gross receipts \$ 128,032,823.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J Website: WWW.UNFOUNDATION.ORG				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1998 M State of legal domicile: NY		
H(c) Group exemption number ▶						

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	447
	6 Total number of volunteers (estimate if necessary)	6	11
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	218,453.
b Net unrelated business taxable income from Form 990-T, line 34	7b	201,984.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	82,821,917.	103,468,186.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,156,402.	1,535,631.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,716,769.	1,468,786.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	75,248.	676,315.
		86,770,336.	107,148,918.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	43,887,055.	48,272,150.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	37,415,263.	37,024,214.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	555,104.	NONE
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,804,065.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	38,790,251.	53,753,718.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	120,647,673.	139,050,082.	
19 Revenue less expenses. Subtract line 18 from line 12	-33,877,337.	-31,901,164.	
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)	358,613,999.	315,410,137.
	22 Net assets or fund balances. Subtract line 21 from line 20.	19,428,381.	48,020,683.
	339,185,618.	267,389,454.	

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		Date		
	ELIZABETH COUSENS Type or print name and title		PRESIDENT & CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TRAVIS L PATTON		11/15/2023		P00369623
	Firm's name ▶ PWC US TAX LLP	Firm's EIN ▶	92-0460586		
Firm's address ▶	655 NEW YORK AVE STE 1100 WASHINGTON, DC 20001		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** (2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 [X] 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 [X] 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 \$ 49,968,840. including grants of \$ 13,847,996.) (Revenue \$ 506,187.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 33,072,293. including grants of \$ 12,685,944.) (Revenue \$ 281,200.)

CLIMATE, ENERGY & ENVIRONMENT: THE UNITED NATIONS FOUNDATION'S CLIMATE & ENVIRONMENT PROGRAM WORKS WITH THE UNITED NATIONS AND PARTNERS TO GALVANIZE THE COLLECTIVE ACTION REQUIRED TO MEET CLIMATE CHANGE, INCLUDING IN THE CONTEXT OF THE SUSTAINABLE DEVELOPMENT GOALS UNIVERSALLY AGREED UPON IN 2015. IT SUPPORTS SCIENCE-BASED INSTITUTIONS LIKE THE INTERGOVERNMENTAL PANEL ON CLIMATE CHANGE, BUILDS DIALOGUES AND WORKSHOPS WITH KEY STAKEHOLDERS TO SEIZE OPPORTUNITIES AND ADDRESS CHALLENGES POSED BY THIS TRANSFORMATION, AND WORKS WITH A GLOBAL NETWORK OF PARTNERS TO CREATE POLITICAL CONDITIONS FOR PROGRESS CRITICAL TO HUMAN AND PLANETARY HEALTH.

4c (Code:) (Expenses \$ 16,784,657. including grants of \$ 3,609,322.) (Revenue \$ 332,844.)

GIRLS AND WOMEN: THE UNITED NATIONS FOUNDATION'S GIRLS & WOMEN PROGRAM WORKS WITH THE UNITED NATIONS AND PARTNERS TO ADVANCE GENDER EQUALITY GLOBALLY, INCLUDING IN THE CONTEXT OF THE SUSTAINABLE DEVELOPMENT GOALS UNIVERSALLY AGREED UPON IN 2015. IT SUPPORTS THE QUALITY, AVAILABILITY AND USE OF GENDER DATA; AND LEADERSHIP DEVELOPMENT FOR GIRLS AND YOUNG WOMEN.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 25,123,344. including grants of \$ 18,128,888.) (Revenue \$ 415,400.)

4e Total program service expenses 124,949,134.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 447		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country <u>UNITED KINGDOM</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			

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 on 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

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records

SHENAE BURGESS 1750 PENNSYLVANIA AVENUE, NW, STE 300 WASHINGTON, DC 20006
202-802-4502

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ELIZABETH COUSENS PRESIDENT & CEO	34.00 6.00	X		X				383,985.	67,762.	47,769.
(2) DYMPHNA VAN DER LANS CHIEF EXECUTIVE OFFICER, CCA	40.00 NONE					X		313,048.	NONE	46,026.
(3) MICHELLE MORSE VP FOR GIRLS & WOMEN STRATEGY	40.00 NONE					X		295,352.	NONE	44,099.
(4) VALENCIA BEMBRY VP OF PHILANTHROPY INTEGR DEV.	40.00 NONE					X		294,935.	NONE	26,875.
(5) ANDREW AXELROD (THRU 9/22) CHIEF OPERATING OFFICER	34.00 6.00			X				235,068.	41,483.	41,548.
(6) JILL S. ISENBARGER CHIEF OF STAFF	40.00 NONE					X		292,288.	NONE	16,063.
(7) LESLIE A EDMOND CHIEF PEOPLE OFFICER	40.00 NONE				X			278,997.	NONE	26,550.
(8) SOFIA BORGES SENIOR VICE PRESIDENT	40.00 NONE					X		286,207.	NONE	12,577.
(9) LIA FORDJOUR (THRU 1/22) CHIEF FINANCIAL OFFICER	NONE NONE			X				16,685.	NONE	NONE
(10) R.E. TURNER CHAIRMAN	5.00 5.00	X		X				NONE	NONE	NONE
(11) HER MAJESTY QUEEN RANIA AL-AB DIRECTOR	5.00 NONE	X						NONE	NONE	NONE
(12) MARK MALLOCH-BROWN DIRECTOR	5.00 NONE	X						NONE	NONE	NONE
(13) FABIO C. BARBOSA DIRECTOR	5.00 5.00	X						NONE	NONE	NONE
(14) GRO HARLEM BRUNDTLAND DIRECTOR & VICE CHAIR	5.00 NONE	X		X				NONE	NONE	NONE

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) N.R. NARAYANA MURTHY DIRECTOR	5.00 5.00	X					NONE	NONE	NONE	
(16) HANS VESTBERG DIRECTOR	5.00 NONE	X					NONE	NONE	NONE	
(17) VALERIE AMOS DIRECTOR & VICE CHAIR	5.00 NONE	X		X			NONE	NONE	NONE	
(18) JULIO FRENK DIRECTOR	5.00 NONE	X					NONE	NONE	NONE	
(19) TIMOTHY E. WIRTH DIRECTOR	5.00 5.00	X					NONE	NONE	NONE	
(20) DR. FRANNIE LEAUTIER DIRECTOR	5.00 NONE	X					NONE	NONE	NONE	
(21) LAURA TURNER SEYDEL DIRECTOR	5.00 5.00	X					NONE	NONE	NONE	
(22) CHARLES HOLLIDAY DIRECTOR	5.00 NONE	X					NONE	NONE	NONE	
(23) NAOKO ISHII DIRECTOR	5.00 NONE	X					NONE	NONE	NONE	
(24) EDWARD NDOU DIRECTOR	5.00 NONE	X					NONE	NONE	NONE	
(25) KATHRYN CALVIN WALTERS DIRECTOR	5.00 5.00	X					NONE	NONE	NONE	
1b Sub-total							2,396,565.	109,245.	261,507.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							2,396,565.	109,245.	261,507.	

