DLN: 93493320025066

OMB No 1545-0047

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at <u>www IRS qov/foim990</u>

Return of Organization Exempt From Income Tax

Open to Public Inspection

\ Fc	rthe						
		pplicable	lendar year, or tax year beginnin C Name of organization	g 07-01-2015 , and ending 06-30-20		D Employer	identification number
_	dress cl		UNITED STATES FUND FOR UNICEF				
_	me cha	-				13-1760	110
_	tial retu	-	Doing business as				
Fır			Number and street (or D.O. hove if m	all is not delivered to street address.\\ Deem/s	uto	E Telephone r	number
	termina		125 Maiden Lane 10th Floor	all is not delivered to street address) Room/su	lite	(212) 686	6-5522
_	ended ı 		City or town, state or province, coun	atry, and ZIP or foreign postal code		(212)000	0-3322
App	olication	n pending	New York, NY 10038	idy, and ZIP of foreign postal code		G Gross recei	pts \$ 556,790,826
			E Name and address of princip	and officer		<u>.</u>	
			F Name and address of princip CARYL M STERN	oal officer		nis a group ret	
			125 MAIDEN LANE		S u D o	ordinates?	☐ Yes 🗸
			10TH FLOOR NEW YORK, NY 10038			all subordinate	es Yes No
Tax	-exem	npt status				uded?	•
		.,	√ 501(c)(3)	insert no) 4947(a)(1) or 527		•	st (see instructions)
W	ebsite	e:► ww	w unicefusa org		H(C) Gro	up exemption	number >
f Eorn	of ora	720172100	✓ Corporation	tion Other ►	L Year of f	ormation 1947	M State of legal domicile NY
. 1 0111	i or org	gariization	V Corporation Trust Associa	don't other P	_		
Pai	rt I	Sum	mary				
GOVERNANCE	Th be co	ne organ etter nut ountries	rition, clean water, quality basic	or most significant activities rograms through fundraising, advocacy education and emergency relief to chil partners in coordination and planning	ldren, women	and communit	ies in over 150
١٨٤							
5	2 C	Check th	nis box 🕨 🥅 if the organization di	scontinued its operations or disposed	of more than	25% of its ne	t assets
ð							1
ACUVIUES	3 N	lumber	of voting members of the governi	ng body (Part VI, line 1a)		. 3	26
				of the governing body (Part VI, line 1b)		4	25
Ä	5 T	otal nur	mber of individuals employed in c	alendar year 2015 (Part V, line 2a)		5	285
	6 T	otal nur	mber of volunteers (estimate if ne	ecessary)		6	43,168
				art VIII, column (C), line 12		7a	0
	b Ne	et unrela	ated business taxable income fro	m Form 990-T, line 34		7t	
					Pri	or Year	Current Year
	8		ibutions and grants (Part VIII, lii	·		497,033,423	550,839,158
۵.		Progra	am corvice revenue /Part VIII lu	ne 2a)	II	0	0
ēnue	9	1 10910	am service revenue (Part VIII, li		·		
enueve	9 10			(A), lines 3, 4, and 7d)	'	1,361,484	
Ravenue	_	Inves Other	tment income (Part VIII, column revenue (Part VIII, column (A),	(A), lines 3, 4, and 7d) Iines 5, 6d, 8c, 9c, 10c, and 11e)			
Ravenua	10	Inves Other Total	tment income (Part VIII, column revenue (Part VIII, column (A),	(A), lines 3, 4, and 7d)		1,361,484	1,505,760
Ravenue	10 11 12	Invest Other Total 12)	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	(A), lines 3, 4, and 7d) Iines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), lin		1,361,484 1,724,867 500,119,774	1,505,760 553,250,245
Ravenue	10 11 12	Invest Other Total 12) Grants	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part	(A), lines 3, 4, and 7d)	ie	1,361,484 1,724,867	1,505,760 553,250,245
Ravenue	10 11 12 13 14	Inves Other Total 12) Grants Benefi	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I	(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), line IX, column (A), lines 1-3)	ie	1,361,484 1,724,867 500,119,774	1,505,760 553,250,245
	10 11 12	Inves Other Total 12) Grants Benefi	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe	(A), lines 3, 4, and 7d)	ie	1,361,484 1,724,867 500,119,774	1,505,760 553,250,245 465,327,385
	10 11 12 13 14 15	Investo Other Total 12) Grants Benefit Salari 5-10	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employer)	(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), line IX, column (A), lines 1-3)	ie	1,361,484 1,724,867 500,119,774 423,557,506 0 27,485,909	1,505,760 553,250,245 465,327,385 0 29,740,714
	10 11 12 13 14 15	Investo Other Total 12) Grants Benefit Salari 5-10	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe) ssional fundraising fees (Part IX,	(A), lines 3, 4, and 7d)	ie	1,361,484 1,724,867 500,119,774 423,557,506	1,505,760 553,250,245 465,327,385 0 29,740,714
Expenses Revenue	10 11 12 13 14 15 16a b	Other Total 12) Grants Benefi Salari 5-10 Profes	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employed) ssional fundraising fees (Part IX, indraising expenses (Part IX, column (D)	(A), lines 3, 4, and 7d)		1,361,484 1,724,867 500,119,774 423,557,506 0 27,485,909 2,405,977	1,505,760 553,250,245 465,327,385 0 29,740,714 3,094,775
	10 11 12 13 14 15 16a b	Other Total 12) Grants Benefi Salari 5-10 Profes Total fu	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employes) ssional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses (A)	(A), lines 3, 4, and 7d)		1,361,484 1,724,867 500,119,774 423,557,506 0 27,485,909 2,405,977	1,505,760 553,250,245 465,327,385 0 29,740,714 3,094,775 47,681,893
	10 11 12 13 14 15 16a b 17 18	Other Total 12) Grants Benefi Salari 5-10 Profes Total fu Other Total	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employes) assional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (must	(A), lines 3, 4, and 7d)		1,361,484 1,724,867 500,119,774 423,557,506 0 27,485,909 2,405,977 75,824,962 529,274,354	1,505,760 553,250,245 465,327,385 0 29,740,714 3,094,775 47,681,893 545,844,767
Expenses	10 11 12 13 14 15 16a b	Other Total 12) Grants Benefi Salari 5-10 Profes Total fu Other Total	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employes) assional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (must	(A), lines 3, 4, and 7d)		1,361,484 1,724,867 500,119,774 423,557,506 0 27,485,909 2,405,977 75,824,962 529,274,354 -29,154,580	1,505,760 553,250,245 465,327,385 0 29,740,714 3,094,775 47,681,893 545,844,767 7,405,478
Expenses	10 11 12 13 14 15 16a b 17 18	Other Total 12) Grants Benefi Salari 5-10 Profes Total fu Other Total	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employes) assional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (must	(A), lines 3, 4, and 7d)		1,361,484 1,724,867 500,119,774 423,557,506 0 27,485,909 2,405,977 75,824,962 529,274,354	1,505,760 553,250,245 465,327,385 0 29,740,714 3,094,775 47,681,893 545,844,767 7,405,478
Expenses	10 11 12 13 14 15 16a b 17 18	Investo Other Total 12) Grants Benefit Salarit 5-10 Profest Other Total Reven	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employes) assional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (must	(A), lines 3, 4, and 7d)		1,361,484 1,724,867 500,119,774 423,557,506 0 27,485,909 2,405,977 75,824,962 529,274,354 -29,154,580	1,505,760 553,250,245 465,327,385 0 29,740,714 3,094,775 47,681,893 545,844,767 7,405,478 End of Year
Expenses	10 11 12 13 14 15 16a b 17 18	Other Total 12) Grants Benefi Salari 5-10 Profes Total fu Other Total Reven	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe) ssional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (mustue less expenses Subtract line	(A), lines 3, 4, and 7d)		1,361,484 1,724,867 500,119,774 423,557,506 0 27,485,909 2,405,977 75,824,962 529,274,354 -29,154,580 of Current Year	1,505,760 553,250,245 465,327,385 0 29,740,714 3,094,775 47,681,893 545,844,767 7,405,478 End of Year 216,632,370
Expenses	10 11 12 13 14 15 16a b 17 18 19	Other Total 12) Grants Benefi Salari 5-10 Profes Total fu Other Total Reven Total Total	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employer) ssional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (must include less expenses Subtract line assets (Part X, line 16)	(A), lines 3, 4, and 7d)		1,361,484 1,724,867 500,119,774 423,557,506 0 27,485,909 2,405,977 75,824,962 529,274,354 -29,154,580 of Current Year	1,505,760 553,250,245 465,327,385 0 29,740,714 3,094,775 47,681,893 545,844,767 7,405,478 End of Year 216,632,370 102,486,376
Net Assets of Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Other Total 12) Grants Benefi Salari 5-10 Profes Total fu Other Total Reven Total Total Net as	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 and sand similar amounts paid (Part its paid to or for members (Part I es, other compensation, employes) assional fundraising fees (Part IX, indraising expenses (Part IX, column (A), lexpenses (Part IX, column (A), lexpenses Add lines 13–17 (must less expenses Subtract line assets (Part X, line 16)	(A), lines 3, 4, and 7d)	Beginning	1,361,484 1,724,867 500,119,774 423,557,506 0 27,485,909 2,405,977 75,824,962 529,274,354 -29,154,580 of Current Year 236,806,150 129,130,982 107,675,168	1,505,760 553,250,245 465,327,385 0 29,740,714 3,094,775 47,681,893 545,844,767 7,405,478 End of Year 216,632,370 102,486,376 114,145,994
Net Assets of Part Inde Balances on Part Inde Balances on Part Inde Balances	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Invest Other Total 12) Grants Benefit Salarit 5-10 Profest Total fu Other Total Reven Total Net as Sign alties of dige and its any ki	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe) sisional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (mustice less expenses Subtract line assets (Part X, line 16)	(A), lines 3, 4, and 7d)	Beginning . nying schedu han officer) is	1,361,484 1,724,867 500,119,774 423,557,506 0 27,485,909 2,405,977 75,824,962 529,274,354 -29,154,580 of Current Year 236,806,150 129,130,982 107,675,168	1,505,760 553,250,245 465,327,385 0 29,740,714 3,094,775 47,681,893 545,844,767 7,405,478 End of Year 216,632,370 102,486,376 114,145,994
and by the state of the state o	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Invest Other Total 12) Grants Benefit Salarn 5-10 Profest Total ft Other Total Reven Total Net as Sign littles of dige and dis any ki	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe (Part IX), other compensation, employe (Part IX), indraising expenses (Part IX, column (D), expenses (Part IX, column (A), lexpenses (Part IX, column (A), lexpenses Add lines 13–17 (must line less expenses Subtract line assets (Part X, line 16)	In (A), lines 3, 4, and 7d)	Beginning . nying schedu han officer) is	1,361,484 1,724,867 500,119,774 423,557,506 0 27,485,909 2,405,977 75,824,962 529,274,354 -29,154,580 of Current Year 236,806,150 129,130,982 107,675,168 les and statems based on all in	1,505,760 553,250,245 465,327,385 0 29,740,714 3,094,775 47,681,893 545,844,767 7,405,478 End of Year 216,632,370 102,486,376 114,145,994
Table Princes Expenses of the Balances of the	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Invest Other Total 12) Grants Benefit Salarit 5-10) Profest Total fu Other Total Reven Total Sign Ities of dige and is any ki	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe) sisional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (mustice less expenses Subtract line assets (Part X, line 16)	Innes 3, 4, and 7d)	Beginning . nying schedu han officer) is	1,361,484 1,724,867 500,119,774 423,557,506 0 27,485,909 2,405,977 75,824,962 529,274,354 -29,154,580 of Current Year 236,806,150 129,130,982 107,675,168 les and statems based on all incomparts the statems based on all incompared to the statement of th	1,505,760 553,250,245 465,327,385 0 29,740,714 3,094,775 47,681,893 545,844,767 7,405,478 End of Year 216,632,370 102,486,376 114,145,994 ents, and to the best of information of which
Table Parameter Expenses Parameter P	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III pena nowled rer ha	Invest Other Total 12) Grants Benefit Salarit 5-10) Profest Total fu Other Total Reven Total Sign Ities of dige and is any ki	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 as and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe (Part IX), other compensation, employe (Part IX), indraising expenses (Part IX, column (D), expenses (Part IX, column (A), lexpenses (Part IX, column (A), lexpenses Add lines 13–17 (must line less expenses Subtract line assets (Part X, line 16)	Innes 3, 4, and 7d)	Beginning . Date Characteristics Cha	1,361,484 1,724,867 500,119,774 423,557,506 0 27,485,909 2,405,977 75,824,962 529,274,354 -29,154,580 of Current Year 236,806,150 129,130,982 107,675,168 les and statem based on all incomplete to the control of the c	1,505,760 553,250,245 465,327,385 0 29,740,714 3,094,775 47,681,893 545,844,767 7,405,478 End of Year 216,632,370 102,486,376 114,145,994 ents, and to the best of information of which
Paris Fund Balances Expenses Independent Paris	10 11 12 13 14 15 16a b 17 18 19 20 21 22 till penalowled rer has	Invest Other Total 12) Grants Benefit Salari 5-10; Profes Total fu Other Total Reven Total Net as Sign lities of dige and as any ki	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employe) sisional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (mustice less expenses Subtract line assets (Part X, line 16)	Innes 3, 4, and 7d)	Beginning . Date Check Che	1,361,484 1,724,867 500,119,774 423,557,506 0 27,485,909 2,405,977 75,824,962 529,274,354 -29,154,580 of Current Year 236,806,150 129,130,982 107,675,168 des and statem based on all incomplete to the control of the c	1,505,760 553,250,245 465,327,385 0 29,740,714 3,094,775 47,681,893 545,844,767 7,405,478 End of Year 216,632,370 102,486,376 114,145,994 ents, and to the best of information of which
Par Paris Pa	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III pena nowled rer ha	Other Total 12) Grants Benefit Salari 5-10 Profes Total ft Other Total Reven Total Net as Sign Other Sign Other Total Net as Sign Other Total Net as	tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part its paid to or for members (Part I es, other compensation, employer) sistent fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (must line less expenses Subtract line lassets (Part X, line 16)	Innes 3, 4, and 7d)	Beginning . Date Cr se Fir	1,361,484 1,724,867 500,119,774 423,557,506 0 27,485,909 2,405,977 75,824,962 529,274,354 -29,154,580 of Current Year 236,806,150 129,130,982 107,675,168 Res and statem based on all in the control of	1,505,760 553,250,245 465,327,385 0 29,740,714 3,094,775 47,681,893 545,844,767 7,405,478 End of Year 216,632,370 102,486,376 114,145,994 ents, and to the best of information of which

