

Return of Organization Exempt From Income Tax

2024

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.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization UNITED NATIONS FOUNDATION, INC. D Employer identification number 58-2368165 E Telephone number (202) 887-9040 G Gross receipts \$ 100,639,362. H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 J Website: WWW.UNFOUNDATION.ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 1998 M State of legal domicile: NY

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O; 2-6 Activities & Governance; 7a-7b Revenue; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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 ELIZABETH COUSENS, PRESIDENT & CEO, Date 12/16/2025

Paid Preparer Use Only: Print/Type preparer's name TRAVIS L PATTON, Preparer's signature, Date 12/16/2025, Check self-employed, PTIN 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. X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

THE UN FOUNDATION SUPPORTS THE UN AND UN CAUSES BY ADVOCATING FOR THE UN AND PROVIDING A PLATFORM TO GENERATE IDEAS, RESOURCES, AND PARTNERSHIPS TO HELP THE UN SOLVE GLOBAL PROBLEMS AND UNDERTAKE LIFESAVING ACTIVITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 13,417,094. including grants of \$ 5,908,374. ) (Revenue \$ 27,407. )  
SEE SCHEDULE O

4b (Code: ) (Expenses \$ 30,286,562. including grants of \$ 11,019,262. ) (Revenue \$ 5,716. )  
SEE SCHEDULE O

4c (Code: ) (Expenses \$ 27,823,418. including grants of \$ 12,356,477. ) (Revenue \$ NONE )  
SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O  
(Expenses \$ 52,417,302. including grants of \$ 26,386,190. ) (Revenue \$ 651. )

4e Total program service expenses 123,944,376.

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 number, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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 number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, 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 <span style="float:right">2a 358</span>		
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	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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 <span style="float:right">7d</span>		
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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
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	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <span style="float:right">10a</span>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <span style="float:right">10b</span>		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders . . . . . <span style="float:right">11a</span>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <span style="float:right">11b</span>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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 . . . . . <span style="float:right">12b</span>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <span style="float:right">13a</span> <b>Note:</b> 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 . . . . . <span style="float:right">13b</span>		
c	Enter the amount of reserves on hand . . . . . <span style="float:right">13c</span>		
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? . . . . . <span style="float:right">15</span> 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. <span style="float:right">16</span>		X
17	<b>Section 501(c)(21) organizations.</b> 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? . . . . . <span style="float:right">17</span> 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.

JSA 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  X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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				387,565.	68,394.	51,515.
(2) HENRY F DE SIO JR. CHIEF OPERATING OFFICER	34.00 6.00			X				305,260.	53,870.	51,944.
(3) DAVID OHANA CHIEF COMM. OFFICER	34.00 6.00					X		312,562.	55,158.	16,724.
(4) MICHELLE MORSE VP FOR GIRLS & WOMEN STRATEGY	40.00 NONE					X		315,610.	NONE	46,470.
(5) DYMPHNA VAN DER LANS CHIEF EXECUTIVE OFFICER, CCA	40.00 NONE					X		292,753.	NONE	48,216.
(6) SHENAE BURGESS CHIEF FINANCIAL OFFICER	34.00 6.00			X				253,763.	44,781.	27,748.
(7) SOFIA BORGES SR VP & HEAD OF NY OFFICE	40.00 NONE					X		311,796.	NONE	14,003.
(8) PRIYA VORA CHIEF EXECUTIVE OFFICER, DIAL	40.00 NONE					X		293,537.	NONE	24,400.
(9) R.E. TURNER CHAIRMAN	5.00 5.00	X		X				NONE	NONE	NONE
(10) HER MAJESTY QUEEN RANIA AL-AB DIRECTOR	5.00 NONE	X						NONE	NONE	NONE
(11) MARK MALLOCH-BROWN DIRECTOR	5.00 NONE	X						NONE	NONE	NONE
(12) FABIO C. BARBOSA DIRECTOR	5.00 5.00	X						NONE	NONE	NONE
(13) N.R. NARAYANA MURTHY DIRECTOR	5.00 5.00	X						NONE	NONE	NONE
(14) HANS VESTBERG DIRECTOR	5.00 NONE	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) VALERIE AMOS ----- DIRECTOR & VICE CHAIR	5.00 ----- NONE	X		X				NONE	NONE	NONE
( 16) JULIO FRENK ----- DIRECTOR	5.00 ----- NONE	X						NONE	NONE	NONE
( 17) KATHRYN CALVIN WALTERS ----- DIRECTOR	5.00 ----- 5.00	X						NONE	NONE	NONE
( 18) CHARLES HOLLIDAY ----- DIRECTOR	5.00 ----- NONE	X						NONE	NONE	NONE
( 19) NAOKO ISHII ----- DIRECTOR	5.00 ----- NONE	X						NONE	NONE	NONE
( 20) LAURA TURNER SEYDEL ----- DIRECTOR	5.00 ----- 5.00	X						NONE	NONE	NONE
( 21) MARTI G. SUBRAHMANYAM ----- DIRECTOR	5.00 ----- NONE	X						NONE	NONE	NONE
( 22) TIMOTHY E. WIRTH ----- DIRECTOR	5.00 ----- 5.00	X						NONE	NONE	NONE
( 23) DR. FRANNIE LEAUTIER ----- DIRECTOR	5.00 ----- NONE	X						NONE	NONE	NONE
( 24) MARC ANDRE-BLANCHARD ----- DIRECTOR, CO-CHAIR	5.00 ----- NONE	X		X				NONE	NONE	NONE
( 25) SUSANA MALCORRA ----- DIRECTOR	5.00 ----- NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .								2,472,846.	222,203.	281,020.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b> . . . . .								2,472,846.	222,203.	281,020.

**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 ► 114

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>4</b> 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> . . . . .		
<b>5</b> 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	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	416,005.				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	540,000.				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	8,879,224.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	53,140,066.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 3,042,688.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			62,975,295.			
	<b>Program Service Revenue</b>	<b>2a</b>	CONTRACT REVENUE	Business Code				
			900099	33,774.	33,774.			
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			33,774.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,834,127.		134,684.	1,699,443.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .		NONE				
	<b>5</b>	Royalties . . . . .		NONE				
	<b>6a</b>	Gross rents . . . . .	(i) Real	16,200.				
			(ii) Personal					
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	16,200.	NONE			
	<b>d</b>	Net rental income or (loss) . . . . .			16,200.		16,200.	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	35,261,565.				
			(ii) Other					
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	23,157,073.				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	12,104,492.				
<b>d</b>	Net gain or (loss) . . . . .			12,104,492.		12,104,492.		
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .		492,826.					
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	468,943.					
<b>c</b>	Net income or (loss) from fundraising events . . . . .			23,883.		23,883.		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .		NONE					
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	NONE					
<b>c</b>	Net income or (loss) from gaming activities . . . . .			NONE				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		NONE					
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	NONE					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .			NONE				
<b>Miscellaneous Revenue</b>	<b>11a</b>	GRANT RECOVERIES AND ADJUSTMENTS	Business Code					
			900099	437,217.			437,217.	
	<b>b</b>	FOREIGN EXCHANGE GAIN/(LOSS)						
			900099	-394,372.			-394,372.	
	<b>c</b>	MISCELLANEOUS						
			900099	-17,270.			-17,270.	
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			25,575.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			77,013,346.	33,774.	134,684.	13,869,593.	