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 **▶** 119

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

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

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 **▶**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	364,980.				
	c	Fundraising events	1c					
	d	Related organizations	1d	120,000.				
	e	Government grants (contributions) . .	1e	1,198,800.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	101,784,406.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,944,242.				
	h	Total. Add lines 1a-1f			103,468,186.			
	Program Service Revenue	2a	CONTRACT REVENUE	Business Code	900099	1,535,631.	1,535,631.	
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			1,535,631.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)			829,607.		23,033.
	4	Income from investment of tax-exempt bond proceeds .			NONE			
	5	Royalties			NONE			
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
					544,038.			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	544,038.	NONE			
	d	Net rental income or (loss)			544,038.			544,038.
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					21,027,680.			
	b	Less: cost or other basis and sales expenses . .	7b	20,388,501.				
	c	Gain or (loss)	7c	639,179.				
d	Net gain or (loss)			639,179.		195,420.	443,759.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		458,402.				
				495,404.				
					-37,002.		-37,002.	
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE				
				NONE				
					NONE			
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	10a		NONE				
				NONE				
					NONE			
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	GRANT RECOVERIES AND ADJUSTMENTS	Business Code	900099	95,020.		95,020.	
	b	MISCELLANEOUS		900099	74,259.		74,259.	
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			169,279.			
	12	Total revenue. See instructions			107,148,918.	1,535,631.	218,453.	1,926,648.

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	34,873,848.	34,873,848.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	13,398,302.	13,398,302.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	712,470.	616,628.	44,484.	51,358.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	31,261,904.	27,056,514.	1,951,885.	2,253,505.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,659,268.	1,436,060.	103,600.	119,608.
9 Other employee benefits	1,192,634.	1,032,199.	74,464.	85,971.
10 Payroll taxes	2,197,938.	1,902,267.	137,233.	158,438.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	487,055.	434,915.	25,933.	26,207.
c Accounting	282,951.	252,660.	15,066.	15,225.
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	1,106,936.	988,436.	58,939.	59,561.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	SEE SCHE O 24,196,594.	21,606,304.	1,288,337.	1,301,953.
12 Advertising and promotion	NONE			
13 Office expenses	1,418,623.	1,187,894.	201,107.	29,622.
14 Information technology	695,481.	296,343.	397,057.	2,081.
15 Royalties	NONE			
16 Occupancy	5,799,611.	3,207,658.	1,447,937.	1,144,016.
17 Travel	3,388,875.	3,116,600.	90,556.	181,719.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	1,565,298.	1,310,713.	221,900.	32,685.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	590,116.	494,138.	83,656.	12,322.
23 Insurance	241,842.	106,991.	99,827.	35,024.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COMMUNICATIONS	307,573.	181,677.	116,630.	9,266.
b UNCOLLECTIBLE CONTRIBUTIONS	12,326,636.	10,321,798.	1,747,442.	257,396.
c OTHER OPERATING EXPENSES	1,346,127.	1,127,189.	190,830.	28,108.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	139,050,082.	124,949,134.	8,296,883.	5,804,065.
26 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)				

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
Assets	1 Cash - non-interest-bearing	1,404.	1	1,404.
	2 Savings and temporary cash investments.	83,259,211.	2	66,100,159.
	3 Pledges and grants receivable, net	65,316,688.	3	63,676,079.
	4 Accounts receivable, net	3,750,111.	4	5,899,348.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	702,698.	9	879,911.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,008,569.		
	b Less: accumulated depreciation.	10b 8,506,153.	4,092,532.	10c 3,502,416.
	11 Investments - publicly traded securities.	61,513,541.	11	35,153,722.
	12 Investments - other securities. See Part IV, line 11	139,977,814.	12	108,162,883.
	13 Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	NONE	15	32,034,215.
16 Total assets. Add lines 1 through 15 (must equal line 33)	358,613,999.	16	315,410,137.	
Liabilities	17 Accounts payable and accrued expenses.	7,160,550.	17	4,933,629.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	12,267,831.	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	NONE	25	43,087,054.
	26 Total liabilities. Add lines 17 through 25.	19,428,381.	26	48,020,683.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions.	217,811,099.	27	155,780,815.
	28 Net assets with donor restrictions.	121,374,519.	28	111,608,639.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	339,185,618.	32	267,389,454.
33 Total liabilities and net assets/fund balances.	358,613,999.	33	315,410,137.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	107,148,918.
2	Total expenses (must equal Part IX, column (A), line 25)	2	139,050,082.
3	Revenue less expenses. Subtract line 2 from line 1	3	-31,901,164.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	339,185,618.
5	Net unrealized gains (losses) on investments	5	-37,389,826.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	616,838.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-3,122,012.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	267,389,454.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c 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 on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2022

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (83.40%); 15 Public support percentage from 2021 Schedule A, Part II, line 14 (81.30%); 16a 33 1/3% support test - 2022 (checked); 16b 33 1/3% support test - 2021; 17a 10%-facts-and-circumstances test - 2022; 17b 10%-facts-and-circumstances test - 2021; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
GRANT RECOVERIES/ADJUSTMENTS	105,257.	101,161.	593,923.	-274,199.	95,020.	621,162.
MISCELLANEOUS INCOME			107,196.	-173,667.	74,259.	7,788.
TOTALS	105,257.	101,161.	701,119.	-447,866.	169,279.	628,950.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

UNITED NATIONS FOUNDATION, INC.

58-2368165

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(03) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <p style="text-align: center;">UNITED NATIONS FOUNDATION, INC.</p>	Employer identification number <p style="text-align: center;">58-2368165</p>
--	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 20,141,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 3,146,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 2,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/> <hr/>	\$ 2,628,616.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/> <hr/>	\$ 2,300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <p style="text-align:center;">UNITED NATIONS FOUNDATION, INC.</p>	Employer identification number <p style="text-align:center;">58-2368165</p>
---	--

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

UNITED NATIONS FOUNDATION, INC.