. Yes No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 9	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Pait V 🛸	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Pait II</i>	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000			

as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 "> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

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Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

Yes

Nο

Νo

Νo

Νo

Nο

Nο

Νo

Νo

Nο

Νo

Νo

Nο

Nο

Νo

Nο

- Part IV Checklist of Required Schedules (continued Schedules)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

inued)			

Pa	rt 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			
1-	Entor	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 28	a 🗀	Yes	No
)		
			-		
С		ne organization comply with backup withholding rules for reportable payments to vendors and reportable in (gambling) winnings to prize winners?	1c	Yes	
2a	-	the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax S	statements, filed for the calendar year ending with or within the year covered	_		
h	,	s return		Yes	
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did th	ne organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Ye	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a		y time during the calendar year, did the organization have an interest in, or a signature or other authority			
		a financial account in a foreign country (such as a bank account, securities account, or other financial int)?	4a	Yes	
ь		es," enter the name of the foreign country $ ightharpoonup^{CJ}$			
	Seein	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAF	R)			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If"Ye	es," to line 5a or 5b, did the organization file Form 8886-T?			
e-	Doc-	the organization have applied gross receipts that are normally greater than \$100,000, and did the	5c 6a		NI c
ва		the organization have annual gross receipts that are normally greater than \$100,000, and did the ization solicit any contributions that were not tax deductible as charitable contributions?	ба		No
b	If"Ye	es," did the organization include with every solicitation an express statement that such contributions or gift			
_		not tax deductible?	6b		
7	_	nizations that may receive deductible contributions under section 170(c).	7a	Yes	
а		ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ces provided to the payor?	/4	165	
b	If"Ye	es," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was required t Orm 8282?	o 7c	Yes	
d		orm 8282?	1	163	
_			7		
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No.
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
		organization received a contribution of qualified intellectual property, did the organization file Form 8899 a	s		
_	requir		7 g	Yes	
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 1098-C?	7h	Yes	
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during	g the year?	8		
		ne sponsoring organization make any taxable distributions under section 4966?	9a		
		ne sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10		on 501(c)(7) organizations. Enter			
		tion fees and capital contributions included on Part VIII, line 12 10a s receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	-		
•	facilit				l
11	Section	on 501(c)(12) organizations. Enter			
		s income from members or shareholders	_		
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b		es," enter the amount of tax-exempt interest received or accrued during the			
13	year Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.	1		
_	To +L	a proprietable because of to use up qualified health plane in more than any attack. On the in-			
a		e organization licensed to issue qualified health plans in more than one state? Note. See the instructions for onal information the organization must report on Schedule O	13a		
b		the amount of reserves the organization is required to maintain by the states			
		ch the organization is licensed to issue qualified health plans	-		
		the amount of reserves on hand	 	<u> </u>	
		ne organization receive any payments for indoor tanning services during the tax year?	14a		No
D	TI. A 6	es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		l

Section A. Governing Rody and Management

	<u> </u>
Part VI	Governance, Management, and Disclosure
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or .
	describe the circumstances processes or changes in Cabadula O. Cae instructions

10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Э-	ection A. Governing body and management					I
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1 b	2 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management cor			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
60	ection B. Policies (This Section B requests information about policies not i	reau	red by the Internal I	2011001	un Cad	۵)
Э:	The state of the s		rea by the Internal r	Revent	ie cou	<u> </u>
36	The state of the s		rea by the Internal r	<u>keveni</u>	Yes	No
	Did the organization have local chapters, branches, or affiliates?		· · · · ·	10 a		
.0a		 tivitie	s of such chapters,		Yes	
.0a b	Did the organization have local chapters, branches, or affiliates?	 tivitie on's e	s of such chapters, xempt purposes?	10a 10b	Yes Yes	
.0a b .1a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of its	tivitie on's e	s of such chapters, xempt purposes? erning body before filing	10a 10b	Yes Yes Yes	
.0a b .1a	Did the organization have local chapters, branches, or affiliates?	tivitie on's e s gov	s of such chapters, xempt purposes? erning body before filing	10a 10b	Yes Yes Yes	
.0a b .1a b	Did the organization have local chapters, branches, or affiliates?	tivitie on's e s gov	s of such chapters, xempt purposes? erning body before filing 	10a 10b	Yes Yes Yes	
.0a b .1a b	Did the organization have local chapters, branches, or affiliates?	tivitie on's e s gov form 9	s of such chapters, xempt purposes? erning body before filing 190 erests that could give	10a 10b 11a 12a 12b	Yes Yes Yes Yes	
.0a b .1a b .2a b	Did the organization have local chapters, branches, or affiliates?	tivitie on's e s gov form 9	s of such chapters, xempt purposes? erning body before filing 190 erests that could give	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
.0a b .1a b .2a b	Did the organization have local chapters, branches, or affiliates?	tivitie on's e s gov form ⁹ ly inte the p	s of such chapters, xempt purposes? erning body before filing 990	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes Yes	
.0a b .1a b .2a b	Did the organization have local chapters, branches, or affiliates?	tivitie on's e s gov form s ly inte the p	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	
.0a b .1a b .2a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e s gov form s ly inte the p	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	
.0a b .1a b .2a b c	Did the organization have local chapters, branches, or affiliates?	tivitie on's e s gov form 9 the p the p teles are	s of such chapters, xempt purposes? erning body before filing. 290	10a 10b 11a 12a 12b 12c 13	Yes	
.0a b .1a b .2a b c	Did the organization have local chapters, branches, or affiliates?	tivitie on's e s gov form 9 the p the p teles are	s of such chapters, xempt purposes? erning body before filing. 290	10a 10b 11a 12a 12b 12c 13 14	Yes	
.0a b .1a b .2a b c .3 .4	Did the organization have local chapters, branches, or affiliates?	tivitie on's e s gov form 9 the p iew ar	s of such chapters, xempt purposes? erning body before filing the series of the series	10a 10b 11a 12a 12b 12c 13 14	Yes	
.0a b .1a b .2a b c .3 .4	Did the organization have local chapters, branches, or affiliates?	tivitie on's e s gov form 9 the p the p inew ar e deli	s of such chapters, xempt purposes? erning body before filing the series of the series	10a 10b 11a 12a 12b 12c 13 14	Yes	No
.0a b .1a b .2a b c .3 .4 .5 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organic participation in joint venture arrangements under applicable federal tax law, and takes	tivitie on's e s gov form 9 the p the p inew ar e deli	s of such chapters, xempt purposes? erning body before filing the such as the such as the such as to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No

AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, $\begin{array}{l} \text{ID} \text{ ,IL} \text{ ,IN} \text{ ,KS} \text{ ,KY} \text{ ,LA} \text{ ,MA} \text{ ,MD} \text{ ,ME} \text{ ,MI} \text{ ,MN} \text{ ,MO} \text{ ,MS} \\ \text{,MT} \text{ ,NC} \text{ ,ND} \text{ ,NE} \text{ ,NH} \text{ ,NJ} \text{ ,NM} \text{ ,NV} \text{ ,NY} \text{ ,OH} \text{ ,OK} \text{ ,OR} \\ \end{array}$ PA , PR , RI , SC , SD , TN , TX , UT , VA , VT , WA , WI , WV <u>,</u> wÝ

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - ✓ Own website ✓ Another's website ✓ Upon request ✓ Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ▶Richard Esserman 125 Maiden Lane 10th Floor New York, NY 10038 (212) 686-5522

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more to	than o	one I both ector	box, an d	heck unless officer stee)		(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
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			
See Additional Data Table										

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion i han o n is	one l both	oox, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC) 2/1099-MISC		organization and related organizations
See Additional Data Table										
c Total from continuation sh	eets to Part VII, S					. •		2 155 112	0	502 524
d Total (add lines 1b and 1c)		• •	• •	•	•	>		3,155,113	0	502,524