**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  X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	40,123,866.	40,123,866.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	13,800.	13,800.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	15,532,637.	15,532,637.		
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,394,028.	1,149,513.	124,465.	120,050.
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 . . . . .	27,664,163.	22,811,832.	2,469,974.	2,382,357.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,649,728.	1,360,363.	147,295.	142,070.
9 Other employee benefits . . . . .	6,296,582.	5,192,153.	562,186.	542,243.
10 Payroll taxes . . . . .	2,181,072.	1,798,509.	194,735.	187,828.
11 Fees for services (nonemployees):				
a Management . . . . .	NONE			
b Legal . . . . .	556,973.	491,807.	32,193.	32,973.
c Accounting . . . . .	541,346.	478,008.	31,290.	32,048.
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17 . . . . .	691,732.			691,732.
f Investment management fees . . . . .	893,761.		893,761.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	SEE SCHE O 22,652,920.	16,525,209.	3,182,360.	2,945,351.
12 Advertising and promotion . . . . .	NONE			
13 Office expenses . . . . .	1,605,906.	1,418,015.	92,821.	95,070.
14 Information technology . . . . .	668,667.	590,433.	38,649.	39,585.
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	5,214,088.	4,604,040.	301,374.	308,674.
17 Travel . . . . .	4,670,446.	4,124,004.	269,952.	276,490.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	2,547,359.	2,249,318.	147,237.	150,804.
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	595,791.	526,083.	34,437.	35,271.
23 Insurance . . . . .	230,830.	203,823.	13,342.	13,665.
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 UNCOLLECTIBLE CONTRIBUTIONS	4,766,473.	4,208,796.	275,502.	282,175.
b COMMUNICATIONS	205,043.	181,053.	11,851.	12,139.
c SUBSCRIPTIONS	222,202.	196,205.	12,843.	13,154.
d BANK FEES & CHARGES	144,375.	127,483.	8,345.	8,547.
e All other expenses _____	42,381.	37,426.	2,448.	2,507.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	141,106,169.	123,944,376.	8,847,060.	8,314,733.
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	1,404.	<b>1</b>	1,404.
	<b>2</b> Savings and temporary cash investments. . . . .	39,452,518.	<b>2</b>	33,602,242.
	<b>3</b> Pledges and grants receivable, net . . . . .	77,142,490.	<b>3</b>	34,101,787.
	<b>4</b> Accounts receivable, net . . . . .	7,635,334.	<b>4</b>	14,185,888.
	<b>5</b> 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	<b>5</b>	NONE
	<b>6</b> 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	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	188,010.	<b>9</b>	1,389,909.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 12,042,619.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 9,697,734.		
	<b>11</b> Investments - publicly traded securities. . . . .	2,940,675.	<b>10c</b>	2,344,885.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	74,781,307.	<b>11</b>	81,706,155.
	<b>13</b> Investments - other securities. See Part IV, line 11 . . . . .	101,940,250.	<b>12</b>	97,748,703.
	<b>14</b> Investments - program-related. See Part IV, line 11. . . . .	NONE	<b>13</b>	NONE
	<b>15</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
<b>16</b> Other assets. See Part IV, line 11 . . . . .	25,052,660.	<b>15</b>	19,996,088.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	329,134,648.	<b>16</b>	285,077,061.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,971,933.	<b>17</b>	9,095,590.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	13,518,645.	<b>19</b>	29,028,038.
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> 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	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	34,741,448.	<b>25</b>	28,083,748.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	53,232,026.	<b>26</b>	66,207,376.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions . . . . .	165,692,941.	<b>27</b>	162,052,257.
	<b>28</b> Net assets with donor restrictions. . . . .	110,209,681.	<b>28</b>	56,817,428.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	275,902,622.	<b>32</b>	218,869,685.
<b>33</b> Total liabilities and net assets/fund balances. . . . .	329,134,648.	<b>33</b>	285,077,061.	

**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	77,013,346.
2	Total expenses (must equal Part IX, column (A), line 25)	2	141,106,169.
3	Revenue less expenses. Subtract line 2 from line 1	3	-64,092,823.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	275,902,622.
5	Net unrealized gains (losses) on investments	5	6,295,002.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	764,884.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	218,869,685.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Name of the organization <b>UNITED NATIONS FOUNDATION, INC.</b>	Employer identification number <b>58-2368165</b>
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**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)						
<b>Total</b>						

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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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 2024 (82.62%); 15 Public support percentage from 2023 Schedule A, Part II, line 14 (83.22%); 16a 33 1/3% support test - 2024 (checked); 16b 33 1/3% support test - 2023; 17a 10%-facts-and-circumstances test - 2024; 17b 10%-facts-and-circumstances test - 2023; 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>	Yes	No
<b>b</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>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>b</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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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 - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019 . . . . .			
b	From 2020 . . . . .			
c	From 2021 . . . . .			
d	From 2022 . . . . .			
e	From 2023 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020 . . . .			
b	Excess from 2021 . . . .			
c	Excess from 2022 . . . .			
d	Excess from 2023 . . . .			
e	Excess from 2024 . . . .			