58-2368165

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

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for aggregate values, 5-6 for donor information with Yes/No checkboxes.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Rows 1-8 for various conservation details, 9 for reporting information.

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

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

Table with 3 columns: Line number, Description, and Amount. Rows 1a-1b for collection reporting, 2 for financial gain reporting.

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

Schedule D (Form 990) 2022

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 make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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" on 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 |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on 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:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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" on 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
1a Land				
b Buildings				
c Leasehold improvements		8,699,325.	5,196,909.	3,502,416.
d Equipment		350,519.	350,519.	NONE
e Other		2,958,725.	2,958,725.	NONE
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,502,416.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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	108,162,883.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .	108,162,883.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ROU ASSETS	32,034,215.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	32,034,215.

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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) LEASE LIABILITIES	43,087,054.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	43,087,054.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

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.

FASB'S GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION, AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. THERE WAS NO IMPACT ON UNF'S FINANCIAL STATEMENTS DURING THE YEARS ENDED DECEMBER 31, 2022 AND 2021 RESULTING FROM THIS GUIDANCE.

SCHEDULE D, PART XI, LINE 2D:

UNREALIZED FOREIGN EXCHANGE GAIN:	(\$ 3,122,012)
INVESTMENT EXPENSES:	(\$ 1,106,936)

TOTAL	(\$ 4,228,948)

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

UNITED NATIONS FOUNDATION, INC.

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		486,583.
(2) EAST ASIA AND THE PACIFIC			GRANTMAKING		1,571,000.
(3) EUROPE			GRANTMAKING		9,655,397.
(4) NORTH AMERICA			GRANTMAKING		226,100.
(5) SOUTH AMERICA			GRANTMAKING		131,000.
(6) SOUTH ASIA			GRANTMAKING		478,753.
(7) SUB-SAHARAN AFRICA			GRANTMAKING		849,469.
(8) EUROPE	NONE	10	MAINTAINING OFFICES		1,115,502.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	10.			14,513,804.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	NONE	10.			14,513,804.

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

Schedule F (Form 990) 2022

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	ENVIRONMENT	91,220.	WIRE		N/A	N/A
(2)			CENT. AMERICA/CARIBBEAN	ENVIRONMENT	92,763.	WIRE		N/A	N/A
(3)			CENT. AMERICA/CARIBBEAN	ENVIRONMENT	25,000.	WIRE		N/A	N/A
(4)			CENT. AMERICA/CARIBBEAN	ENVIRONMENT	37,500.	WIRE		N/A	N/A
(5)			CENT. AMERICA/CARIBBEAN	ENVIRONMENT	126,500.	WIRE		N/A	N/A
(6)			CENT. AMERICA/CARIBBEAN	GIRLS & WMN	30,000.	WIRE		N/A	N/A
(7)			CENT. AMERICA/CARIBBEAN	GIRLS & WMN	30,000.	WIRE		N/A	N/A
(8)			CENT. AMERICA/CARIBBEAN	GIRLS & WMN	30,000.	WIRE		N/A	N/A
(9)			CENT. AMERICA/CARIBBEAN	GIRLS & WMN	7,000.	WIRE		N/A	N/A
(10)			CENT. AMERICA/CARIBBEAN	GIRLS & WMN	9,600.	WIRE		N/A	N/A
(11)			CENT. AMERICA/CARIBBEAN	GIRLS & WMN	7,000.	WIRE		N/A	N/A
(12)			EAST ASIA/PACIFIC	ENVIRONMENT	30,000.	WIRE		N/A	N/A
(13)			EAST ASIA/PACIFIC	ENVIRONMENT	1,341,000.	WIRE		N/A	N/A
(14)			EAST ASIA/PACIFIC	GIRLS & WMN	200,000.	WIRE		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	GLOBAL HLTH	70,421.	WIRE		N/A	N/A
(16)			EUROPE/ICELAND/GREENLAND	GLOBAL HLTH	150,000.	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 a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . **▶** 52