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent conficompensation from the organization. Report compensation for the calendary.		
(A) Name and business address	(B) Description of services	(C) Compensation
CHARLES RIVER INTERACTIVE INC 890 Winter Street Suite 120 Waltham, MA 02451	Search Engine Marketing for USF Web Property	2,767,717
BLACKBAUD	Database Management	2,003,297
PO Box 930256 Atlanta, GA 311930256		
EAGLECOM INC	Direct TV Marketing	4,784,475
641 LEXINGTON AVE 15th Floor New York, NY 10022		
MSP	Acknowledgment Services	545,243
PO BOX 641114 PITTSBURGH, PA 152641114		
SCHOLASTIC INC	Market Data Services	595,815
P O BOX 3720 JEFFERSON CITY, MO 65102		

Yes No

Form 99								Page 9
Part V	***	Statement o						_
		Check if Schedi	ule O contains a respor	ise or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated cam	paigns 1a	368,322				
ant	ь	Membership du	es 1b	0				
G. G.	c	Fundraising eve	ents 1 c	7,458,425				
Gifts, Grants ilar Amounts	d	Related organiz	ations 1d	0				
°, G ≡ :E	e	Government grants	s (contributions) 1e	0				
ion I Si	f		ons, gifts, grants, and 1f	543,012,411	i			
Contributions, Gifts, Grants and Other Similar Amounts	g	similar amounts no Noncash contribute 1a-1f \$	ot included above	135,189,820				
Cont	h	Total. Add lines	s 1a-1f		550,839,158			
				Business Code				
E.E.	2a							
å Š	ь							
<u>1</u> 2	c							
Ş.	d							
am	e	A.II						
Program Service Revenue	f	All other progra	im service revenue					
<u>~</u>	g		s 2a-2f		0			
	3		ome (including dividend ar amounts)		905,327	905,327	1	0
	4		tment of tax-exempt bond	F	0	0	ı	0 0
	5	Royalties		🔸	1,418,183	1,418,183	ı	0 0
	6a	Gross rents	(ı) Real	(II) Personal				
	ь	Less rental						
		expenses Rental income	0	0				
	d	or (loss)	me or (loss)					
	"	Wet rental medi	(I) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	,,	,				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)	0	0				
	d 8a	Gross income f	s)	· · · · >				
Other Revenue		events (not inc \$7,458	luding ,425 reported on line 1c)					
er F		Jee ruit IV, IIII	a a	3,446,279				
Œ.	Ь	Less direct ex	penses b	3,446,279				
0	C		loss) from fundraising (events 🕨				
	9a	Gross income f See Part IV, lin	rom gaming activities le 19					
	ь	Less directex	penses b					
	С	Net income or (loss) from gaming activ					
	10a	Gross sales of returns and allo		181,879				
	ь	Less cost of g	oods sold b	94,302				
	С		loss) from sales of inve		87,577	87,577	ı	0 0
		Miscellaneous	s Revenue	Business Code	Ţ			
	11a							
	b							
	, c	All other reven	ue .					
	d e	Total. Add lines		▶				
	12		See Instructions		0			
	_ 		5 5 5 1 1 5 G G G G G G G G G G G G G G	• • • •	553,250,245	2,411,087	ı	0 0 0 Form 990 (2015)

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete colum
--

	Γ	tilis Pait IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,590,014	2,590,014		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	462,737,371	462,737,371		
4	Benefits paid to or for members	0	0		_
5	Compensation of current officers, directors, trustees, and key employees	3,657,638	730,686	1,100,226	1,826,726
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	18,880,001	3,771,655	5,679,148	9,429,198
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,457,801	204,562	523,972	729,267
9	Other employee benefits	4,112,520	663,251	1,416,936	2,032,333
10	Payroll taxes				
		1,632,754	309,231	513,737	809,786
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	310,903	0	310,903	0
с	Accounting	190,000	0	190,000	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	3,094,775			3,094,775
f -	Investment management fees	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,893,105	3,290,599	1,862,245	7,740,261
12	Advertising and promotion	1,045,299	0	0	1,045,299
13	Office expenses	468,079	86,362	217,534	164,183
14	Information technology	1,301,132	26,009	571,023	704,100
15 16	Royalties		599,871	-	1 246 676
17	Occupancy	2,757,974	713,580	911,427	1,246,676
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,417,331	713,360	385,095	1,318,876
19	Conferences, conventions, and meetings	784,615	259,266	251,376	273,973
20	Interest	0	0	0	0
21	Payments to affiliates	8,488,361	8,488,361	0	
22	Depreciation, depletion, and amortization	2,279,496	441,294	483,128	1,355,074
23	Insurance	323,826	71,387	129,149	123,290
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		,		·
а	Repairs and maintenance	806,428	175,748	315,200	315,480
b	Mailing list rental and other expenses	222,669	0	0	222,669
c	Postage and shipping	3,701,873	46,106	39,520	3,616,247
d	Outside printing and telemarketing	9,206,691	2,444,797	154,705	6,607,189
е	All other expenses	483,891	117,762	208,528	157,601
25	Total functional expenses. Add lines 1 through 24e	545,844,767	487,767,912	15,263,852	42,813,003
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		2015)					Page 11
Par	tΧ	Balance Sheet Check if Schedule O contains a response or note to any l	ine in f	-bic Dart V			_
		Check if Schedule O Contains a response of flote to any i	me m	INIS PAIL X	(A)	• •	(B)
					Beginning of year		End of year
	1	Cash-non-interest-bearing			6,126,923	1	3,829,544
	2	Savings and temporary cash investments			54,754,921	2	55,475,074
	3	Pledges and grants receivable, net			99,948,951	3	81,146,866
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former off					
		trustees, key employees, and highest compensated em II of	pioyee	s Complete Part			
		Schedule L					
						5	
Assets	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins II of Schedule L	(B), and on 501(c)(9)		6		
AS:	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			3,182,282	9	3,071,494
	10a	Land, buildings, and equipment cost or other basis			0,102,202	-	0,071,101
		Complete Part VI of Schedule D	10a	54,808,162			
	b	Less accumulated depreciation	10 b	18,151,810	36,660,838	10 c	36,656,352
	11	Investments—publicly traded securities			27,527,189	11	28,025,043
	12	Investments—other securities See Part IV, line 11 .			8,605,046	12	8,427,997
	13	Investments—program-related See Part IV, line 11 .				13	_
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			0	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34			236,806,150	16	216,632,370
	17	Accounts payable and accrued expenses			7,494,675	17	8,020,078
	18	Grants payable	•		52,914,669	18	42,506,518
	19	Deferred revenue	38,341,417	19	37,534,066		
	20	Tax-exempt bond liabilities			36,341,417	20 21	37,334,000
Si	22	Loans and other payables to current and former officers				21	
ities	22	key employees, highest compensated employees, and d					
Ē		persons Complete Part II of Schedule L				22	
Liabi	23	Secured mortgages and notes payable to unrelated third	d partie	es		23	
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to rela	ated third parties,			
					30,380,221	25	14,425,714
	26	Total liabilities. Add lines 17 through 25			129,130,982	26	102,486,376
ses		Organizations that follow SFAS 117 (ASC 958), check h lines 27 through 29, and lines 33 and 34.	ere ▶	 and complete			
<u>lar</u>	27	Unrestricted net assets			37,645,224	27	39,652,957
ä	28	Temporarily restricted net assets			68,392,615	28	72,850,708
pur .	29	Permanently restricted net assets			1,637,329	29	1,642,329
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check l	nere ▶			
ets	30	Capital stock or trust principal, or current funds				30	
1881	31	Paid-in or capital surplus, or land, building or equipment				31	
et A	32	Retained earnings, endowment, accumulated income, or	other	funds		32	
ž	33	Total net assets or fund balances	•		107,675,168	33	114,145,994
	34	Total liabilities and net assets/fund balances	•		236,806,150	34	216,632,370 Form 990 (2015)

553,250,245

545,844,767

107,675,168

7,405,478

-694,893

-239,759

No

Νo

Nο

Form 990 (2015)

114,145,994

Yes

Yes

Yes

Reconcilliation of Net Assets

Check if	Schedule	Осо	ntains	a r	espo

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

Investment expenses . Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . column (B))

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XIII 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 COther If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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

Schedule O

Single Audit Act and OMB Circular A-133?

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?

✓ Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

2a

2b

2c

3a

3b

1

2

3

4

5

6

7

8

9

10

Software ID: 15000352

Software Version: v1.00

EIN: 13-1760110

Name: UNITED STATES FUND FOR UNICEF

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent Co	ntrac	tors	;				•	1	1
(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an	checl , unle office ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
David Sable Director	1 0	×						0	0	(
Bernard Taylor Sr Director	1 0	x						0	0	(
Vince Hemmer Director/Chairman	10	x		×				0	0	(
Peter Lamm Director (From January 4, 2016)	5 0	х						0	0	(
Anthony Pantaleoni Director/ Past Chair (Until February, 2016)	2 1	x						0	0	(
Caryl M Stern President/Chief Executive Officer/Director	65 5	x		х	x			537,682	0	80,562
Nelson Chai Director/Secretary	2 1	х		×				0	0	(
Dolores Rice Gahan Director	5 1	×						0	0	(
Andrew Beer Director	1 2	×						0	0	(
Robert Manoukian Director	0	×						0	0	(

Form 990, Part VII - Compensation Compensated Employees, and Inde					íru	stee	s, k	(ey Employe	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition nore tl ss pe	(C n (do than erso icer	not one on is and		.	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Mındy Grossman Vice Chairman (From October 8, 2015), Director	0	x		×				0	0	0
Franklin Fritz Hobbs Director		x	 					0	0	0
Gary M Cohen Director (Vice Chairman unti l October 8, 2015)	0	x		x				0	0	0
Tea Leoni Director	0	x						0	0	0
Henry Schleiff Director		x						0	0	C
Pamela Fiori Director	0	x						0	0	C
Sherne Rollins Westin	1	х						0	0	0

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0 1

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Χ

Director

Director

Director

Dan Brutto Director

Mary Callahan Erdoes

Hilary Gumbel

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

70,481

49,750

33,061

Compensated Employees, and Inde	pendent Co	ntrac	tor	s	•		-, -			
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	(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-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
Discrete Materials	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Dikembe Matumbo	1									
Director	0	×					\bigsqcup'		0	l
John A Herrmann Jr Director	0	x	 					0	0	C
G Barrie Landry Director	0	х						0	0	C
Robert T Brown Director	1	х						0	0	(
Carol Hamilton Director (From 5/5/2016)		х						0	0	(

1

0 55

10 45

5 45

5

Х

Х

407,939

214,444

272,183

Andrew Hohns

Elizabeth Smith

Edward G Lloyd

Richard Esserman

Lynn Stratford

Director (From 5/5/2016)

Director (From 5/5/2016)

Chief Operating Officer & CFO/Treasurer

Vice President- Finance & Budget/Asst Treasurer

Senior Vice President-Programs/Asst Secretary

.....