**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	2020	2021	2022	2023	2024	TOTAL
GRANT RECOVERIES/ADJUSTMENTS	593,923.	-274,199.	95,020.	20,556.	437,217.	872,517.
FOREIGN EXCHANGE GAIN/(LOSS)	NONE	NONE	NONE	NONE	-394,372.	-394,372.
MISCELLANEOUS INCOME	107,196.	-173,667.	74,259.	-444,149.	-17,270.	-453,631.
<b>TOTALS</b>	<b>701,119.</b>	<b>-447,866.</b>	<b>169,279.</b>	<b>-423,593.</b>	<b>25,575.</b>	<b>24,514.</b>

**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

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

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**

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>
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**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/>	\$ 13,261,890.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:100px;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
2	N/A <hr/> <hr/> <hr/>	\$ 9,970,601.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:100px;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
3	N/A <hr/> <hr/> <hr/>	\$ 6,903,200.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:100px;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
4	N/A <hr/> <hr/> <hr/>	\$ 4,525,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:100px;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
5	N/A <hr/> <hr/> <hr/>	\$ 2,600,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:100px;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
6	N/A <hr/> <hr/> <hr/>	\$ 2,500,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:100px;">Person</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization <p style="text-align: center;">UNITED NATIONS FOUNDATION, INC.</p>	Employer identification number <p style="text-align: center;">58-2368165</p>
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**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						
7	N/A <hr/> <hr/> <hr/>	\$ 2,500,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
8	N/A <hr/> <hr/> <hr/>	\$ 2,000,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
9	N/A <hr/> <hr/> <hr/>	\$ 2,000,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
10	N/A <hr/> <hr/> <hr/>	\$ 1,850,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
11	N/A <hr/> <hr/> <hr/>	\$ 1,627,049.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
12	N/A <hr/> <hr/> <hr/>	\$ 1,535,179.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization <p style="text-align: center;">UNITED NATIONS FOUNDATION, INC.</p>	Employer identification number <p style="text-align: center;">58-2368165</p>
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**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
13	N/A	\$ 3,037,182.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	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
13	PUBLICLY TRADED SECURITIES	\$ 3,037,182.	12/06/2024
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

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

(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

(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

(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

Supplemental Financial Statements

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.

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

Table with 2 columns: Name of the organization (UNITED NATIONS FOUNDATION, INC.) and Employer identification number (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, Description, (a) Donor advised funds, and (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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. Includes questions 1-9 regarding conservation easements.

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. Includes questions 1a, 1b, 2a, 2b regarding art and historical treasures.

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?

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?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

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

Part V Endowment Funds

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Balance, Contributions, Net investment earnings, Grants, Other expenditures, Administrative expenses, 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:

- (i) Unrelated organizations?
(ii) Related organizations?

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

**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	97,748,703.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	97,748,703.	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

**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	19,996,088.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)). . . . .	19,996,088.

**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	28,083,748.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)). . . . .	28,083,748.

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 83,334,347. Adjustments include net unrealized gains (6,295,002) and other (25,999). Total revenue after adjustments is 77,013,346.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 140,367,284. Adjustments include donated services and other losses. Total expenses after adjustments is 141,106,169.

Part XIII Supplemental Information

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

SEE SUPPLEMENTAL PAGE

**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, 2024 AND 2023 RESULTING FROM THIS GUIDANCE.

SCHEDULE D, PART XI, LINE 2D:

UNREALIZED FOREIGN EXCHANGE GAIN:	\$ 764,884
INVESTMENT EXPENSES:	(\$ 738,885)
	<hr/>
	\$ 25,999

**SCHEDULE F  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
<b>(1)</b> CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		805,498.
<b>(2)</b> EUROPE			GRANTMAKING		4,428,435.
<b>(3)</b> NORTH AMERICA			GRANTMAKING		330,000.
<b>(4)</b> EAST ASIA AND THE PACIFIC			GRANTMAKING		3,796,312.
<b>(5)</b> SOUTH AMERICA			GRANTMAKING		95,062.
<b>(6)</b> SOUTH ASIA			GRANTMAKING		1,640,319.
<b>(7)</b> SUB-SAHARAN AFRICA			GRANTMAKING		4,431,810.
<b>(8)</b> MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		5,200.
<b>(9)</b> EUROPE	NONE	79	MAINTAINING OFFICES		1,525,346.
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .	NONE	79.			17,057,982.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	NONE	79.			17,057,982.

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

Schedule F (Form 990) (Rev. 12-2024)

**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	ADVOCACY	75,000.	WIRE		N/A	N/A
(2)			CENT. AMERICA/CARIBBEAN	GIRLS & WMN	12,995.	WIRE		N/A	N/A
(3)			CENT. AMERICA/CARIBBEAN	ENVIRONMENT	100,000.	WIRE		N/A	N/A
(4)			CENT. AMERICA/CARIBBEAN	ADVOCACY	62,500.	WIRE		N/A	N/A
(5)			CENT. AMERICA/CARIBBEAN	ENVIRONMENT	10,003.	WIRE		N/A	N/A
(6)			CENT. AMERICA/CARIBBEAN	ENVIRONMENT	545,000.	WIRE		N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	ADVOCACY	23,001.	WIRE		N/A	N/A
(8)			EUROPE/ICELAND/GREENLAND	GIRLS & WMN	9,750.	WIRE		N/A	N/A
(9)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	30,000.	WIRE		N/A	N/A
(10)			EUROPE/ICELAND/GREENLAND	ADVOCACY	120,000.	WIRE		N/A	N/A
(11)			EUROPE/ICELAND/GREENLAND	ADVOCACY	10,000.	WIRE		N/A	N/A
(12)			EUROPE/ICELAND/GREENLAND	GLOBAL HEALT	22,000.	WIRE		N/A	N/A
(13)			EUROPE/ICELAND/GREENLAND	GIRLS & WMN	150,000.	WIRE		N/A	N/A
(14)			EUROPE/ICELAND/GREENLAND	ADVOCACY	2,319,427.	WIRE		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	7,500.	WIRE		N/A	N/A
(16)			EUROPE/ICELAND/GREENLAND	GIRLS & WMN	87,055.	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 . . . . . 51

3 Enter total number of other organizations or entities . . . . . 54

**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	ENVIRONMENT	595,116.	WIRE		N/A	N/A
(2)			EUROPE/ICELAND/GREENLAND	GLOBAL HEALT	186,000.	WIRE		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	200,000.	WIRE		N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	ENVIRONMENT	540,000.	WIRE		N/A	N/A
(5)			EUROPE/ICELAND/GREENLAND	ADVOCACY	40,000.	WIRE		N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	UN STRNGTHNG	32,825.	WIRE		N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	UN STRNGTHNG	26,215.	WIRE		N/A	N/A
(8)			EUROPE/ICELAND/GREENLAND	GIRLS & WMN	24,995.	WIRE		N/A	N/A
(9)			NORTH AMERICA	GIRLS & WMN	75,000.	WIRE		N/A	N/A
(10)			NORTH AMERICA	GIRLS & WMN	150,000.	WIRE		N/A	N/A
(11)			NORTH AMERICA	ADVOCACY	105,000.	WIRE		N/A	N/A
(12)			EAST ASIA/PACIFIC	ENVIRONMENT	10,000.	WIRE		N/A	N/A
(13)			EAST ASIA/PACIFIC	ADVOCACY	3,530,000.	WIRE		N/A	N/A
(14)			EAST ASIA/PACIFIC	GIRLS & WMN	6,312.	WIRE		N/A	N/A
(15)			EAST ASIA/PACIFIC	GIRLS & WMN	250,000.	WIRE		N/A	N/A
(16)			SOUTH AMERICA	GIRLS & WMN	49,922.	WIRE		N/A	N/A