3 Enter total number of other organizations or entities . . . **▶** 19

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	GLOBAL HLTH	957,823.	WIRE		N/A	N/A
(2)			EUROPE/ICELAND/GREENLAND	GLOBAL HLTH	200,000.	WIRE		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	GLOBAL HLTH	25,000.	WIRE		N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	GLOBAL HLTH	1,711,532.	WIRE		N/A	N/A
(5)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	25,000.	WIRE		N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	20,000.	WIRE		N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	10,000.	WIRE		N/A	N/A
(8)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	209,429.	WIRE		N/A	N/A
(9)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	4,810,708.	WIRE		N/A	N/A
(10)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	295,751.	WIRE		N/A	N/A
(11)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	50,000.	WIRE		N/A	N/A
(12)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	58,300.	WIRE		N/A	N/A
(13)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	30,000.	WIRE		N/A	N/A
(14)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	435,451.	WIRE		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	GIRLS & WMN	25,000.	WIRE		N/A	N/A
(16)			EUROPE/ICELAND/GREENLAND	GIRLS & WMN	160,542.	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 a tax exempt 501(c)(3) organization 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	GIRLS & WMN	395,439.	WIRE		N/A	N/A
(2)			EUROPE/ICELAND/GREENLAND	GIRLS & WMN	10,000.	WIRE		N/A	N/A
(3)			NORTH AMERICA	ENVIRONMENT	60,000.	WIRE		N/A	N/A
(4)			NORTH AMERICA	ENVIRONMENT	30,000.	WIRE		N/A	N/A
(5)			NORTH AMERICA	ENVIRONMENT	30,000.	WIRE		N/A	N/A
(6)			NORTH AMERICA	GIRLS & WMN	87,500.	WIRE		N/A	N/A
(7)			NORTH AMERICA	GIRLS & WMN	9,500.	WIRE		N/A	N/A
(8)			NORTH AMERICA	GIRLS & WMN	9,100.	WIRE		N/A	N/A
(9)			SOUTH AMERICA	GIRLS & WMN	30,000.	WIRE		N/A	N/A
(10)			SOUTH AMERICA	GIRLS & WMN	75,000.	WIRE		N/A	N/A
(11)			SOUTH AMERICA	GIRLS & WMN	10,000.	WIRE		N/A	N/A
(12)			SOUTH AMERICA	GIRLS & WMN	8,000.	WIRE		N/A	N/A
(13)			SOUTH AMERICA	GIRLS & WMN	8,000.	WIRE		N/A	N/A
(14)			SOUTH ASIA	ADVOCACY	48,800.	WIRE		N/A	N/A
(15)			SOUTH ASIA	GIRLS & WMN	32,500.	WIRE		N/A	N/A
(16)			SOUTH ASIA	GIRLS & WMN	32,000.	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 a tax exempt 501(c)(3) organization 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	GIRLS & WMN	25,000.	WIRE		N/A	N/A
(2)			SOUTH ASIA	GIRLS & WMN	10,000.	WIRE		N/A	N/A
(3)			SOUTH ASIA	GIRLS & WMN	24,775.	WIRE		N/A	N/A
(4)			SOUTH ASIA	GIRLS & WMN	24,738.	WIRE		N/A	N/A
(5)			SOUTH ASIA	GIRLS & WMN	25,000.	WIRE		N/A	N/A
(6)			SOUTH ASIA	GIRLS & WMN	49,940.	WIRE		N/A	N/A
(7)			SOUTH ASIA	GIRLS & WMN	50,000.	WIRE		N/A	N/A
(8)			SOUTH ASIA	GIRLS & WMN	26,000.	WIRE		N/A	N/A
(9)			SOUTH ASIA	GIRLS & WMN	50,000.	WIRE		N/A	N/A
(10)			SOUTH ASIA	GIRLS & WMN	37,500.	WIRE		N/A	N/A
(11)			SOUTH ASIA	GIRLS & WMN	32,500.	WIRE		N/A	N/A
(12)			SOUTH ASIA	GIRLS & WMN	10,000.	WIRE		N/A	N/A
(13)			SUB-SAHARAN AFRICA	GLOBAL HLTH	25,000.	WIRE		N/A	N/A
(14)			SUB-SAHARAN AFRICA	ENVIRONMENT	10,000.	WIRE		N/A	N/A
(15)			SUB-SAHARAN AFRICA	ENVIRONMENT	55,500.	WIRE		N/A	N/A
(16)			SUB-SAHARAN AFRICA	ENVIRONMENT	30,000.	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 a tax exempt 501(c)(3) organization 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	ENVIRONMENT	20,000.	WIRE		N/A	N/A
(2)			SUB-SAHARAN AFRICA	ENVIRONMENT	30,000.	WIRE		N/A	N/A
(3)			SUB-SAHARAN AFRICA	GIRLS & WMN	30,000.	WIRE		N/A	N/A
(4)			SUB-SAHARAN AFRICA	GIRLS & WMN	30,000.	WIRE		N/A	N/A
(5)			SUB-SAHARAN AFRICA	GIRLS & WMN	50,000.	WIRE		N/A	N/A
(6)			SUB-SAHARAN AFRICA	GIRLS & WMN	540,969.	WIRE		N/A	N/A
(7)			SUB-SAHARAN AFRICA	GIRLS & WMN	28,000.	WIRE		N/A	N/A
(8)									
(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 a tax exempt 501(c)(3) organization 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 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 noncash assistance	(g) Description of noncash 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)							

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 separately 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; don't file with Form 990)* 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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 UNITED NATIONS FOUNDATION PRIMARILY MAKES GRANTS TO THE UNITED NATIONS AND ITS RELATED/AFFILIATED AGENCIES AS WELL AS OTHER ORGANIZATIONS IN SUPPORT OF OUR MISSION. MONITORING OF FUNDS GRANTED TO THOSE AGENCIES AND ORGANIZATIONS CONSISTS PRIMARILY OF GRANT REPORTS RECEIVED QUARTERLY, SEMIANNUALLY OR ANNUALLY AS STIPULATED IN THE GRANT AGREEMENTS. FROM TIME TO TIME THE UNITED NATIONS FOUNDATION ALSO REQUIRES INTERMITTENT UPDATES FROM GRANTEES TO MONITOR THE DISTRIBUTION OF GRANT-RELATED RESOURCES AND ASSESS THE EFFECTIVENESS AND PROGRESS OF GRANT ACTIVITIES.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

UNITED NATIONS FOUNDATION, INC.

58-2368165

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 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			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					549,739.	

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, NV, 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" on 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
		LEADERSHIP DINN (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	458,402.		458,402.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	458,402.		458,402.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	154,733.		154,733.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	340,671.		340,671.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-37,002.

Part III Gaming. Complete if the organization answered "Yes" on 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 conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct 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 conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 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 provide any additional information (see instructions).

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

ELIASSON SCHAMIS GROUP

ADDRESS:

2829 29TH STREET NW
WASHINGTON, DC 20008

ACTIVITY :

INTERNET/ DIRECT MAIL

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 420,618.

NAME:

INTEGRATED DIRECT MARKETING

ADDRESS:

1250 CONNECTICUT AVENUE NW SUITE 700
WASHINGTON, DC 20036

ACTIVITY :

INTERNET/ DIRECT MAIL

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 129,121.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AFRICAN LEADERS MALARIA ALLIANCE, INC. P.O. BOX 447, 229-19 MERRICK BLVD	27-3861222	501(C)(3)	10,000.		N/A	N/A	GLOBAL HLTH
(2) AMERICAN ASSOCIATION OF NURSE PRACTITIONERS P.O. BOX 12846 AUSTIN, TX 78711	22-2547543	501(C)(6)	15,000.		N/A	N/A	GLOBAL HLTH
(3) AMERICAN FORESTS 1220 L STREET NW STE 750		501(C)(3)	383,675.		N/A	N/A	ENVIRONMENT
(4) BERKELEY AIR MONITORING GROUP 1935 ADDISON STREET, SUITE A			25,000.		N/A	N/A	ENVIRONMENT
(5) BETTER WORLD FUND 1750 PENNSYLVANIA AVE. SUITE 300	58-2366765	501(C)(3)	3,102,566.		N/A	N/A	UN STRNGTHNG
(6) BIOLITE, INC. 65 JAY ST., 4TH FLOOR BROOKLYN, NY 11201	27-2826296		107,506.		N/A	N/A	ENVIRONMENT
(7) BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER E UNIVERSITY OF NEVADA, LAS VEGAS	88-6000024	501(C)(3)	200,638.		N/A	N/A	ENVIRONMENT
(8) BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVENUE, NW	53-0196577	501(C)(3)	88,060.		N/A	N/A	ADVOCACY
(9) BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVENUE, NW	53-0196577	501(C)(3)	50,000.		N/A	N/A	UN STRNGTHNG
(10) BURN MANUFACTURING CO. 18850 103RD AVENUE SW, SUITE 220	45-3247706		53,705.		N/A	N/A	ENVIRONMENT
(11) CARE, USA 151 ELLIS, NE ATLANTA, GA 30303	13-1685039	501(C)(3)	200,000.		N/A	N/A	GIRLS & WMN
(12) CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVE. SUITE 400	27-1414646	501(C)(3)	150,000.		N/A	N/A	GLOBAL HLTH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 37