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

22,824

27,709

41,364

Compensated Employees, and Inde	pendent Co	ntrac	.tor	S					•		
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore ti	than erso icer	not none on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
Rajesh Anandan SVP-Strategic Partnerships & UNICEF Ventures	45		 		х			281,317	7 0	40,465	
Samuel Barron Segar Senior Vice President-Development	45		 		х			303,988	0	56,344	
Jose Carbonell Senior VP-Mktg & Communication Until May 22, 2015	40				х			117,512	2 0	10,255	
Martin Rendon VP, Office of Public Policy & Advocacy	45 					х		251,498	3 0	22,911	
Helene Vallone-Rafaele	45					x		210,427	7 0	46,798	

0 45

0 45

45

0

Χ

Χ

193,867

183,309

180,947

VP, Direct & Interactive Marketing

Vice President-Community Enagement

.....

William Sherwood

Leslie Goldman

Kristen Jones

VP, Human Resources

Vice President-Development

efile GRAPHIC	print -	DO NOT	PROCESS	As Filed	I Data

hospital's name, city, and state

DLN: 93493320025066

Employer identification number

13-1760110

Public Charity Status and Public Support

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

OMB No 1545-0047

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED STATES FUND FOR UNICEF

990EZ)

Part I

1

2

SCHEDULE A

(Form 990 or

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

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

	ı	170(b)(1)(A)(iv). (Co		•				
6		A federal, state, or loc	-	2				
7	✓	described in section 1	70(b)(¹)(A)(\	√i). (Complete Part II)	3	nental unit or from the g	eneral public
8		A community trust des				•		
9	Γ	receipts from activitie from gross investmen organization after Jun	es related to it t income and e 30,1975 S	s exempt functions—s unrelated business tax eesection 509(a)(2).	ubject to certa kable income (I (Complete Part	in exceptions ess section 5 : III)	tributions, membership , and (2) no more than 1 11 tax) from businesse	331/3% of its support
10		An organization organi		•		•	` ' '	
11	_	one or more publicly s the box in lines 11a th	upported orga rough 11d tha	nizations described in at describes the type o	section 509(a of supporting or)(1) or sectio ganization an	nctions of, or to carry o n 509(a)(2) See sectio d complete lines 11e, 1	n 509(a)(3). Check 1f, and 11g
a		supported organization organization You mus	n(s) the power t complete Pa	to regularly appoint o	r elect a majori B.	ity of the direc	organization(s), typical ctors or trustees of the	supporting
b	Γ	management of the su must complete Part IV	pporting orgar /, Sections A a	nization vested in the sand C.	same persons t	hat control or	ported organization(s), b manage the supported	organization(s) You
c							h, and functionally integ	rated with, its
d	_	supported organization					D, and E. n with its supported org	anization(s) that is
							rement and an attentiv	
		(see instructions) You						
е							is a Type I, Type II, T	ype III functionally
f	Ente	integrated, or Type III r the number of support				ווכ		
g	Linco	Provide the following in						
Nar	me of s	(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the orga Iisted in your docume	nızatıon governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		
Tot a	ıl							
or I	Paperw	vork Reduction Act Noti	ce, see the In	structions for Form 99	00 or 990EZ.	Cat No 11		990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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

/ 01	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	208,510,041	307,005,138	470,961,231	497,033,423	550,839,158	2,034,348,991
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	208,510,041	307,005,138	470,961,231	497,033,423	550,839,158	2,034,348,991
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,079,626,440
6	Public support. Subtract line 5 from line 4						954,722,551
S	ection B. Total Support						

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	208,510,041	307,005,138	470,961,231	497,033,423	550,839,158	2,034,348,991
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,763,987	3,626,160	4,507,671	2,946,918	2,323,510	16,168,246
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	269,358	268,730	123,048	139,433	87,577	888,146
11 Total support. Add lines 7 through 10						2,051,405,383
12 Gross receipts from related activ	ities, etc (see ins	structions)			12	
13 First five years.If the Form 990 is	s for the organizat	tion's first, secon	d, thırd, fourth, or	fifth tax year as a	section 501(c)(3	3) organization,

check this box and stop here .

_ >	ection C. Computation of Public Support Percentage		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	46 540 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	45.860 %

16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

and **stop here.** The organization qualifies as a publicly supported organization ▶▽ b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation ► [
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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	4b		
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)? 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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
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))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	S
--	---------	----	------	----	------------	--------------	---

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

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

а	2a			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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			
3	Parent of Supported Organizations Answer (a) and (b) below.			

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete.	_		ructions. All other
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)			
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 c		
d Total (add lines 1a, 1b, and 1c)	1 d		
Discount claimed for blockage or other factors (explain in detail in Part VI)	, _		
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functional	ılly-ıntegrate	d Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth		ported organizations in	
excess of income from activity	ers exempt purposes or supp	orted organizations, in	
3 Administrative expenses paid to accomplish exem	pt purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instri			
7 Total annual distributions. Add lines 1 through 6			
7 Total allilual distributions. And lines 1 tillough o			
8 Distributions to attentive supported organizations details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
	T	····	I
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>C</u>			
d From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract			
lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	(Form 990 or 990-F7) (2015

Return Reference	Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue
Service

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

Service

 Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number UNITED STATES FUND FOR UNICEF 13-1760110 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ┌ Yes □ No Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 2 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) A mount paid from (e) A mount of political filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter -0-3

Grassroots nontaxable amount (enter 25% of line 1f)

g

250,000

Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).
Check ▶	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EI

A	Check	>	Г	– If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN
				expenses, and share of excess lobbying expenditures)

	encek F If the filling organization checked	box A and "limited control" provisions apply	1 ()=!	(1.) *(5)
		oying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
а	Total lobbying expenditures to influence public lobbying)	opinion (grass roots	0	
b	Total lobbying expenditures to influence a legis	slative body (direct lobbying)	508,522	
С	Total lobbying expenditures (add lines 1a and	1 b)	508,522	
1	Other exempt purpose expenditures		545,336,245	
e	Total exempt purpose expenditures (add lines	1c and 1d)	545,844,767	
f	Lobbying nontaxable amount Enter the amount		1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

4 Warn Assessables Bested Haden and London FO4/h)		
┌ Yes	∏ No	
If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?)	
Subtract line 1f from line 1c If zero or less, enter -0-	0	
Subtract line 1g from line 1a If zero or less, enter -0-	0	

j	If there is an amount other than zero on either line reporting section 4911 tax for this year?	e 1h or line 1i, did the	_	Form 4720 Yes No	<u> </u>	
	(Some organizations that made a s columns below. See th		ection do not uctions for lir	have to comp nes 2a throug		e five
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	439,579	290,382	388,355	508,522	1,626,838
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
	Grassroots ceiling amount					

Return Reference

	edule C (Form 990 or 990-EZ) 2015				Pa	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	TO				
		(a)		(b)	
ctiv	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity		No		Moun	ıt
_	During the year, did the filing organization attempt to influence foreign, national, state or local	Yes		7		
1	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01 (c)(5),	or se	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a	<u> </u>			
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information		l			
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	n liet\	Doet I	т л ।	inoc 1	
	see instructions), and Part II-B, line 1. Also, complete this part for any additional information	יף וואנ),	, rait I	ı-A,∥	ilies I	anu

Explanation

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

SCHEDULE D (Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

DLN: 93493320025066

Open to Public

Department of the ► Attach to Form 990. Treasury Internal Revenue Service Name of the organization UNITED STATES FUND FOR UNICEF

Inspection **Employer identification number**

							760110		
Pa	rt I Organizations Maintaining Donor					unds	r Accounts	5.	
	Complete if the organization answere				t IV, line 6.	71-3	F 4 4 - 41-		
1	Total number at end of year	(a) Donor advised	tunas	5		(D)	Funds and oth	eraccoun	TS
2	Aggregate value of contributions to (during								
_	year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	_				nor advis	ed	┌ Yes	┌ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			_	_		purpose	☐ Yes	□No
Pa	rt II Conservation Easements. Comple	te if the organiza	tion a	ansv	wered "Yes"	on Form	n 990. Part I	-	
1	Purpose(s) of conservation easements held by th							• • • • • • • • • • • • • • • • • • • •	•
	Preservation of land for public use (e.g., recreeducation)	-			eservation of a	n histor	ically importa	nt land are	
	Protection of natural habitat		<u> </u>		eservation of a		' '		-a
	Preservation of open space		'	' '	C3CIVACION OF E	Cereme	a mistoric stru	cture	
2	Complete lines 2a through 2d if the organization	held a qualified cons	ervati	ion (contribution in	the form	of a conserva	ition	
_	easement on the last day of the tax year	neta a qualifica cons	Civaci	1011	contribution in	the form	or a consciva	icion	
							Held at th	e End of t	he Year
а	Total number of conservation easements					2a			
b	Total acreage restricted by conservation easeme	nts				2b			
c	Number of conservation easements on a certified	historic structure in	nclude	ed in	(a)	2 c			
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/1	7/06,	, and	l not on a	2d			
3	Number of conservation easements modified, trai	nsferred, released, e	xtıngu	uishe	ed, or terminat	ed by the	e organization	during the	е
	tax year ▶								
4	Number of states where property subject to cons	ervation easement is	s locat	ted	>				
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	ding the periodic mo				idling of		′es	No
6	Staff and volunteer hours devoted to monitoring,		of vio	olatio	ons, and enforc	ing cons	•	'	
	•								
_	A mount of expenses incurred in monitoring, inspe	ecting handling of vi	olatio	ns :	and enforcing o	onserva	tion easemen	ts durina i	the vear
7	► \$	eeing, nananng or vi	oracio	1137	and emorening e	. 0113 61 4 4	cion casemen	to during .	ine year
8	Does each conservation easement reported on III (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisf	y the r	requ	rements of se	ction 17	0(h)(4)	/es	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text	of the footnote to th					se statement,	and .	110
D)=1	the organization's accounting for conservation ea t III Organizations Maintaining Collec		toria	ادم	Treasures	or O+h	ar Similar	Accets	
- (-)	Complete if the organization answere					or Oth	Ci Jiiiilal	A33613.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	AS 116 (ASC 958) assets held for publ	, not t ıc exh	to re hibit	port in its reve ion, education,	or resea	rch in further		
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	AS 116 (ASC 958) assets held for publ	, to re	port	: ın ıts revenue	stateme	ent and balanc		blic
((i) Revenue included on Form 990, Part VIII, line 1					▶ \$			
	i) Assets included in Form 990, Part X								
2	If the organization received or held works of art, he following amounts required to be reported under S					or financ			
a		110 (A30 930	, i ciai	any	to these itellis	•	. .		
а	Revenue included on Form 990, Part VIII, line 1						▶ \$		