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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 AMERICA	ADVOCACY	29,500.	WIRE		N/A	N/A
(2)			SOUTH AMERICA	GIRLS & WMN	15,640.	WIRE		N/A	N/A
(3)			SOUTH ASIA	ADVOCACY	16,000.	WIRE		N/A	N/A
(4)			SOUTH ASIA	ADVOCACY	249,600.	WIRE		N/A	N/A
(5)			SOUTH ASIA	GIRLS & WMN	25,000.	WIRE		N/A	N/A
(6)			SOUTH ASIA	GIRLS & WMN	25,000.	WIRE		N/A	N/A
(7)			SOUTH ASIA	GIRLS & WMN	25,000.	WIRE		N/A	N/A
(8)			SOUTH ASIA	GIRLS & WMN	24,775.	WIRE		N/A	N/A
(9)			SOUTH ASIA	GIRLS & WMN	24,400.	WIRE		N/A	N/A
(10)			SOUTH ASIA	ADVOCACY	37,500.	WIRE		N/A	N/A
(11)			SOUTH ASIA	ADVOCACY	37,500.	WIRE		N/A	N/A
(12)			SOUTH ASIA	GIRLS & WMN	31,500.	WIRE		N/A	N/A
(13)			SOUTH ASIA	GIRLS & WMN	10,000.	WIRE		N/A	N/A
(14)			SOUTH ASIA	ENVIRONMENT	25,000.	WIRE		N/A	N/A
(15)			SOUTH ASIA	ADVOCACY	10,000.	WIRE		N/A	N/A
(16)			SOUTH ASIA	GIRLS & WMN	149,845.	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	ADVOCACY	25,000.	WIRE		N/A	N/A
(2)			SOUTH ASIA	GIRLS & WMN	186,423.	WIRE		N/A	N/A
(3)			SOUTH ASIA	ADVOCACY	30,009.	WIRE		N/A	N/A
(4)			SOUTH ASIA	GIRLS & WMN	37,500.	WIRE		N/A	N/A
(5)			SOUTH ASIA	ADVOCACY	10,798.	WIRE		N/A	N/A
(6)			SOUTH ASIA	GIRLS & WMN	125,975.	WIRE		N/A	N/A
(7)			SOUTH ASIA	GIRLS & WMN	18,750.	WIRE		N/A	N/A
(8)			SOUTH ASIA	ADVOCACY	13,000.	WIRE		N/A	N/A
(9)			SOUTH ASIA	ADVOCACY	37,500.	WIRE		N/A	N/A
(10)			SOUTH ASIA	GIRLS & WMN	25,000.	WIRE		N/A	N/A
(11)			SOUTH ASIA	GIRLS & WMN	24,970.	WIRE		N/A	N/A
(12)			SOUTH ASIA	GIRLS & WMN	25,000.	WIRE		N/A	N/A
(13)			SOUTH ASIA	GIRLS & WMN	25,000.	WIRE		N/A	N/A
(14)			SOUTH ASIA	ADVOCACY	105,000.	WIRE		N/A	N/A
(15)			SOUTH ASIA	ADVOCACY	56,000.	WIRE		N/A	N/A
(16)			SOUTH ASIA	ADVOCACY	7,500.	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	ADVOCACY	37,500.	WIRE		N/A	N/A
(2)			SOUTH ASIA	ADVOCACY	37,500.	WIRE		N/A	N/A
(3)			SOUTH ASIA	ADVOCACY	37,500.	WIRE		N/A	N/A
(4)			SOUTH ASIA	ADVOCACY	35,000.	WIRE		N/A	N/A
(5)			SOUTH ASIA	ADVOCACY	33,209.	WIRE		N/A	N/A
(6)			SOUTH ASIA	GIRLS & WMN	15,065.	WIRE		N/A	N/A
(7)			SUB-SAHARAN AFRICA	GIRLS & WMN	32,000.	WIRE		N/A	N/A
(8)			SUB-SAHARAN AFRICA	GIRLS & WMN	2,327,674.	WIRE		N/A	N/A
(9)			SUB-SAHARAN AFRICA	GIRLS & WMN	40,000.	WIRE		N/A	N/A
(10)			SUB-SAHARAN AFRICA	GIRLS & WMN	40,000.	WIRE		N/A	N/A
(11)			SUB-SAHARAN AFRICA	GIRLS & WMN	37,477.	WIRE		N/A	N/A
(12)			SUB-SAHARAN AFRICA	GIRLS & WMN	20,000.	WIRE		N/A	N/A
(13)			SUB-SAHARAN AFRICA	ADVOCACY	79,956.	WIRE		N/A	N/A
(14)			SUB-SAHARAN AFRICA	GIRLS & WMN	149,300.	WIRE		N/A	N/A
(15)			SUB-SAHARAN AFRICA	GIRLS & WMN	50,000.	WIRE		N/A	N/A
(16)			SUB-SAHARAN AFRICA	GIRLS & WMN	80,000.	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	GIRLS & WMN	74,268.	WIRE		N/A	N/A
(2)			SUB-SAHARAN AFRICA	ADVOCACY	75,000.	WIRE		N/A	N/A
(3)			SUB-SAHARAN AFRICA	ENVIRONMENT	50,000.	WIRE		N/A	N/A
(4)			SUB-SAHARAN AFRICA	GIRLS & WMN	12,000.	WIRE		N/A	N/A
(5)			SUB-SAHARAN AFRICA	GIRLS & WMN	40,000.	WIRE		N/A	N/A
(6)			SUB-SAHARAN AFRICA	ADVOCACY	32,000.	WIRE		N/A	N/A
(7)			SUB-SAHARAN AFRICA	UN STRNGTHNG	249,990.	WIRE		N/A	N/A
(8)			SUB-SAHARAN AFRICA	ADVOCACY	12,500.	WIRE		N/A	N/A
(9)			SUB-SAHARAN AFRICA	ADVOCACY	250,000.	WIRE		N/A	N/A
(10)			SUB-SAHARAN AFRICA	ADVOCACY	249,946.	WIRE		N/A	N/A
(11)			SUB-SAHARAN AFRICA	GIRLS & WMN	9,730.	WIRE		N/A	N/A
(12)			SUB-SAHARAN AFRICA	GIRLS & WMN	32,000.	WIRE		N/A	N/A
(13)			SUB-SAHARAN AFRICA	ADVOCACY	40,000.	WIRE		N/A	N/A
(14)			SUB-SAHARAN AFRICA	ADVOCACY	250,000.	WIRE		N/A	N/A
(15)			SUB-SAHARAN AFRICA	GIRLS & WMN	11,688.	WIRE		N/A	N/A
(16)			SUB-SAHARAN AFRICA	GIRLS & WMN	40,000.	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	GIRLS & WMN	50,000.	WIRE		N/A	N/A
(2)			SUB-SAHARAN AFRICA	GIRLS & WMN	40,000.	WIRE		N/A	N/A
(3)			SUB-SAHARAN AFRICA	ADVOCACY	32,000.	WIRE		N/A	N/A
(4)			SUB-SAHARAN AFRICA	ADVOCACY	16,882.	WIRE		N/A	N/A
(5)			MIDDLE EAST/NORTH AFRICA	ADVOCACY	5,200.	WIRE		N/A	N/A
(6)									
(7)									
(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 the 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 the 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 the 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 the 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 the 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 the 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)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public  
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