3 Enter total number of other organizations listed in the line 1 table 34

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DUKE UNIVERSITY BOX 96559, DUKE UNIVERSITY DURHAM, NC 27708	56-0532129	501(C)(3)	178,920.		N/A	N/A	ENVIRONMENT
(2) EMORY UNIVERSITY 1599 CLIFTON ROAD, 4TH FLOOR	58-0566256	501(C)(3)	22,186.		N/A	N/A	ENVIRONMENT
(3) EXECUTIVE OFFICE OF THE SECRETARY GENERAL UNITED NATIONS, 405 EAST 42ND STREET			2,451,057.		N/A	N/A	UN STRNGTHING
(4) GENERAL FEDERAL OF WOMEN'S CLUBS (GFWC) 1734 N STREET N.W. WASHINGTON, DC 20036	53-0196514	501(C)(3)	15,000.		N/A	N/A	GLOBAL HLTH
(5) GLOBAL IMPACT 1199 N. FAIRFAX STREET, SUITE 300		501(C)(3)	269,832.		N/A	N/A	UN STRNGTHING
(6) GOODS AND SERVICES 360 LIMITED (GAS 360) 256 CHAPMAN ROAD STE 105-4 NEWARK, DE 19702			25,000.		N/A	N/A	ENVIRONMENT
(7) GREATER NEW ORLEANS FOUNDATION 919 ST CHARLES AVE NEW ORLEANS, LA 70130		501(C)(3)	52,500.		N/A	N/A	ENVIRONMENT
(8) GUTTMACHER INSTITUTE 125 MAIDEN LANE, 7TH FLOOR	13-2890727	501(C)(3)	200,000.		N/A	N/A	GIRLS & WMN
(9) HUA NANI PARTNERS PO BOX 1303 KAILUA, HI 96734	84-3031045		358,199.		N/A	N/A	ENVIRONMENT
(10) ILLINOIS DEPARTMENT OF AGRICULTURE 801 E. SANGAMON AVE., P.O. BOX 19281		GOVERNMENT	100,000.		N/A	N/A	ENVIRONMENT
(11) INTERNATIONAL CENTER FOR RESEARCH ON WOMEN 1120 20TH STREET, NW SUITE 500 NORTH	52-1081455	501(C)(3)	75,000.		N/A	N/A	ADVOCACY
(12) INTERNATIONAL COALITION OF GIRLS' SCHOOLS, P.O. BOX 5729 CHARLOTTESVILLE, VA 22905	04-3158798	501(C)(3)	20,000.		N/A	N/A	GIRLS & WMN

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) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

UNITED NATIONS FOUNDATION, INC.

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MOJALOOOP FOUNDATION 401 EDGEWATER PLACE SUITE 600	85-0922903	501(C)(3)	33,000.		N/A	N/A	GLOBAL HLTH
(2) NATIONAL ASSOCIATION OF PEDIATRIC NURSE PRA 5 HANOVER SQUARE, SUITE 1401	23-7403934	501(C)(6)	15,000.		N/A	N/A	GLOBAL HLTH
(3) NATIONAL BLACK WOMEN'S HEALTH PROJECT 384 NORTHYARDS BLVD, NW, BLDG 100, SUITE 19		501(C)(3)	50,000.		N/A	N/A	GIRLS & WMN
(4) NEW BUILDINGS INSTITUTE 623 SW OAK ST #300 PORTLAND, OR 97205		501(C)(3)	75,000.		N/A	N/A	ENVIRONMENT
(5) NEW MEXICO ENERGY, MINERALS AND NATURAL RES 1220 SOUTH ST. FRANCIS DRIVE	85-6000565	GOVERNMENT	99,137.		N/A	N/A	ENVIRONMENT
(6) NEW YORK UNIVERSITY SCHOOL OF LAW 139 MACDOUGAL STREET, THIRD FLOOR		501(C)(3)	73,158.		N/A	N/A	ENVIRONMENT
(7) NORTHEAST STATES FOR COORDINATED AIR USE MA 89 SOUTH STREET, SUITE 602 BOSTON, MA 02111	04-2814018	501(C)(3)	201,000.		N/A	N/A	ENVIRONMENT
(8) OFFICE OF THE SECRETARY-GENERAL'S ENVOY ON UNITED NATIONS SECRETARIAT, S-2722			10,000.		N/A	N/A	UN STRNGTHNG
(9) OREGON STATE UNIVERSITY 312 KERR ADMIN BUILDING CORVALLIS, OR 97339			50,000.		N/A	N/A	ENVIRONMENT
(10) PAN AMERICAN HEALTH ORGANIZATION (PAHO) 525 23RD STREET, NW WASHINGTON, DC 20037			159,000.		N/A	N/A	GLOBAL HLTH
(11) PATH 2201 WESTLAKE AVE, SUITE 200	91-1157127	501(C)(3)	14,027.		N/A	N/A	GLOBAL HLTH
(12) PLANNED PARENTHOOD FEDERATION OF AMERICA, I 123 WILLIAM STREET, 10TH FLOOR	13-1644147	501(C)(3)	225,000.		N/A	N/A	GIRLS & WMN