Assets included in Form 990, Part X

Par	(continued)	Collections of A	Art, His	storic	al Tre	asures, or C	Other Similar As	sets	
3	Using the organization's acquisition, accollection items (check all that apply)	ession, and other re	cords, cl	neck a	ny of the	following that	are a significant use	of its	
а	Public exhibition		d	Γ	Loan or	exchange prog	ırams		
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization Part XIII	's collections and ex	plain ho	w they	further t	he organization	ı's exempt purpose	ın	
5	During the year, did the organization sol assets to be sold to raise funds rather th							┌ No	0
Pa	rt IV Escrow and Custodial Arra Complete if the organization Part X, line 21.		n Form	990, 1	Part IV,	line 9, or re	ported an amount	on Fori	m 990,
1 a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other inte	rmediary	for co	ntributio	ons or other ass	ets not Yes	∏ No	o
b	If "Yes," explain the arrangement in P	art XIII and comple	te the fo	llowing	table		Amo	unt	
c	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2 a	Did the organization include an amount of	on Form 990 Part X	line 21	for es	row or o	ustodial accou	nt liability? 🗆 🕶		_
		,					res	NG	U
b	If "Yes," explain the arrangement in Parart V Endowment Funds. Comple							<u> </u>	
FG	Endowment Funds. Compre	(a)Current year		or year		Two years back	(d)Three years back	(e)Four ye	pars hack
1a	Beginning of year balance	1,642,329	(D)FIII	1,637,		1,624,329	1,599,329		1,572,329
b	Contributions	5,000		<u>, , , , , , , , , , , , , , , , , , , </u>	0	13,000	25,000		27,000
c	Net investment earnings, gains, and losses	0			0	0	0		0
d	Grants or scholarships	0			0	0	0		0
e	Other expenditures for facilities and programs	0			0	0	0		0
f	Administrative expenses	0			0	0	0		0
g	End of year balance	1,647,329		1,637,	329	1,637,329	1,624,329		1,599,329
2	Provide the estimated percentage of the	current year end bal	lance (lir	ne 1g,	column ((a)) held as			
а	Board designated or quasi-endowment	0 %							
ь	Permanent endowment ► 100 %								
c	Temporarily restricted endowment ▶	0 %							
_	The percentages on lines 2a, 2b, and 2c	•							
3a	Are there endowment funds not in the po organization by	ssession of the orga	nızatıon	that a	e held a	nd administere	d for the	Yes	No
	(i) unrelated organizations						3a((i)	No
	(ii) related organizations						3a(ii)	No
ь 4	If "Yes" on 3a(II), are the related organized Describe in Part XIII the intended uses						31	o	
Pa	rt VI Land, Buildings, and Equip								
	Complete if the organization Description of property	answered 'Yes' to		(a ost or ot) ner basis	(b) Cost or other bas	Accumulated		ok value
	Land			(ınvestı		(other)			
	Land		⊢		0		0	+	0
D	Buildings				0	41,670,5	9,055,738	3	32,614,775
c	Leasehold improvements		.		0	307,1	26 307,126		0
d	Equipment				0	9,839,6	99 6,264,164		3,575,535
_	Other							T	

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

36,656,352

See Form 990, Part X, line 12. (a) Description of security or cate (including name of security)	gory	(b) Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			The state of the s
(2)Closely-held equity interests (3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12	2 }		
Part VIII Investments—Program Related	d.		
Complete if the organization answer (a) Description of investment		Part IV, line 11c. _S (b) Book value	ee Form 990, Part X, line 13. (c) Method of valuation
(a) Description of investment		(b) Book value	Cost or end-of-year market value
Total (Column (h) must equal Form 900 Part V col (R) line 13	1		
Part IX Other Assets. Complete if the organi	zation answered 'Yes' on F	orm 990, Part IV, line	11d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organi	/	orm 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organi	zation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organi	zation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organi	zation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organi	zation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organi	zation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organi	zation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organi	zation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organi	zation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organi	zation answered 'Yes' on F	orm 990, Part IV, line	
(a) D Total. (Column (b) must equal Form 990, Part X, col (B)	zation answered 'Yes' on Foescription line 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B). Part X Other Liabilities. Complete if the organical (a) D	zation answered 'Yes' on Foescription line 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the organic	zation answered 'Yes' on Foescription line 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' on Foescription line 15) organization answered		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	Zation answered 'Yes' on Foescription Jine 15) organization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Liabilities under split-interest agreements	Zation answered 'Yes' on Foescription Jine 15) organization answered (b) Book value 3,896,3		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Liabilities under split-interest agreements	Zation answered 'Yes' on Foescription Jine 15) organization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Liabilities under split-interest agreements	Zation answered 'Yes' on Foescription Jine 15) organization answered (b) Book value 3,896,3		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B). Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Liabilities under split-interest agreements	Zation answered 'Yes' on Foescription Jine 15) organization answered (b) Book value 3,896,3		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Liabilities under split-interest agreements	Zation answered 'Yes' on Foescription Jine 15) organization answered (b) Book value 3,896,3		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B). Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Liabilities under split-interest agreements	Zation answered 'Yes' on Foescription Jine 15) organization answered (b) Book value 3,896,3		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B). Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Liabilities under split-interest agreements	Zation answered 'Yes' on Foescription Jine 15) organization answered (b) Book value 3,896,3		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B). Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.	Zation answered 'Yes' on Foescription Jine 15) organization answered (b) Book value 3,896,3		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Liabilities under split-interest agreements	Zation answered 'Yes' on Foescription Jine 15) organization answered (b) Book value 3,896,3		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Liabilities under split-interest agreements	Zation answered 'Yes' on Foescription line 15)		(b) Book value

Total revenue, gains, and other support per audited financial statements .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Supplemental Information

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Recoveries of prior year grants .

Other (Describe in Part XIII)

Add lines 2a through 2d .

Subtract line 2e from line 1 .

Schedule D (Form 990) 2015

1

2

3

Part XIII

information

Return Reference

Schedule D, Part V, Line 4

а

552,315,593

-934,652

553,250,245

-694,893

-239,759

0

2e

3

2a

2b

2c

2d

			/ /
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIII) 4b 0		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	553,250,24
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pei	Return.
1	Total expenses and losses per audited financial statements	1	545,844,76
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII) 2d 0		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	545,844,76
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIII) 4b 0		
c	Add lines 4a and 4b	4c	

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

Explanation

THE PRINCIPAL OF THE ENDOWMENT IS PERMANENTLY RESTRICTED BUT THE INVESTMENT INCOME CAN BE USED FOR OPERATIONS TO SUPPORT THE ORGANIZATION'S MISSION

545,844,767

Schedule D (Form 990) 2015	Page 5					
Part XIII Supplemental Information (continued)						
Return Reference	Explanation					
Schedule D, Part XI, Line 2d	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS					

efile GRAPHIC print - DO NOT PROCESS			As Filed Data -				DLN: 93493320025066		
SCHEDULE F (Form 990)		nent of	Activities (Outside t	ne Unit	ed St	ates	OMB No 1545-0047	
Department of the Treasury Internal Revenue Service	▶ Information a	► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. on about Schedule F (Form 990) and its instructions is at www.irs.g					ov/form990.	2015 Open to Public Inspection	
Name of the organization UNITED STATES FUND							Employer ident	ification number	
	I <mark>nformation o</mark> If the organizat					14b.			
 For grantmakers and other assistate used to award th For grantmakers assistance outsid Activites per Region 	ance, the grante e grants or assi s. Describe in Pa de the United St	ees' eligibil istance? art V the or ates	lity for the grai	nts or assista	ince, and r monitor	the sel	ection criteria use of its gran	✓ Yes No ts and other	
(a) Region) Number of ffices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities of region (by ty fundraising, services, investrato recipients logically regions.	pe) (e g , program nents, grants cated in the	program sp	vity listed in (d) is a n service, describe ecific type of ice(s) in region	(f) Total expenditures for and investments in region	
(1) See Add'l Data			region	region	·/				
(2)									
(3)									
(4)									
(5)									
3a Sub-total b Total from continu to Part I c Totals (add lines 3	a and 3b)	0						462,737,372 ule F (Form 990) 2015	

■26TA●11 Grants and Other Assistance to Organizations or Entities Outside the United State	Part II	Grants and Other Assistance to Organizations or Entities Outside the United States.
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Complete if the organization answered "Yes" to 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.

section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	and EIN (If applicable)	and EIN (if applicable)	and EIN (if applicable)	and EIN (if applicable)	and EIN (if applicable) disbursement disbursement	and EIN (if applicable) disbursement assistance disbursement assistance	and EIN (if applicable) If applicable assistance assis

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

9

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of assistance recipients cash grant disbursement of non-cash valuation non-cash assistance (book, FMV, assistance appraisal, other) (1) (2) (3) (5) (8) (9)

(4) (6) (7) (10) (11) (12) (13) (14) (15) (16) (17)

(18) Schedule F (Form 990) 2015

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships ▽ (see Instructions for Form 8865) Yes

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form Yes 5713, do not file with Form 990) Νo

Nο

Schedule F (Form 990) 2015

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).

990 Schedule F. Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2	THE US FUND FOR UNICEF MONITORS THE GRANTS BY REQUIRING THE GRANTEE TO SUBMIT REPORTS AND MILESTONES AS DEFINED IN THE GRANT AGREEMENT GRANTEES ARE RESPONSIBLE FOR INSURING THAT P ROJECTS ARE EXECUTED IN ACCORDANCE WITH DEFINED TIMELINES AND MILESTONES AS SET FORTH IN T HE GRANT IN CERTAIN SITUATIONS, SITES VISITS ARE MADE TO ASCERTAIN COMPLIANCE TO GRANT AG REEMENTS IN THE CASE OF OTHER PROGRAMS LIKE THE CHILD EPIDEMIOLOGY REFERENCE GROUP (CHERG), COUNTDOWN 2015 AND OTHER SIMILAR PROGRAMS , AN ANNUAL MEETING OF THE GRANTEES IS HELD T O ASCERTAIN THAT PROGRAMS AND PROJECTS ARE EXECUTED IN ACCORDANCE WITH THE DEFINED TIMELIN ES AND MILESTONES AS SET FORTH IN THE AGREEMENT AND ANY MODIFICATIONS, REVISIONS AND AMEND MENTS ARE EXECUTED AS NEEDED

Additional Data

(a) Region

Software ID: 15000352

Software Version: v1.00

EIN: 13-1760110

(d) Activities

Name: UNITED STATES FUND FOR UNICEF

(e) If activity listed in (f) Total expenditures

Form 990 Schedule F Part I - Activities Outside The United States

(b) Number of (c) Number of

(a) Region	offices in the region	employees or agents in region	conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(d) is a program service, describe specific type of service (s) in region	for region
Central America and the Caribbean	0	0	Grantmaking	To support Child Protection, Education, Emergencies, Health & Nutrition	5,055,811
East Asia and the Pacific	0	0	Grantmaking	To support Child Protection, Emergencies, Health and Water, Sanitation & Hygiene	26,651,167
Europe (including Iceland and Greenland)	0	0	Grantmaking	To support Cross-sector areas that strengthens the core efforts to keep children and mothers alive	6,242,470

(b) Number of (a) Region (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe region agents in specific type of service region program services, grants to recipients (s) in region located in the region) Middle East and North Grantmaking To support Child 41,226,979 Africa Protection, Education

Grantmaking

To support cross-sector

programs, education, HIV/AIDS and Health

Iprograms

7,003,823

				and Humanitarian especially affected by the Refugee crisis	
Russia and the newly independent States	0	0	Grantmaking	To support health programs	8,654,620

Form 990 Schedule F Part I - Activities Outside The United States

South America

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of region agents in service(s) in region region program services, grants to recipients located in the region) South Asia Grantmaking To support child 48,817,831 0 protection, education, emergency programs and polio eradication programs Sub-Saharan Africa 0 Grantmaking To support Child 314,449,568 0 Protection Child

		r rocection, Cilia	
		Survival, Education,	
		Emergencies, Maternal-	
		Neonatal Child Health,	
		Health and Nutrition,	
		HIV/AIDS programs,	
		Water, Sanıtatıon &	
		Hygiene programs	