**Part I Fundraising Activities.** Complete if the organization answered "Yes" 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 nongovernment 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						
<b>Total</b>					691,732.	

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, AR, CA, CO, CT, DC, FL, GA, HI, IL,  
KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, PA, RI, SC, TN, VA, WA, WV, WI,

**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
		WE THE PEOPLES (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .	492,826.		492,826.
	2	Less: Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .	492,826.		492,826.
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	468,943.		468,943.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			468,943.
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .			23,883.	

**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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

**Part IV** **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also 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 : 578,416.

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 : 113,316.

**SCHEDULE I  
(Form 990)**

Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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
<b>(1)</b> ADAPTATION FUND BOARD P 4-400, 1818 H ST, NW WASHINGTON, DC 20433			26,778.		N/A	N/A	ENVIRONMENT
<b>(2)</b> AMERICAN ASSOCIATION OF NURSE PRACTITIONERS P.O. BOX 12846 AUSTIN, TX 78711	22-2547543	501(C)(6)	14,000.		N/A	N/A	ADVOCACY
<b>(3)</b> ARIZONA GOVERNOR'S OFFICE OF RESILIENCY 1700 W WASHINGTON ST PHOENIX, AZ 85007		GOVERNMENT	252,700.		N/A	N/A	ENVIRONMENT
<b>(4)</b> BERKELEY AIR MONITORING GROUP 1935 ADDISON ST, STE A BERKELEY, CA 94704	26-3881064		75,000.		N/A	N/A	ENVIRONMENT
<b>(5)</b> BOARD OF TRUSTEES OF THE UNIVERSITY OF IL 1901 S 1ST ST CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	50,000.		N/A	N/A	ENVIRONMENT
<b>(6)</b> CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVE, STE #400	27-1414646	501(C)(3)	150,000.		N/A	N/A	GLOBAL HLTH
<b>(7)</b> COOPERATIVE FOR ASSIST & RELIEF EVERYWHERE, 151 ELLIS STEET, NE ATLANTA, GA 30303	13-1685039	501(C)(3)	150,000.		N/A	N/A	ADVOCACY
<b>(8)</b> DUKE UNIVERSITY 2200 W MAIN ST, STE #710 DURHAM, NC 27705	56-0532129	501(C)(3)	19,900.		N/A	N/A	ENVIRONMENT
<b>(9)</b> GENERAL FEDERATION OF WOMEN'S CLUBS 1734 N ST, NW WASHINGTON, DC 20036	53-0196514	501(C)(3)	14,000.		N/A	N/A	ADVOCACY
<b>(10)</b> GOVERNOR'S OFFICE, STATE OF COLORADO 200 E. COLFAX AVE, STE #136	84-0644739	GOVERNMENT	252,672.		N/A	N/A	ENVIRONMENT
<b>(11)</b> GREAT PLAINS INSTITUTE 2801 21ST AVE S, STE #220	41-1921126	501(C)(3)	275,000.		N/A	N/A	ENVIRONMENT
<b>(12)</b> HUA NANI PARTNERS P.O. BOX 1303 KAILUA, HI 96734	84-3031045		1,550,000.		N/A	N/A	ENVIRONMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 32

3 Enter total number of other organizations listed in the line 1 table . . . . . 60

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED NATIONS FOUNDATION, INC.

**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.

Attach to Form 990.

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OMB No. 1545-0047

**Open to Public  
Inspection**

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
<b>(1)</b> INTERNATIONAL LIFELINE FUND 1220 L ST, NW WASHINGTON, DC 20005	81-0629010	501(C)(3)	20,000.		N/A	N/A	ADVOCACY
<b>(2)</b> INTERNATIONAL PEACE INSTITUTE 777 UNITED NATIONS PLZ 4TH FL	03-0213226	501(C)(3)	20,630.		N/A	N/A	ENVIRONMENT
<b>(3)</b> INTL PLANNED PARENTHOOD FEDRTN WESTERN HMSP 125 MAIDEN LANE, 9TH FL NEW YORK, NY 10038	13-1845455	501(C)(3)	75,000.		N/A	N/A	GIRLS & WMN
<b>(4)</b> LOCAL FIRST ARIZONA FOUNDATION 407 E ROOSEVELT ST PHOENIX, AZ 85004	26-1657951	501(C)(3)	37,500.		N/A	N/A	ENVIRONMENT
<b>(5)</b> MA EXECUTIVE OFFICE ENERGY & ENVNMT AFFRS 100 CAMBRIDGE ST, STE #900 BOSTON, MA 02114		GOVERNMENT	168,000.		N/A	N/A	ENVIRONMENT
<b>(6)</b> MA EXECUTIVE OFFICE ENERGY & ENVNMT AFFRS 100 CAMBRIDGE ST, STE #900 BOSTON, MA 02114		GOVERNMENT	180,000.		N/A	N/A	ENVIRONMENT
<b>(7)</b> NATIONAL ASSOCIATION OF PEDIATRIC NURSE PRA 40 EXCHANGE PLZ NEW YORK, NY 10005	23-7403934	501(C)(6)	14,000.		N/A	N/A	ADVOCACY
<b>(8)</b> NATIONAL PHARMACEUTICAL ASSOCIATION 10810 N. TATUM BLVD, STE #102- 965	52-1084995	501(C)(6)	9,000.		N/A	N/A	ADVOCACY
<b>(9)</b> NEW MEXICO ENERGY, MINERALS & NATURAL RESOU 1220 S ST. FRANCIS DR SANTA FE, NM 87505	85-6000565	GOVERNMENT	101,800.		N/A	N/A	ENVIRONMENT
<b>(10)</b> NGO COMMITTEE ON THE STATUS OF WOMEN 777 UNITED NATIONS PLZ NEW YORK, NY 10017	13-4124912	501(C)(3)	65,000.		N/A	N/A	GLOBAL HLTH
<b>(11)</b> NITHIO HOLDINGS, INC 700 K ST, STE #300, NW WASHINGTON, DC 20001	83-2790452		25,000.		N/A	N/A	ENVIRONMENT
<b>(12)</b> NORTH CAROLINA GOVERNOR'S OFFICE 20320 MAIL SVC CENTER	56-1310675	GOVERNMENT	321,034.		N/A	N/A	ENVIRONMENT