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) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) POPULATION ACTION INTERNATIONAL (PAI) 1300 19TH STREET, NW, SUITE 200	52-0812075	501(C)(3)	200,000.		N/A	N/A	ADVOCACY
(2) POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLAZA	13-1687001	501(C)(3)	207,461.		N/A	N/A	GIRLS & WMN
(3) RADIKAL 12 GLEN ROAD WEST HEMPSTEAD, NY 11552			75,000.		N/A	N/A	ENVIRONMENT
(4) REGULATORY ASSISTANCE PROJECT M50 STATE ST #3 MONTPELIER, VT 05602	01-0471151	501(C)(3)	12,000.		N/A	N/A	ENVIRONMENT
(5) SISTERSONG 1237 RALPH DAVID ABERNATHY BLVD, SW	51-0544927	501(C)(3)	100,000.		N/A	N/A	GIRLS & WMN
(6) STATE OF MAINE DEPARTMENT OF AGRICULTURE, C STATE HOUSE STATION 22 AUGUSTA, ME 04330		GOVERNMENT	35,000.		N/A	N/A	ENVIRONMENT
(7) STUDENT NATIONAL PHARMACEUTICAL ASSOCIATION P.O. BOX 2141 WEST MONROE, LA 71294	31-1175939	501(C)(3)	10,000.		N/A	N/A	GLOBAL HLTH
(8) THE GENERAL HOSPITAL CORPORATION DBA MASSAC 55 FRUIT STREET BOSTON, MA 02114		501(C)(3)	61,263.		N/A	N/A	ENVIRONMENT
(9) THE MIFOS INITIATIVE 4505 PACIFIC HWY E STE C-2 FIFE, WA 98424	45-3613178	501(C)(3)	24,250.		N/A	N/A	GLOBAL HLTH
(10) THE NATURE CONSERVANCY INTERNATIONAL HEADQUARTERS	53-0242652		40,000.		N/A	N/A	ENVIRONMENT
(11) THE UNITED NATIONS' UNIVERSITY CENTRE FOR P 767 3RD AVE F35 NEW YORK, NY 10017			209,000.		N/A	N/A	UN STRNGTHNG
(12) UNICEF 3 UNITED NATIONS PLAZA NEW YORK, NY 10017		501(C)(3)	1,667,470.		N/A	N/A	GLOBAL HLTH

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) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

UNITED NATIONS FOUNDATION, INC.

58-2368165

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED NATIONS ASSOCIATION OF THE UNITED STATES 1750 PENNSYLVANIA AVE WASHINGTON, DC 20006		501(C)(3)	15,000.		N/A	N/A	GLOBAL HLTH
(2) UNITED NATIONS FUND FOR INTERNATIONAL PARTNERSHIP 1 UNITED NATIONS PLAZA, ROOM DC1-1328			813,450.		N/A	N/A	UN STRNGTHNG
(3) UNITED NATIONS FUND FOR INTERNATIONAL PARTNERSHIP 1 UNITED NATIONS PLAZA, ROOM DC1-1328			63,868.		N/A	N/A	UN STRNGTHNG
(4) UNITED NATIONS FUND FOR INTERNATIONAL PARTNERSHIP 1 UNITED NATIONS PLAZA, ROOM DC1-1328			186,000.		N/A	N/A	UN STRNGTHNG
(5) UNITED NATIONS FUND FOR INTERNATIONAL PARTNERSHIP 1 UNITED NATIONS PLAZA, ROOM DC1-1328			826,050.		N/A	N/A	UN STRNGTHNG
(6) UNITED NATIONS FUND FOR INTERNATIONAL PARTNERSHIP 1 UNITED NATIONS PLAZA, ROOM DC1-1328			348,723.		N/A	N/A	UN STRNGTHNG
(7) UNITED NATIONS FUND FOR INTERNATIONAL PARTNERSHIP 1 UNITED NATIONS PLAZA, ROOM DC1-1328			750,000.		N/A	N/A	ENVIRONMENT
(8) UNITED NATIONS FUND FOR INTERNATIONAL PARTNERSHIP 1 UNITED NATIONS PLAZA, ROOM DC1-1328			714,059.		N/A	N/A	UN STRNGTHNG
(9) UNITED NATIONS FUND FOR INTERNATIONAL PARTNERSHIP 1 UNITED NATIONS PLAZA, ROOM DC1-1328			3,670,881.		N/A	N/A	GLOBAL HLTH
(10) UNITED NATIONS FUND FOR INTERNATIONAL PARTNERSHIP 1 UNITED NATIONS PLAZA, ROOM DC1-1328			511,746.		N/A	N/A	UN STRNGTHNG
(11) UNITED NATIONS FUND FOR INTERNATIONAL PARTNERSHIP 1 UNITED NATIONS PLAZA, ROOM DC1-1328			1,395,000.		N/A	N/A	UN STRNGTHNG
(12) UNITED NATIONS FUND FOR INTERNATIONAL PARTNERSHIP 1 UNITED NATIONS PLAZA, ROOM DC1-1328			335,582.		N/A	N/A	UN STRNGTHNG

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) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

UNITED NATIONS FOUNDATION, INC.

58-2368165

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED NATIONS FUND FOR INTERNATIONAL PARTN 1 UNITED NATIONS PLAZA, ROOM DC1-1328			9,155,919.		N/A	N/A	UN STRNGTHNG
(2) UNITED NATIONS FUND FOR INTERNATIONAL PARTN 1 UNITED NATIONS PLAZA, ROOM DC1-1328			174,366.		N/A	N/A	UN STRNGTHNG
(3) UNITED NATIONS FUND FOR INTERNATIONAL PARTN 1 UNITED NATIONS PLAZA, ROOM DC1-1328			1,121,250.		N/A	N/A	UN STRNGTHNG
(4) UNITED NATIONS FUND FOR INTERNATIONAL PARTN 1 UNITED NATIONS PLAZA, ROOM DC1-1328			173,672.		N/A	N/A	UN STRNGTHNG
(5) UNITED NATIONS FUND FOR INTERNATIONAL PARTN 1 UNITED NATIONS PLAZA, ROOM DC1-1328			1,583,551.		N/A	N/A	UN STRNGTHNG
(6) UNITED NATIONS FUND FOR INTERNATIONAL PARTN 1 UNITED NATIONS PLAZA, ROOM DC1-1328			473,496.		N/A	N/A	UN STRNGTHNG
(7) UNITED NATIONS HIGH COMMISSION ON REFUGEES 1800 MASSACHUSETTS AVE NW, SUITE 500			500,000.		N/A	N/A	GLOBAL HLTH
(8) UNITED NATIONS HIGH COMMISSION ON REFUGEES 1800 MASSACHUSETTS AVE NW, SUITE 500			100,000.		N/A	N/A	UN STRNGTHNG
(9) UNITED NATIONS OFFICE FOR DISARMAMENT AFFAI 405 E 42ND STREET, 30TH FLOOR			46,500.		N/A	N/A	UN STRNGTHNG
(10) UNIVERSITY OF NEW MEXICO FOUNDATION 700 LOMAS BLVD NE, TWO WOODWARD CENTER	85-0275408	501(C)(3)	32,625.		N/A	N/A	ENVIRONMENT
(11) VERMONT DEPARTMENT OF ENVIRONMENTAL CONSERV 1 NATIONAL LIFE DR MONTPELIER, VT 05602		GOVERNMENT	75,000.		N/A	N/A	ENVIRONMENT
(12)							