Grantmakınd

To support child

health programs

protection, nutrition and

4,635,103

Form 990 Schedule F Part I - Activities Outside The United States

0

North America (including

the United States)

Canada and Mexico, but not

(b) IRS code (ı) Method of (a) A mount of non-(h) Description of (a) Name of section (e) A mount of (f) Manner of valuation (d) Purpose of grant (c) Region cash non-cash cash disbursement (book, FMV, organization and EIN(If cash grant assistance assistance applicable) appraisal, other) Central America and To support Child 5,055,811 WIRE TRANSFERS ONOT APPLICABLE the Caribbean Protection, Education, Emergencies, Health & Nutrition East Asia and the 26,651,167 WIRE TRANSFER ONOT APPLICABLE To support Child Pacific Protection, Emergencies, Health and Water, Sanitation & Hygiene

	Iceland and Greenland)	To support Cross- sector areas that strengthens the core efforts to keep children and mothers alive		WIRE TRANSFER	0	NOT APPLICABLE	N/A
	North Africa	To support Child Protection, Education and	41,226,979	WIRE TRANSFER	0	NOT APPLICABLE	N/A

Humanıtarıan especially affected by the Refugee crisis

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(b) IRS code (i) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) N/A North America To support child 4,635,103 WIRE TRANSFER OlnOT APPLICABLE (including Canada protection, nutrition and Mexico, but not and health programs the United States) Russia and the newly To support health 8,654,620 WIRE TRANSFER ONOT APPLICABLE Independent States programs 7 000 000 WIDE TRANSFER ONOT ADDITIONAL

	sector programs, education, HIV/AIDS and Health programs	7,003,823	WIRETRANSFER	0	NOT APPLICABLE	N/A
	To support child protection, education, emergency programs	, ,	WIRE TRANSFER	0	NOT APPLICABLE	N/A

and polio eradication

programs

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Form 990 Schedule F Part II - Grants or Entities Outside The United States (b) IRS code (I) Method of (a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Sub-Saharan Africa To support Child 179,259,748 WIRE TRANSFER 135,189,820 To support Child FAIR VALUE Protection, Child Protection, Child Survival, Education, Survival, Water, Sanitation & Hygiene Emergencies, Maternal-Neonatal programs Child Health, Health and Nutrition, HIV/AIDS programs, Water, Sanitation &

Hygiene programs

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2015

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNITED STATES FUND FOR UNICEF

Employer identification number

13-1760110

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.

- Indicate whether the organization raised funds through any of the following activities Check all that apply
 - **▼** Solicitation of non-government grants ✓ Mail solicitations
 - Solicitation of government grants **▼** Internet and email solicitations
 - ▼ Phone solicitations **▼** Special fundraising events
- 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?
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser hav custody or control of contributions		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No No											
1 Blue State Digital 62187 Collections Center Drive Chicago, IL 606930621	Internet and e-mail marketing	res	No	5,023,503	1,643,978	3,379,525								
2 Ruffalo Noel Levitz P O Box 718 Des Moines, IA 503030718	Telemarketing		No	1,545,174	643,979	901,195								
3 Target Marketeam 600 North Park Center Suite 1600 1200 Abernathy Road NE Atlanta, GA 30328	Direct Mail Fundraising		No	28,582,315	513,000	28,069,315								
4 ACD Direct 1353 North 1075 West Suite 6 Farmington, UT 84025	Telemarketing - Incoming Calls		No	5,348,534	100,159	5,248,375								
5 Donor services Group 6715 SUNSET BOULEVARD LOS ANGELES, CA 90028	TELEMARKETING		No	122,265	95,910	26,355								
6 INFOCISION MANAGEMENT CORP P O BOX 932441 CLEVELAND, OH 44193	TELEMARKETING- INBOUND CALLS		No	311,184	67,327	243,857								
7 OUTERWALL INC P O BOX 91258 BELLEVUE, WA 98009	TRICK OR TREAT FUNDRAISING		No	405,622	30,422	375,200								
8														
9														
10														
Total	1	ı	>	41,338,597	3,094,775	38,243,822								

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

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

Part II	Fundraising	Events
raitti	i ullulaisilly	FAGIIC3

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
		SNOWFLAKE EVENT (event type)	GALA (event type)	8 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	6,046,393	4,407,655	480,780	
	2 Less Contributions	4,275,189	2,869,762	313,475	
	4 Cash prizes	1,771,204	1,537,893	167,305	0
ω.	5 Noncash prizes	0	0	0	-
Expenses	7 Food and beverages	871,698	839,418	137,182	1,848,298
ਤ ਹ	8 Entertainment	899,506	0 644,475	84,123	_
Š	10 Direct expense summary Add lines				3,476,402
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.			19, or reported mor	e than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Expenses	2 Cash prizes				
	4 Rent/facility costs				
ਹ ਜ਼ਿ•ਹ	4 Kentylachity costs				
	5 Other direct expenses			Voc. 9/4	
Direct		├ Yes%	├ Yes <u>%</u>	├ Y es%_ ├ N o	
Direct —	5 Other direct expenses	├ No	☐ No		
	5 Other direct expenses 6 Volunteer labor	No 2 through 5 in column (d)	No	
ບອະໄດ	5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines	No 2 through 5 in column (dact line 7 from line 1, colution conducts gaming action conducts.	No umn (d).	No	Yes No
9	5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 8 Net gaming income summary Subtra Enter the state(s) in which the organization	No 2 through 5 in column (dact line 7 from line 1, colution conducts gaming activities in each	No umn (d)	No	
9 a	5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 8 Net gaming income summary Subtra Enter the state(s) in which the organization licensed to conduct If "No," explain	No 2 through 5 in column (det line 7 from line 1, column tition conducts gaming activities in each	No itrivities h of these states?	▶	

Schedule I (Form 990)

Grants and C Governments

Complete if the organiz

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.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

2015

Open to Public

DLN: 93493320025066OMB No 1545-0047

Inspection
Employer identification number

JNITED STATES FOND FOR UNICE						13-1760110	
Part I General Information	on Grants and	d Assistance				-	
 Does the organization maintain rethe selection criteria used to awa Describe in Part IV the organizat Part II Grants and Other Assistan 	rd the grants or as ion's procedures for ice to Domestic Or	sistance? or monitoring the use ganizations and Dome	of grant funds in the Unstic Governments. Com				✓ Yes No
that received more than \$! (a) Name and address of organization or government	(b) EIN	(c) IRC section If applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of section 501		=					17
3 Enter total number of other organ	izations listed in t i	ne line 1 table . .					0

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
-								
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								

AND ANY MODIFICATIONS, REVISIONS AND AMENDMENTS ARE EXECUTED AS NEEDED

Return Reference Explanation Schedule I, Part I, Line 2 THE US FUND FOR UNICEF MONITORS THE GRANTS BY REQUIRING THE GRANTEE TO SUBMIT REPORTS AND MILESTONES AS DEFINED IN THE GRANT AGREEMENT. GRANTEES ARE RESPONSIBLE FOR INSURING THAT PROJECTS ARE EXECUTED IN ACCORDANCE WITH DEFINED. TIMELINES AND MILESTONES AS SET FORTH IN THE GRANT IN CERTAIN SITUATIONS, SITES VISITS ARE MADE TO ASCERTAIN COMPLIANCE TO GRANT AGREEMENTS IN THE CASE OF OTHER PROGRAMS LIKE THE CHILD EPIDEMIOLOGY REFERENCE GROUP (CHERG), COUNTDOWN 2015 AND OTHER SIMILAR PROGRAMS , AN ANNUAL MEETING OF THE GRANTEES IS HELD TO ASCERTAIN THAT PROGRAMS

AND PROJECTS ARE EXECUTED IN ACCORDANCE WITH THE DEFINED TIMELINES AND MILESTONES AS SET FORTH IN THE AGREEMENT

Additional Data

Software ID: 15000352 **Software Version:** v1.00

orthare version: V1.00

EIN: 13-1760110

Name: UNITED STATES FUND FOR UNICEF

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
CALORIE CLOUD P O BOX 763 MATTHEWS,NC 28106	47-1407209	501 (c) (3)	1,475,000	0	FAIR VALUE	NOT APPLICABLE	The grant is to support "UNICEF Kid Power" an engagement and education tool for children and others to participate in wellness programs to track their physical activities which help create awareness of UNICEF's need to procure and distribute ready to use therapeutic food for severely and acutely malnourished children in other parts of the world
TOSTAN INC 2121 DECATUR PLACE NW WASHINGTON, DC 20008	98-0118876	501 (c) (3)	300,000	0	FAIR VALUE	NOT APPLICABLE	To support it's mission of empowering African communities to bring about sustainable development and positive social transformation based on respect for human rights
INTERNATIONAL RESCUE COMMITTEE INC 122 EAST 42ND STREET NEW YORK,NY 10168	13-5660870	501 (C)(3)	155,435	0	FAIR VALUE	NOT APPLICABLE	To support the piloting the introduction of oral cholera vaccines in emergency settings through an integrated strategy

organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) NOT APPLICABLE SPECIAL OLYMPICS DC 52-0889518 501 (C)(3) 136,250 O FAIR VALUE TO SUPPORT 900 2ND STREET NE 200 CHILDREN AND WASHINGTON, DC 20002 ADULTS WITH INTELLECTUAL DISABILITIES FROM AROUND THE WORLD NOT APPLICABLE CHILDREN'S DEFENSE 52-0895622 501 (C)(3) 125,000 O FAIR VALUE To effectively identify the needs of FUND 24 F STREET NW lunaccompanied minors WASHINGTON, DC 20001 who enter the U.S. after fleeing violence and poverty ridden regions in Central America and the service gaps that may exist in the NYC Metro area communities

(e) Amount of non- (f) Method of valuation

(g) Description of

(h) Purpose of grant

COUNTRIES WITH

HIGH ILLITERACY

RATES

in which they are currently living NOT APPLICABLE WE ARE FAMILY 27-0010229 501 (C)(3) 100,000 OFAIR VALUE TO SUPPPORT EDUCATION IN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(d) A mount of cash

(c) IRC section

FOUNDATION P O BOX 1352 MIDTOWN STATION

NEW YORK, NY 10016

(a) Name and address of

(b) EIN

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) NOT APPLICABLE UNITED NATIONS 58-2368165 501 (C)(3) 50,000 O FAIR VALUE To support the project FOUNDATION "MNCH Partnership 801 SECOND AVENUE Grant" which seeks to SUITE 900 contribute to the NEW YORK, NY 10017 reduction of maternal land infant deaths NOT APPLICABLE TEXAS CHILDREN'S 74-1100555 501 (C)(3) 50,000 OFAIR VALUE To support the Baylor HOSPITAL International Pediatric OFFICE OF DEVELOPMENT AIDS Intrative (the **SUITE 5214** "project") 1919 SOUTH BRAESWOOD

NOT APPLICABLE

To support it's mission

treatment of HIV/AIDS

in the prevention and

OFAIR VALUE

BOULEVARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C)(3)