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

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

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED NATIONS FOUNDATION, INC.

**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.

Attach to Form 990.

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OMB No. 1545-0047

**Open to Public  
Inspection**

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) OFFICE OF THE ILLINOIS GOVERNOR 401 S SPRING ST, 7TH FL		GOVERNMENT	231,000.		N/A	N/A	ENVIRONMENT
(2) OREGON DEPARTMENT OF ENERGY 550 CAPITOL ST, 1ST FL, NE SALEM, OR 97301		GOVERNMENT	214,850.		N/A	N/A	ENVIRONMENT
(3) PAN AMERICAN HEALTH ORGANIZATION 525 23RD ST NW WASHINGTON, DC 20037			200,000.		N/A	N/A	GLOBAL HLTH
(4) PANORAMA GLOBAL 2101 4TH AVE, STE #2100 SEATTLE, WA 98121	81-4204119	501(C)(3)	50,000.		N/A	N/A	ADVOCACY
(5) POPULATION ACTION INTERNATIONAL (PAI) 1300 19TH ST, STE #200, NW	52-0812075	501(C)(3)	150,000.		N/A	N/A	ADVOCACY
(6) POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLZ NEW YORK, NY 10017	13-1687001	501(C)(3)	2,676,309.		N/A	N/A	GIRLS & WMN
(7) SAVE THE CHILDREN 777 UNITED NATIONS PLZ, STE #3A	06-0726487	501(C)(3)	1,021,284.		N/A	N/A	GIRLS & WMN
(8) SISTERSONG INC. 1237 RALPH DAVID ABERNATHY BLVD, SW	51-0544927	501(C)(3)	100,000.		N/A	N/A	ADVOCACY
(9) STATE OF MAINE GOVERNOR'S ENERGY OFFICE 62 STATE HOUSE STATION AUGUSTA, ME 04333		GOVERNMENT	150,000.		N/A	N/A	ENVIRONMENT
(10) STATE OF MAINE, GOVERNOR'S OFFICE OF POLICY 181 STATE HOUSE STATION AUGUSTA, ME 04333		GOVERNMENT	75,000.		N/A	N/A	ENVIRONMENT
(11) STATE OF MARYLAND 100 STATE CIRCLE ANNAPOLIS, MD 21401		GOVERNMENT	100,000.		N/A	N/A	ENVIRONMENT
(12) THE BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVE, NW	53-0196577	501(C)(3)	25,000.		N/A	N/A	ADVOCACY

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 . . . . .

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED NATIONS FOUNDATION, INC.

**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.  
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OMB No. 1545-0047

**Open to Public  
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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
<b>(1)</b> THE BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVE, NW	53-0196577	501(C)(3)	85,000.		N/A	N/A	UN STRNGTHNG
<b>(2)</b> TOGETHER FOR GIRLS 1889 F ST, STE #350, NW	45-4664343	501(C)(3)	8,256.		N/A	N/A	GIRLS & WMN
<b>(3)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			4,211,942.		N/A	N/A	UN STRNGTHNG
<b>(4)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			1,923,990.		N/A	N/A	UN STRNGTHNG
<b>(5)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			1,738,500.		N/A	N/A	UN STRNGTHNG
<b>(6)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			1,484,817.		N/A	N/A	UN STRNGTHNG
<b>(7)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			1,395,000.		N/A	N/A	UN STRNGTHNG
<b>(8)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			1,200,976.		N/A	N/A	ENVIRONMENT
<b>(9)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			1,079,000.		N/A	N/A	GLOBAL HLTH
<b>(10)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			1,079,000.		N/A	N/A	GLOBAL HLTH
<b>(11)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			1,000,000.		N/A	N/A	GLOBAL HLTH
<b>(12)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			874,200.		N/A	N/A	UN STRNGTHNG

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . \_\_\_\_\_
- 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) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED NATIONS FOUNDATION, INC.

**Grants and Other Assistance to Organizations,  
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Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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
<b>(1)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			826,050.		N/A	N/A	UN STRNGTHNG
<b>(2)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			825,000.		N/A	N/A	GLOBAL HLTH
<b>(3)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			584,430.		N/A	N/A	GLOBAL HLTH
<b>(4)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			576,717.		N/A	N/A	UN STRNGTHNG
<b>(5)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			500,000.		N/A	N/A	GLOBAL HLTH
<b>(6)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			475,000.		N/A	N/A	ADVOCACY
<b>(7)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			380,000.		N/A	N/A	ENVIRONMENT
<b>(8)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			325,000.		N/A	N/A	GLOBAL HLTH
<b>(9)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			304,604.		N/A	N/A	UN STRNGTHNG
<b>(10)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			274,873.		N/A	N/A	UN STRNGTHNG
<b>(11)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			261,022.		N/A	N/A	UN STRNGTHNG
<b>(12)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			251,059.		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) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED NATIONS FOUNDATION, INC.

**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.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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
<b>(1)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			251,059.		N/A	N/A	GLOBAL HLTH
<b>(2)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			250,000.		N/A	N/A	UN STRNGTHNG
<b>(3)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			203,802.		N/A	N/A	UN STRNGTHNG
<b>(4)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			147,084.		N/A	N/A	UN STRNGTHNG
<b>(5)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			140,645.		N/A	N/A	UN STRNGTHNG
<b>(6)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			139,500.		N/A	N/A	UN STRNGTHNG
<b>(7)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			139,500.		N/A	N/A	GLOBAL HLTH
<b>(8)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			139,500.		N/A	N/A	GLOBAL HLTH
<b>(9)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			139,500.		N/A	N/A	UN STRNGTHNG
<b>(10)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			137,659.		N/A	N/A	GLOBAL HLTH
<b>(11)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			125,470.		N/A	N/A	UN STRNGTHNG
<b>(12)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			120,161.		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) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED NATIONS FOUNDATION, INC.