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) 2022

Part III Grants and Other Assistance to Domestic Individuals. 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. 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 UNITED NATIONS FOUNDATION PRIMARILY MAKES GRANTS TO THE UNITED NATIONS AND ITS RELATED/AFFILIATED AGENCIES AS WELL AS OTHER ORGANIZATIONS IN SUPPORT OF OUR MISSION. 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 UNITED NATIONS FOUNDATION ALSO REQUIRES INTERMITTENT UPDATES FROM GRANTEEES TO MONITOR THE 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

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

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 on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on 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? **4a** **4c**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** **4c**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** **5b**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on 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? **6a** **6b**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** **7**

8 Were any amounts reported on 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 **8** **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** **9**

	Yes	No
1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2022

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 on 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 aren't 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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ELIZABETH COUSENS PRESIDENT & CEO	(i)	343,695.	NONE	40,290.	14,790.	25,814.	424,589.	NONE
	(ii)	60,652.	NONE	7,110.	2,610.	4,555.	74,927.	NONE
2 ANDREW AXELROD (THRU 9) CHIEF OPERATING OFFICER	(i)	218,868.	NONE	16,200.	15,750.	20,378.	271,196.	NONE
	(ii)	39,053.	NONE	2,430.	2,363.	3,057.	46,903.	NONE
3 SOFIA BORGES SENIOR VICE PRESIDENT	(i)	265,707.	NONE	20,500.	12,577.	NONE	298,784.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 DYMPHNA VAN DER LANS CHIEF EXECUTIVE OFFICER, CCA	(i)	267,880.	NONE	45,168.	17,400.	28,626.	359,074.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 MICHELLE MORSE VP FOR GIRLS & WOMEN STRATEGY	(i)	256,352.	NONE	39,000.	17,400.	26,699.	339,451.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 VALENCIA BEMBRY VP OF PHILANTHROPY INTEGR DEV.	(i)	271,622.	NONE	23,313.	17,400.	9,475.	321,810.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 JILL S. ISENBARGER CHIEF OF STAFF	(i)	271,788.	NONE	20,500.	15,500.	563.	308,351.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 LESLIE A EDMOND CHIEF PEOPLE OFFICER	(i)	258,497.	NONE	20,500.	17,075.	9,475.	305,547.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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, PART I, 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, HOTEL,
MEALS, AND INCIDENTAL TAXIS OR OTHER TRANSPORTATION WHEN ATTENDING BOARD
MEETINGS OR TRAVELING ON BEHALF OF THE FOUNDATION, AS MAY BE REQUESTED BY
THE CHAIRMAN OR PRESIDENT FROM TIME TO TIME.

**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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**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				
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	X	13	1,944,242.	FMV
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 V, Donee Acknowledgement **29** NONE

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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 nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

JSA

2E1298 1.000

940040 U172

V22-7.7F

Part II **Supplemental Information.** 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 ITEMS
CONTRIBUTED AND NOT THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, PART I, LINE 32B:

THE UNITED NATIONS 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

Name of the organization

UNITED NATIONS FOUNDATION, INC.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

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Inspection**

Employer identification number

58-2368165

FORM 990, PART III, LINE 4D - PROGRAM SERVICES ACTIVITIES #4 & 5

UNITED NATIONS STRENGTHENING: THE UNITED NATIONS FOUNDATION SUPPORTS UN LEADERSHIP AND UN LEADERSHIP INITIATIVES THAT HELP THE UNITED NATIONS DELIVER ON ITS LIFE-SAVING WORK FOR PEOPLE AND PLANET. THE UNITED NATIONS FOUNDATION WORKS WITH UN COUNTERPARTS AND PARTNERS TO ENCOURAGE INNOVATION ACROSS THE UNITED NATIONS SYSTEM, AND CATALYZE FRESH THINKING ABOUT MULTILATERAL COOPERATION.

EXPENSES: \$24,019,936 GRANTS: \$17,402,290 REVENUE: \$363,200

ADVOCACY: THE UNITED NATIONS FOUNDATION WORKS TO BUILD PUBLIC AWARENESS AND SUPPORT FOR THE UNITED NATIONS AND UN CAUSES BY ENGAGING IN PUBLIC EDUCATION AND ADVOCACY ABOUT THE ROLE AND VALUE OF THE UNITED NATIONS IN AN INTERDEPENDENT WORLD.

IN THESE EFFORTS, WE ENDEAVOR TO ENCOURAGE A COOPERATIVE RELATIONSHIP BETWEEN THE UNITED NATIONS AND U.S. GOVERNMENT. THESE EFFORTS PROMOTE PAYMENT OF U.S. DUES TO THE UNITED NATIONS ON TIME, IN FULL, AND WITHOUT CONDITIONS.

EXPENSES: \$1,103,408 GRANTS: \$726,598 REVENUE: \$ 52,200

FORM 990, PART VI, LINE 2:

LAURA TURNER SEYDEL IS THE DAUGHTER OF R. E. TURNER AND SPOUSE OF RUTHERFORD SEYDEL.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED NATIONS FOUNDATION, INC.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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2022

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Inspection**

Employer identification number

58-2368165

R. E. TURNER IS FATHER OF LAURA TURNER SEYDEL AND FATHER-IN-LAW OF
RUTHERFORD SEYDEL.

RUTHERFORD SEYDEL IS SPOUSE TO LAURA TURNER SEYDEL AND SON-IN-LAW TO R.
E. TURNER.

FORM 990, PART VI, LINE 11B:

THE DRAFT FORM IS REVIEWED BY THE CHIEF FINANCIAL OFFICER, THE CHIEF
OPERATING OFFICER, THE CHIEF EXECUTIVE OFFICER AND RELEVANT MEMBERS OF
THE BOARD OF DIRECTORS, AND THE ORGANIZATION'S LEGAL COUNSEL. THE
FINALIZED DRAFT, INCORPORATING ANY CHANGES OR COMMENTS, IS FILED WITH THE
IRS AND POSTED ON OUR 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 ARISES, RECUSAL FROM THE
DECISIONS AND DELIBERATION IS REQUIRED. THERE WERE NO SUCH CIRCUMSTANCES
IN THE PERIOD COVERED BY THIS REPORT.