HOUSTON, TX 770304412

584 BROADWAY SUITE 906

58-2033460

FITON JOHN AIDS

NEW YORK, NY 10012

FOUNDATION

50,000

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) NOT APPLICABLE COGIC CHARITIES 37-1437524 501 (C)(3) 25,000 OFAIR VALUE To support children and 930 MASON STREET families impacted by MEMPHIS, TN 38126 the major clean water crisis in Flint, Michigan The goal is to be able to

						provide clean water, lead testing and other related services
POLARIS PROJECT 8135 4TH STREET 2ND FLOOR	03-0391561	501 (C)(3)	50,000	0	FAIR VALUE	To support the comprehensive model to eradicate human

LOS ANGELES, CA 90048 trafficking

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NOT APPLICABLE 52-6002033 IRC 170(b)(1)(A)(II) 17,967 0 FAIR VALUE To support the project "Countdown to 2015"

UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE

for maternal, newborn

620 W LEXINGTON STREET BALTIMORE, MD 21201 and child survival

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) NOT APPLICABLE THE ROTARY FOUNDATION 36-3245072 501 (C)(3) 20,000 OFAIR VALUE TO SUPPORT THE 777 UNITED NATIONS POLIO ERADICATION PLAZA STE 6031 AWARENESS NEW YORK, NY 10017 PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STREET

CAMBRIDGE, MA 021389981

THE AFYA FOUNDATION 140 SAW MILL RIVER ROAD YONKERS,NY 10701	26-1300361	501 (C)(3)	10,000	0	FAIR VALUE	To support it's mission in providing medical supplies to refugees in Lesvos, Greece
PRESIDENT AND FELLOWS OF HARVARD UNIVERSITY 124 MOUNT AUBURN	04-2103580	501 (c)(3)	15,362	0	FAIR VALUE	To support the project "Countdown to 2015" for maternal, newborn

and child survival

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

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

OMB No 1545-0047

DLN: 93493320025066

Open to Public

Schedule J (Form 990)

Depar Treasi	tment of the ury	▶ Information about Schedule J (Fo	rm 990) and its instructions is at <u>www.irs.</u>			o Pul ectio	
	al Revenue Service							
					Employer identification	on nur	mber	
В-		ana Barandina Campanatian			13-1760110			
Pa	rt I Questi	ons Regarding Compensation					T	l
							Yes	No
1a		Employer ide organization ES FUND FOR UNICEF Questions Regarding Compensation the appropriate box(es) if the organization provided any of the following to or for a person listed on Forrart VII, Section A, line 1a Complete Part III to provide any relevant information regarding these item irist-class or charter travel Housing allowance or residence for personal is avel for companions Payments for business use of personal residence avel for companions Payments for business use of personal residence aveled for companions Payments for business use of personal residence aveled for companions Payments for business use of personal residence aveled for companions Payments for business use of personal residence aveled for companions Payments for business use of personal residence aveled for companions Payments for business use of personal residence aveled for companions Payments for business use of personal residence aveled for companions Payments for business use of personal residence aveled for companions Payments for business use of personal residence aveled for companions Payments for business use of personal residence Personal services (e.g., maid, chauffeur, chef) of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or personal services (e.g., maid, chauffeur, chef) of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or personal services (e.g., maid, chauffeur, chef) of the boxes in line 1a are checked, did the organization or allowing expenses incurred by all organization require substantiation prior to reimbursing or allowing expenses incurred by all organization to establish the compensation used to establish the compensation of the catchine organization to establish compensation on set to establish the compensation of the catchine organization to establish compensation on the CEO/Executive Director, but explain in Part organization to establish compensation of the CEO/Ex						
	First-class	s or charter travel		Housing allowance or residence fo	r personal use		ļ	ļ
	✓ Travel for	companions		Payments for business use of pers	onal residence		ļ	ļ
	Tax idemr	nification and gross-up payments		Health or social club dues or initia	tion fees		ļ	ļ
	Discretion	nary spending account	Г	Personal services (e g , maid, chai	uffeur, chef)	 		
b	•				•	1b	Yes	
2	Did the organiza	ation require substantiation prior to re	ımburs	ing or allowing expenses incurred by	/ all			
	directors, trust	ees, officers, including the CEO/Exect	utive D	irector, regarding the items checked	l in line 1a?	2	Yes	
3	organization's (CEO/Executive Director Check all tha	at apply	Do not check any boxes for metho	ds			
	✓ Compensa	ation committee	~	Written employment contract				
	✓ Independe	ent compensation consultant	▽	Compensation survey or study				
	√ Form 990	of other organizations	✓	Approval by the board or compens	ation committee		ļ	ļ
4			art VII	I, Section A, line 1a with respect to	the filing organization			
а	Receive a seve	rance payment or change-of-control p	aymen	t?		4a		No
b	Participate in, o	or receive payment from, a supplemen	tal none	qualified retirement plan?		4b		No
c	Participate in, o	or receive payment from, an equity-ba	sed cor	mpensation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item i	n Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizati	ons mu	ıst complete lines 5-9.				
5			line 1a	, did the organization pay or accrue	any			
а	The organizatio	n?				5a		No
b						5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III						
6	•		line 1a	n, did the organization pay or accrue	any			
а	The organizatio	n?				6 a		Νo
b	Any related org	anization?				6b		No
	If "Yes," on line	e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A , lescribed in lines 5 and 6? If "Yes," de			on-fixed	7		No
8	Were any amou subject to the ii in Part III		8		No			
9	If "Yes" on line	8, did the organization also follow the	rebutta	able presumption procedure describ	ed in Regulations			

section 53 4958-6(c)?

Selledales (Form 550) 2015					r age 🕳
Part III Officers, Directors,	, Trustees, Key Employees, and Highest Compensate	d Employees. Use	duplicate copies if	additional space is	needed.
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·	
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	B	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015 Page **3** Supplemental Information Part III 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 Return Reference Explanation DUE TO THE EXTENSIVE TRAVEL REQUIRED FOR THE PRESIDENT/CEO'S JOB, USF AGREED TO PAY OR REIMBURSED CERTAIN TRAVEL

Schedule J (Form 990) 2015

Software ID: 15000352 **Software Version:** v1.00

EIN: 13-1760110

Name: UNITED STATES FUND FOR UNICEF

Form 990, Schedule J,	Part 1	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	l Highest Compen	sated Employees		
(A) Name and Title		(i) Base	f W-2 and/or 1099-MI: (ii) Bonus &	(iii) Other	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		Compensation	incentive compensation	reportable compensation				on prior Form 330
1Caryl M Stern President/Chief Executive	(1)	517,682	20,000	0	41,850	38,712	618,244	0
Officer/Director	(11)	0	0	0	0	-	-	0
1Edward G Lloyd Chief Operating Officer &	(1)	387,939	20,000	0	34,645	35,837	478,421	0
CFO/Treasurer	(11)	0	0	0	0			0
2Lynn Stratford Senior Vice President-	(1)	272,183	0	0	19,053	14,008	305,244	0
Programs/Asst Secretary	(11)	0	0	0	0	-	-	0
3 Richard Esserman Vice President- Finance &	(1)	214,444	0	0	18,965	30,785	264,194	0
Budget/Asst Treasurer	(11)	0	0	0	0	-	-	0
4Rajesh Anandan SVP-Strategic Partnerships &	(1)	281,317	0	0	14,066	26,399	321,782	0
UNICEF Ventures	(11)	0	0	0	0	-	-	0
5 Samuel Barron Segar Senior Vice President-	(1)	283,988	20,000	0	25,559	30,785	360,332	0
Development	(11)	0	0	0	0			0
6 Martin Rendon VP, Office of Public Policy &	(1)	244,173	7,325	0	21,089	1,822	274,409	0
Advocacy	(11)	0	0	0	0			0
7 Helene Vallone-Rafaele VP, Direct & Interactive	(1)	210,427	0	0	17,873	28,924	257,224	0
Marketing	(11)	0	0	0	0			0
8 William Sherwood VP, Human Resources	(1)	193,867	0	0	16,842	5,982	216,691	0
	(11)	0	0	0	0	-	- 0	0
9 Leslie Goldman Vice President-Community	(1)	183,309	0	0	15,845	11,864	211,018	0
Enagement	(11)	0	0	0	0			0
10Kristen Jones Vice President-Development	(1)	180,947	0	0	13,712	27,651	222,310	0
2375084	(11)	0	0	0	0	- - 0		0
11Jose Carbonell Senior VP-Mktg &	(1)	117,512	0	0	8,407	1,848	127,767	0
Communication Until June, 2015	(11)	0	0	0	0	- - 0	- 0	0

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

DLN: 93493320025066 OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

2015

Open to Public

Department of the Treasury

(Form 990)

Internal Revenue Service

explanations, and any additional information in Part VI. ▶ Attach to Form 990.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization UNITED STATES FUND FOR UNICEF Employer identification number

U IN	TIED STATES FUND FOR UNIC	EF								13	-17601	10			
P	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	(f)) Description	n of purpose	(g) De	feased		On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	New York Industrial Development Agency			7,91		Acqui space	Acquire and equip NY office space			X		×		X	
В	New York Industrial Development Agency	13-5160382		06-01-2007	35,60	0,000	A c qui	ire and equi	p the NY office		х		Х		х
Pā	rt III Proceeds														
						A		I	В		С			D	
1	A mount of bonds retired.					5,110	,000		0						
2	Amount of bonds legally defe	eased					0		0						
3	Total proceeds of issue					7,910	,000		35,600,000						
4	Gross proceeds in reserve fu	ınds					0		0						
5	Capitalized interest from pro	ceeds					0		0						
6	Proceeds in refunding escrov	ws					0		0						
7	Issuance costs from proceed	ds					0		1,204,778						
8	Credit enhancement from pro	oceeds					0		0						
9	Working capital expenditures	s from proceeds					0		0						
10	Capital expenditures from pr	oceeds				7,910	,000	,	34,395,222						
11	Other spent proceeds					· · · · · · · · · · · · · · · · · · ·	0		0						
12	Other unspent proceeds .						0		0						
13	Year of substantial completion	on			20	007		20	07						
					Yes	No	•	Yes	No	Yes	1	No	Ye	5	No
14	Were the bonds issued as pa	irt of a current refundi	ngıssue?			X			x						
15	Were the bonds issued as pa	ort of an advance refun	ıdıng ıssue?			Х			х						
16	Has the final allocation of pro	oceeds been made? .			х			Х							
17	Does the organization mainta allocation of proceeds?			port the final	х			Х							
	rt IIII Private Business				•	<u> </u>					<u> </u>	l		<u> </u>	
						A		E	3		С			D	
					Yes	No		Yes	No	Yes	N	l o	Ye	5	No
1	Was the organization a partn	er in a partnership, or	a member of an L	LC, which owned		x			x						

Are there any lease arrangements that may result in private business use of bond-

Χ

				A	!	В	(С	1	
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private b of bond-financed property?	usiness use		×		х				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the finan									
prope	rty?									
С	Are there any research agreements that may result in private business use financed property?	of bond-		x		Х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed property									
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government.			0 %		0 %		•		
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	rsection		0 %		0 %				
6	Total of lines 4 and 5			0 %		0 %				
7	Does the bond issue meet the private security or payment test?		Х		Х					
8a	Has there been a sale or disposition of any of the bond-financed property to nongovernmental person other than a 501(c)(3) organization since the bond issued?			x		x				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or d	isposed of						•		
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s	ections								
9	Has the organization established written procedures to ensure that all nonque bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		Х		Х					
Par	t IV Arbitrage									
		А			В		С		D	
		Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		×					
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х		Х					
b	Exception to rebate?	Х		Х						
С	No rebate due?		Х		Х					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Х		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		Х					
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									
		•						Calcad	ulo V (Eoum C	100\ 201E