**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.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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
<b>(1)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			95,000.		N/A	N/A	UN STRNGTHNG
<b>(2)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			93,000.		N/A	N/A	ADVOCACY
<b>(3)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			60,480.		N/A	N/A	GIRLS & WMN
<b>(4)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			59,541.		N/A	N/A	UN STRNGTHNG
<b>(5)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			50,000.		N/A	N/A	UN STRNGTHNG
<b>(6)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			50,000.		N/A	N/A	UN STRNGTHNG
<b>(7)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			49,819.		N/A	N/A	UN STRNGTHNG
<b>(8)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			46,500.		N/A	N/A	UN STRNGTHNG
<b>(9)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			46,500.		N/A	N/A	GLOBAL HLTH
<b>(10)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			46,198.		N/A	N/A	UN STRNGTHNG
<b>(11)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			44,941.		N/A	N/A	UN STRNGTHNG
<b>(12)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			29,986.		N/A	N/A	GLOBAL HLTH

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . \_\_\_\_\_
- 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) (Rev. 12-2024)

**SCHEDULE I  
(Form 990)**

Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED NATIONS FOUNDATION, INC.

**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.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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
<b>(1)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			23,546.		N/A	N/A	UN STRNGTHNG
<b>(2)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			22,578.		N/A	N/A	UN STRNGTHNG
<b>(3)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			14,679.		N/A	N/A	UN STRNGTHNG
<b>(4)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			12,413.		N/A	N/A	UN STRNGTHNG
<b>(5)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			9,844.		N/A	N/A	UN STRNGTHNG
<b>(6)</b> UNITED NATIONS FUND FOR INTL PTNRSHPS 220 E. 42ND ST, 19TH FL NEW YORK, NY 10017			6,553.		N/A	N/A	UN STRNGTHNG
<b>(7)</b> WASHINGTON REGIONAL ASSOC. OF GRNTMKRS 1100 NEW JERSEY AVE, STE #710, SE	52-1756853	501(C)(3)	31,100.		N/A	N/A	ENVIRONMENT
<b>(8)</b> WISCONSIN DEPARTMENT OF ADMINISTRATION 101 E. WILSON ST, 6TH FL	39-6028867	GOVERNMENT	160,117.		N/A	N/A	ENVIRONMENT
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . \_\_\_\_\_
- 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) (Rev. 12-2024)

**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 ADVOCACY	1	9,000.			
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)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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**  Yes  No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**  Yes  No
- 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**  Yes  No
- b** Any related organization? **5b**  Yes  No
- 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**  Yes  No
- b** Any related organization? **6b**  Yes  No
- 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

**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

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

**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)	345,065.	NONE	42,500.	17,400.	28,998.	433,963.	NONE
	(ii)	60,894.	NONE	7,500.	NONE	5,117.	73,511.	NONE
2 HENRY F DE SIO JR. CHIEF OPERATING OFFICER	(i)	259,792.	NONE	45,468.	17,400.	29,362.	352,022.	NONE
	(ii)	45,846.	NONE	8,024.	NONE	5,182.	59,052.	NONE
3 SHENAE BURGESS CHIEF FINANCIAL OFFICER	(i)	240,880.	NONE	12,883.	17,400.	8,796.	279,959.	NONE
	(ii)	42,508.	NONE	2,273.	NONE	1,552.	46,333.	NONE
4 DAVID OHANA CHIEF COMM. OFFICER	(i)	306,017.	NONE	6,545.	11,550.	4,398.	328,510.	NONE
	(ii)	54,003.	NONE	1,155.	NONE	776.	55,934.	NONE
5 DYMPHNA VAN DER LANS CHIEF EXECUTIVE OFFICER, CCA	(i)	246,673.	NONE	46,080.	17,400.	30,816.	340,969.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 MICHELLE MORSE VP FOR GIRLS & WOMEN STRATEGY	(i)	276,610.	NONE	39,000.	17,400.	29,070.	362,080.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 SOFIA BORGES SR VP & HEAD OF NY OFFICE	(i)	288,796.	NONE	23,000.	14,003.	NONE	325,799.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 PRIYA VORA CHIEF EXECUTIVE OFFICER, DIAL	(i)	264,049.	NONE	29,488.	17,400.	7,000.	317,937.	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

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)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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	7	3,042,688.	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 on Part I, lines 1 through 28, that it must hold for at least 3 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) 2024

JSA

4E1298 1.000

00B2ZT U172

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Employer identification number

58-2368165

**FORM 990, PART I, LINE 1 - ORGANIZATION'S MISSION**

THE UN FOUNDATION SUPPORTS THE UN AND UN CAUSES BY ADVOCATING FOR THE UN  
AND PROVIDING A PLATFORM TO GENERATE IDEAS, RESOURCES, AND PARTNERSHIPS  
TO HELP THE UN SOLVE GLOBAL PROBLEMS AND UNDERTAKE LIFESAVING ACTIVITIES.

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

UNITED NATIONS STRENGTHENING: THE UNITED NATIONS FOUNDATION SUPPORTS THE  
UNITED NATIONS AND UN INITIATIVES TO ADVANCE A SAFER, FAIRER, AND  
HEALTHIER WORLD. IT WORKS WITH A WIDE NETWORK OF PARTNERS TO ENCOURAGE  
REFORM AND INNOVATION ACROSS THE UN SYSTEM AND GENERATE FRESH IDEAS,  
RESOURCES, AND PARTNERSHIPS TO PROMOTE EFFECTIVE COOPERATION TO ADDRESS  
HUMANITY'S MOST PRESSING PROBLEMS.

EXPENSES: \$44,884,921 GRANTS: \$22,427,498 REVENUE: \$651

ADVOCACY: THE UNITED NATIONS FOUNDATION ENGAGES IN PUBLIC EDUCATION AND  
ADVOCACY ABOUT THE ROLE AND VALUE OF THE UNITED NATIONS IN ADDRESSING  
HUMANITY'S PRESSING CHALLENGES. WE ENCOURAGE COOPERATION BETWEEN THE  
UNITED NATIONS AND THE U.S. GOVERNMENT, UNDERSTANDING ABOUT THE UN AMONG  
THE AMERICAN PUBLIC, AND PAYMENT OF U.S. DUES TO THE UNITED NATIONS.