FORM 990, PART VI, LINES 15A & 15B:

ANY CHANGES TO THE PRESIDENT'S COMPENSATION REQUIRE BOARD APPROVAL. THE
BOARD REVIEWS THE PRESIDENT'S COMPENSATION ANNUALLY AND IT WAS LAST
REVIEWED IN JANUARY 2022. 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. FOR

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

UNITED NATIONS FOUNDATION, INC.

58-2368165

APPLICABLE OFFICERS AND FOR KEY EMPLOYEES, COMPENSATION IS DETERMINED
BASED ON QUALIFICATIONS, DUTIES AND SALARIES PAID BY PEER ORGANIZATIONS.

FORM 990, PART VI, LINE 19:

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

FORM 990, PART XI, LINE 9:

OTHER CHANGES IN NET ASSETS:

UR FOREIGN EXCHANGE GAIN/(LOSS): (\$3,122,012)

(\$3,122,012)

Name of the organization

Employer identification number

UNITED NATIONS FOUNDATION, INC.

58-2368165

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

=====

THE UNITED NATIONS FOUNDATION WAS CREATED IN 1998 TO SUPPORT THE UNITED NATIONS AND UN CAUSES. WE ADVANCE THIS MISSION THROUGH: 1) DIRECT SUPPORT FOR PROGRAMS AND ACTIVITIES OF THE UNITED NATIONS; 2) SUPPORT FOR INITIATIVES AND ACTIVITIES THAT ADVANCE UN CAUSES; AND 3) ENGAGING IN PUBLIC EDUCATION AND ADVOCACY TO BUILD SUPPORT FOR THE GOALS AND ACTIVITIES OF THE UNITED NATIONS.

Name of the organization

Employer identification number

UNITED NATIONS FOUNDATION, INC.

58-2368165

FORM 990, PART III - PROGRAM SERVICE

=====

LINE 4A, PROGRAM SERVICE

GLOBAL HEALTH: THE UNITED NATIONS FOUNDATION'S GLOBAL HEALTH PROGRAM ASSISTS THE UNITED NATIONS, THE WORLD HEALTH ORGANIZATION, AND OTHER UN AGENCIES AND PARTNERS THAT DELIVER VITAL SERVICES TO IMPROVE HEALTH GLOBALLY AND FORGE NEW AND DYNAMIC PARTNERSHIPS FOR HEALTH, INCLUDING IN THE CONTEXT OF THE SUSTAINABLE DEVELOPMENT GOALS UNIVERSALLY AGREED UPON IN 2015. THE UNITED NATIONS FOUNDATION'S GLOBAL HEALTH PROGRAM WORKS WITH KEY UN AGENCIES ON PRIORITIES THAT INCLUDE ENABLING AND STRENGTHENING HEALTH SYSTEMS, ADVOCATING FOR FAMILY PLANNING AND SAFE PREGNANCY, SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS; AND FACILITATING CLEAN AND EFFICIENT HOUSEHOLD COOKING SOLUTIONS AND PROMOTING THE USE OF CLEAN COOKING TECHNOLOGIES. TOGETHER WITH UNITED NATIONS PARTNERS SUCH AS THE WORLD HEALTH ORGANIZATION, UNICEF, THE UN REFUGEE AGENCY, THE GLOBAL FUND, AND GAVI, AS WELL AS DIVERSE PRIVATE SECTOR AND CIVIL SOCIETY PARTNERS, THE UNITED NATIONS FOUNDATION HAS SUPPORTED THE MEASLES & RUBELLA INITIATIVE, THE GLOBAL-POLIO ERADICATION INITIATIVE, AND THE COVID-19 SOLIDARITY RESPONSE FUND.

Name of the organization

Employer identification number

UNITED NATIONS FOUNDATION, INC.

58-2368165

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
ADVOCACY	726,598.	1,103,408.	52,200.
UN STRENGTHENING	17,402,290.	24,019,936.	363,200.
TOTALS	18,128,888.	25,123,344.	415,400.

Name of the organization

Employer identification number

UNITED NATIONS FOUNDATION, INC.

58-2368165

FORM 990, PART VI, LINE 17 - STATES

=====

AL, AK, CA, CT,
FL, GA, HI, IL, KS, KY, MD, MA, MI,
MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA,
RI, SC, TN, UT, VA, WV, WI

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
VELOCITY GLOBAL 3858 WALNUT STREET, SUITE 101-107 DENVER, CO 80205	CONSULTANT	1,617,555.
DAVIS, PICKREN, SEYDEL & SNEED LLP 285 PEACHTREE CTR AVE, NE ATLANTA, GA 30303	CONSULTANT	476,332.
DALBERG MIDDLE EAST CONSULTANCY LLC P.O. BOX 25720, ADCP TOWER C BLDG #1604 ABU DHABI UNITED ARAB EMIRATES	CONSULTANT	607,010.
PRICEWATERHOUSECOOPERS 7 MORE LONDON RIVERSIDE LONDON UNITED KINGDOM SE1 2RT	CONSULTANT	432,950.
DALBERG USA 155 W 23RD ST FL 6 NEW YORK, NY 10011-3191	CONSULTANT	411,433.

Name of the organization

Employer identification number

UNITED NATIONS FOUNDATION, INC.

58-2368165

FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
OTHER PROFESSIONAL FEES	24,196,594.	21,606,304.	1,288,337.	1,301,953.
TOTALS	----- 24,196,594. -----	----- 21,606,304. -----	----- 1,288,337. -----	----- 1,301,953. -----

Name of the organization

Employer identification number

UNITED NATIONS FOUNDATION, INC.

58-2368165

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	879,911.
TOTALS	----- 879,911. =====

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
PUBLICLY TRADED SECURITIES	35,153,722.	
TOTALS	35,153,722.	

	=====	

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED NATIONS FOUNDATION, INC.

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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 1750 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20006 58-2366765	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) 2022

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) Percentage 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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses.		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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	3,102,566.	GAAP
(2) BETTER WORLD FUND	Q	4,932,080.	GAAP
(3)			
(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 sections 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**

Provide additional information for responses to questions on Schedule R. See instructions.