7	
	P

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Part	Š
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Par	t

	7. Dia age (Communa)								
		Α		В		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Were gross proceeds invested in a guaranteed investment contract (GIC)?		х		×				
)	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
	Were any gross proceeds invested beyond an available temporary period?		x		×				
	Has the organization established written procedures to monitor the requirements of section 148°		x		×				
aı	t V Procedures To Undertake Corrective Action								
		Α		В		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if		X		х				

Page **3**

SCHEDULE M

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(Form 990)

Department of the Treasury

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

DLN: 93493320025066 OMB No 1545-0047

2015

Open to Public Inspection

	al Revenue Service							
N am UNITE	e of the organization ED STATES FUND FOR UNICEF				Employer identificat	ion nu	mber	
					13-1760110			
Pa	rt 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	(d Method of do noncash contrib	etermı	_	ts
1	Art—Works of art	Х	1	C	SEE PART II			
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	Х	283	С	SEE PART II			
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock \cdot							
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							
	Food inventory							
20	Drugs and medical supplies .	Х	1	134,616,000	FAIR VALUE			
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts	L						
	Other► (gle Tablets)	X	1	105,820	Fair Value			
26	Other ► (int Services)	Х	2	468,000	Fair Value			
	O ther ▶ ()							
	Other ► ()							
	Number of Forms 8283 received	by the orga	nization during the tax vea	r for contributions				
	for which the organization comple				29			4
							Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1 through 28, that			
	it must hold for at least three ye	ars from th	e date of the initial contribu	tion, and which is not requ	ired to be used			
	for exempt purposes for the enti	re holding p	period ⁷			30a		No
	If "Yes," describe the arrangeme							
31	Does the organization have a gif	t acceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	<u> </u>
32a	Does the organization hire or us contributions?	e third part • • •	les or related organizations	to solicit, process, or sell	noncash • • •	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	: an amount	: in column (c) for a type of	property for which column	(a) is checked,			

Schedule M (Form 990) (2015)

Return Reference Explanation Schedule M. Part I. Line 32b SCHEDULE M-PART 1-LINE 6 - USE CONTRACTED AN OUTSIDE VENDOR TO MANAGE AND

ISELL DONATED VEHICLES SCHEDULE M-PART 1-LINE 1 -USE RETAINED AN OUTSIDE IVENDOR TO CONDUCT THE AUCTION OF THE ART WORK RECEIVED FROM A DONOR.

Schedule M, Part I, Line 33 SCHEDULE M, PART 1, COLUMN B, FOR ALL ITEMS OF DONATION, THE NUMBER OF CONTRIBUTIONS IS REPORTED AND NOT THE NUMBER OF ITEMS. SCHEDULE M-PART 1-LINE. $oxed{6}$ - A TOTAL OF 283 DONATED VEHICLES WERE RECEIVED DURING THE YEAR WITH A TOTAL

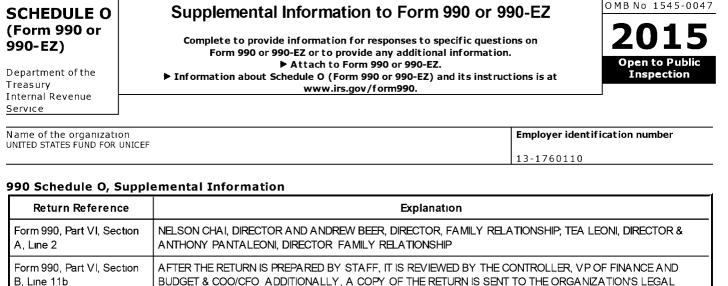
DONATION VALUE OF \$176,557 THE DONATION WAS RECORDED WHEN CASH WAS

Page 2

Schedule M (Form 990) (2015)

RECEIVED SCHEDULE M-PART 1-LINE 1 -A DONOR CONTRIBUTED 37 PIECES OF ART WORK IFOR THE PURPOSE OF AN AUCTION TO BENEFIT THE USF USF RECORDED A DONATION OF

\$189,670 BASED ON THE PROCEEDS OF THE AUCTION



URN IS FILED ELECTRONICALLY WITH THE COO/CFO SIGNING THE RETURN

COUNSEL FOR REVIEW THE COO/CFO REVIEWS THE RETURN WITH THE CHAIR OF THE AUDIT COMMITTEE A ND SHARES WITH THE MEMBERS OF THE BOARD PRIOR TO FILING AFTER THE REVIEW PROCESS, THE RET

DLN: 93493320025066

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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	EVERY STAFF MEMBER OF THE USF AND AFFILIATE IS REQUIRED ANNUALLY TO SIGN A FORM THAT ENSURES EVERYONE IS AWARE OF AND IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THE HUMAN RESOURCES DEPARTMENT COLLECTS THIS INFORMATION IN ADDITION, EVERY BOARD MEMBER AND PRINCIPAL OFFICER ANNUALLY COMPLETES A CONFLICT OF INTEREST DISCLOSURE STATEMENT DISCLOSING THE FACTS RELATING TO ANY ACTUAL OR POTENTIAL FINANCIAL INTEREST OR STATING THAT HE OR SHE HAS NO REPORTABLE FINANCIAL INTEREST THAT WOULD CONSTITUTE A CONFLICT OR POTENTIAL CONFLICT OF INTEREST AND ACKNOWLEDGING THAT THEY REVIEWED, UNDERSTOOD AND AGREED TO COMPLY WITH THE CONFLICT OF INTEREST POLICY THE USF AND ITS AFFILIATE HAS AN EXTENSIVE CONFLICT OF INTEREST POLICY THAT ESSENTIALLY REQUIRES ANY BOARD MEMBER OR PRINCIPAL OFFICERS WITH A CONFLICT OR POTENTIAL CONFLICT OF INTEREST TO DISCLOSE THE EXISTENCE AND ALL MATERIAL FACTS REGARDING ANY INTEREST IN A TRANSACTION OR MATTER BEING CONSIDERED BY THE BOARD OR A BOARD COMMITTEE AND TO RECUSE HIMSELF OR HERSELF FROM THE MEETING IN WHICH THE TRANSACTION OR MATTER IS DISCUSSED AND VOTED UPON
Form 990, Part VI, Section B, Line 15	THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS HAS THE RESPONSIBILITY AND AUTHORITY TO DETERMINE THE NATURE AND AMOUNT OF COMPENSATION TO BE INCLUDED IN THE PRESIDENT'S CONTR ACT DURING THE CONTRACT PROCESS, A COMPARABILITY STUDY (THE "STUDY") IS CONDUCTED BY AN O UTSIDE EMPLOY EE COMPENSATION AND BENEFITS FIRM WHICH TAKES INTO CONSIDERATION COMPARABLE O THER ORGANIZATIONS IN THE NEW YORK AREA IN DETERMINING THE TOTAL COMPENSATION OF THE PRESI DENT TO INCLUDE SALARY, BENEFITS AND INCENTIVES AS APPROPRIATE ALSO, ON AN ANNUAL BASIS, A REVIEW OF THE PRESIDENT'S PERFORMANCE IS CONDUCTED BY THE EXECUTIVE COMMITTEE ADDITIONA LLY, THE COMPENSATION OF THE SENIOR MANAGEMENT TEAM IS CONDUCTED UNDER A SIMILAR COMPARABL E PROCESS

990 Schedule O, Supplemental Information

Return Reference

Form 990, Part VI, Section C, Line 18	THE ORGANIZATION'S FORM 1023 AND FORM 990 ARE AVAILABLE UPON REQUEST THE ORGANIZATION'S FORMS 990 ARE POSTED THE ORGANIZATION'S WEBSITE @ WWW UNICEFUSA ORG AND ARE ALSO AVAILABLE IN GUIDESTAR AND CHARITY NAVIGATOR
	THE ORGANIZATION GENERALLY DOES NOT MAKE AVAILABLE TO THE PUBLIC ITS GOVERNING DOCUMENTS A ND CONFLICT OF INTEREST POLICY, HOWEVER, THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

THE FINANCIAL STATEMENTS ARE POSTED IN THE ORGANIZATION'S WEBSITE AT WWW UNICEFUSA ORG

Explanation

990 Schedule O, Supplemental Information

Return Reference	Explanation

Change in value of split interest agreements

Form 990, Part XI, Line 9

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

(a)

DLN: 93493320025066OMB No 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Part I

UNITED STATES FUND FOR UNICEF

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

Inspection
Employer identification number

(f)

13-1760110

Name, address, and EIN (ii applicable) of disregarded endry	Primary activity	or foreign country)	Total income	u-or-year assets	L	entity		
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	tax year.	_	_		rt IV,			
(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 s (if section 501((f) Direct controlling entity	Section (13) co	
(1)US FUND FOR UNICEF IN KIND ASSISTANCE CORPORATION 125 Maiden Lane 10th Floor	PROVIDE MEDICINE AND OPERATE THE BRIDGE	NY	501 (c) (3)	509 (a) (3) type	e 1	UNITED STATES FUND FOR UNICEF	Yes Yes	No
New York, NY 10038 20-3287404	FUND					UNITED STATES FUND FOR UNICEF		
(2)BRIDGE FUND GRANT ASSISTANCE CORPORATION 125 MAIDEN LANE 10TH FLOOR	INACTIVE	NY	501 (c) (3)	509 (a) (3) TYP	E 1	UNITED STATES FUND FOR UNICEF UNITED STATES FUND	Yes	
NEW YORK, NY 10038 46-0898424						FOR UNICEF	+	<u> </u>
							+	
				_			+-	
							+	
							+	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y			Schedule R (Forn	1 990) 2	015

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)	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 Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging	(k) Percentage ownership
				314)			Yes	No		Yes	No	
												1

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.

(i) ction 512 b)(13) ontrolled entity?	res No						
(h) Percentage ownership					i		-
(g) Share of end- of-year assets							
(f) Share of total income							
(e) Type of entity (C corp, S corp, or trust)							
(d) Direct controlling entity							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of related organization							

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

Yes

1 During the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations I	isted in Parts II-IV	7		,	1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b	Yes	
c Gıft, grant, or capital contribution from related organization(s)				1 c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	ĺ	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1 q	Yes	
r Other transfer of cash or property to related organization(s)				1r	Yes	
s Other transfer of cash or property from related organization(s)				1 s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple	ete this line, including c	overed relationship	s and transaction thresholds	i		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount II	ıvolved	
(1)US FUND FOR UNICEF IN KIND ASSISTANCE CORPORATION	b	1,253,766	Capital Contribution			
(2)US FUND FOR UNICEF IN KIND ASSISTANCE CORPORATION	q	401,000	Reimbursements for expenses pathe USF-IKAC	aid by l	JSF on I	behalf of
(3)US FUND FOR UNICEF IN KIND ASSISTANCE CORPORATION	r	7,234,595	Grant in support of the USF-IKAC Transactions	's Bridg	e Fund	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

revenue) that was not a related organization. See instructions r													
(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)	org	(e) all partners section (01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												 1	
													_ _
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