EXPENSES: \$7,532,379 GRANTS: 3,958,692 REVENUE: NONE

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2024**

**Open to Public  
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 4:**

IN 2024, THE UNITED NATIONS FOUNDATION, INC. MADE SEVERAL CHANGES TO THE  
ORGANIZATION'S BYLAWS. THE CHANGES THAT WERE MADE ARE CAPTURED BELOW AS  
FOLLOWS:

I. REMOVING THE SEGMENTATION OF DIRECTORS INTO CLASSES INTRODUCED WHEN  
UNF WAS ORGANIZED IN 1998 FOR PURPOSES OF STAGGERING THE TERMS OF ITS  
INITIAL DIRECTORS (THOSE CLASSIFICATIONS ARE NO LONGER NEEDED TO MANAGE  
THE BOARD'S COMPOSITION AND TERMS);

II. GRANTING THE BOARD THE POWER TO APPROVE EXCEPTIONS TO DIRECTOR TERM  
LIMITS ON A CASE-BY-CASE BASIS UPON THE RECOMMENDATION OF THE NOMINATING  
COMMITTEE; AND

III. CLARIFYING THAT THE BOARD'S POWER TO APPOINT EXECUTIVE LEADERSHIP  
INCLUDES THE APPOINTMENT OF THE PRESIDENT & CHIEF EXECUTIVE OFFICER,  
CO-CHAIR, VICE-CHAIRS (IF ANY), CHIEF OPERATING OFFICER, CHIEF FINANCIAL  
OFFICER, AND SECRETARY, WHILE CLARIFYING THE PRESIDENT & CEO HAS THE  
POWER TO APPOINT VARIOUS VICE PRESIDENTS TO ASSIST AND REPORT TO THE  
PRESIDENT & CEO.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Employer identification number

**UNITED NATIONS FOUNDATION, INC.**

**58-2368165**

**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 & CEO'S COMPENSATION REQUIRE BOARD APPROVAL. THE BOARD REVIEWS THE PRESIDENT & CEO'S COMPENSATION ANNUALLY AND IT WAS LAST REVIEWED IN JANUARY 2024. COMPARABLE DATA FROM PEER ORGANIZATIONS IS USED IN DETERMINING THE PRESIDENT & CEO'S COMPENSATION. ANY CHANGES TO THE PRESIDENT & CEO'S COMPENSATION ARE DOCUMENTED BY THE ORGANIZATION. FOR 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.

**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.

**2024**

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Internal Revenue Service

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

Name of the organization

Employer identification number

**UNITED NATIONS FOUNDATION, INC.**

**58-2368165**

**FORM 990, PART XI, LINE 9:**

OTHER CHANGES IN NET ASSETS:

UR FOREIGN EXCHANGE GAIN/(LOSS):           \$764,884

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 SUPPORTS THE UNITED NATIONS AND PARTNERS TO ADDRESS GLOBAL HEALTH CHALLENGES AND IMPROVE HEALTH GLOBALLY. IT WORKS WITH A WIDE NETWORK OF PARTNERS TO GENERATE FRESH IDEAS, RESOURCES, AND PARTNERSHIPS TO PROMOTE SOLUTIONS FOR HEALTHY LIVES, INCLUDING THROUGH ADVOCACY.

LINE 4B, PROGRAM SERVICE  
-----

CLIMATE, ENERGY & ENVIRONMENT: THE UNITED NATIONS FOUNDATION'S CLIMATE & ENVIRONMENT PROGRAM WORKS WITH THE UNITED NATIONS AND PARTNERS TO ADDRESS ENVIRONMENTAL CHALLENGES LIKE CLIMATE CHANGE. IT WORKS WITH A WIDE NETWORK OF PARTNERS TO GENERATE FRESH IDEAS, RESOURCES, AND PARTNERSHIPS TO PROMOTE SOLUTIONS FOR A HEALTHY PLANET, INCLUDING THROUGH ADVOCACY.

LINE 4C, PROGRAM SERVICE  
-----

GIRLS AND WOMEN: THE UNITED NATIONS FOUNDATION'S GIRLS & WOMEN PROGRAM WORKS WITH THE UNITED NATIONS AND PARTNERS TO ADDRESS CHALLENGES RELATED TO GENDER EQUALITY. IT WORKS WITH A WIDE NETWORK OF PARTNERS TO GENERATE FRESH IDEAS, RESOURCES, AND PARTNERSHIPS TO PROMOTE SOLUTIONS FOR THE EQUALITY OF GIRLS AND WOMEN, INCLUDING THROUGH ADVOCACY.

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	3,958,692.	7,532,379.	651.
UN STRENGTHENING	22,427,498.	44,884,923.	NONE
TOTALS	26,386,190.	52,417,302.	651.

Name of the organization

Employer identification number

**UNITED NATIONS FOUNDATION, INC.**

**58-2368165**

FORM 990, PART VI, LINE 17 - STATES

=====

AL, AK, AR, CA,  
DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,  
MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA,  
RI, SC, TN, 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	2,630,706.
STERLING MEDIA LIMITED C/O SAWHNEY CONST LTD, 429-433 PINNER RD HARROW UNITED KINGDOM HA1 4HN GB	CONSULTANT	733,600.
PRICewaterhouseCOOPERS LLP 101 SEAPORT BLVD BOSTON, MA 02110	CONSULTANT	630,378.
DROGA5 120 WALL STREET DENVER, CO 80205	CONSULTANT	568,463.
ELIASSON GROUP 2829 29TH ST NW WASHINGTON, DC 20008	CONSULTANT	578,416.

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	22,652,920.	16,525,209.	3,182,360.	2,945,351.
TOTALS	----- 22,652,920. -----	----- 16,525,209. -----	----- 3,182,360. -----	----- 2,945,351. -----

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	1,389,909.
TOTALS	----- 1,389,909. =====

Name of the organization

Employer identification number

UNITED NATIONS FOUNDATION, INC.

58-2368165

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
PUBLICLY TRADED SECURITIES	81,706,155.	
TOTALS	81,706,155.	
	=====	

**SCHEDULE R  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED NATIONS FOUNDATION, INC.

Employer identification number

58-2368165

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BETTER WORLD FUND 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) (Rev. 12-2024)

**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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses.		X
<b>q</b> Reimbursement paid by related organization(s) for expenses	X	
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> 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	Q	8,245,115.	GAAP
(2)			
(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.