Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2018 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

► Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

2949132103804

FOL C	alen	dar year 2017 or tax year beginning			, and e	inuing		
Nan	ne of	foundation					A Employer identification	number
WE	STE	RN UNION FOUNDATION					31-1738614	
Num	ber a	nd street (or P O box number if mail is not delivered to street	addr	ess)		Room/suite	B Telephone number	
12	500	EAST BELFORD AVENUE				M23A2	720-332-6606	
City	or to	own, state or province, country, and ZIP or foreign p	osta	code		1	C if exemption application is p	ending, check here
		WOOD, CO 80112						_
		all that apply: Initial return		Initial return of a f	ormer public	charity	D 1. Foreign organizations	s, check here
		Final return	Ē	Amended return	•	•		
		Address change	[Name change			Foreign organizations me check here and attach co	eting the 85% test, pmputation
H C	heck	type of organization: X Section 501(c)(3) ex	emp	t private foundation		-7-	E If private foundation sta	
	-			er taxable private found	lation	07	under section 507(b)(1)	
I Fa		rket value of all assets at end of year J Accounting	ng n	nethod: X Cash	Acc	rual /	F If the foundation is in a	•
(fr	om P	art II, col. (c), line 16)	her	(specify)			under section 507(b)(1)	
Ì		2,992,699. (Part I, colum	nn (d	l) must be on cash bas	is.)			
	rt I	Analysis of Revenue and Expenses	Г	(a) Revenue and	(b) Net in	nvestment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		expenses per books	` inc	ome	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received		6,841,456				
	2	Check I if the foundation is not required to attach Sch. B						
	3	Interest on savings and temporary cash investments		26,363		26,363.	26,363.	SEE STATEMENT 1
	4	Dividends and interest from securities						
	5a	Gross rents						
	Ь	Net rental income or (loss)						
	6a	Net gain or (loss) from sale of assets not on line 10	Γ.			٦ -		
Revenue	b	Gross sales price for all assets on line 6a	П	RECEI		,		
	7	Capital gain net income (from Part IV, line 2)	П	0.1		0.		
ď	8	Net short-term capital gain	П	ਲ NOV 1 5	2018	ÖI .	0.	
	9	Income modifications		6 140 A T A	2010	άl		
	10a	Gross sales less returns and allowances				K		
	b	Less Cost of goods sold		OGDE	TU I			
	C	Gross profit or (loss)				اسم		
	11	Other income		-2,704		0.	· · · · · · · · · · · · · · · · · · ·	SEE STATEMENT 2
	12	Total. Add lines 1 through 11	匚	6,865,115	<u> </u>	26,363.	23,659.	
	13	Compensation of officers, directors, trustees, etc		251,345		0.	0.	
	14	Other employee salaries and wages	<u>L</u>	276,211	<u> </u>	0.	0.	
/ 0	15	Pension plans, employee benefits	<u></u>	88,035	<u>. </u>	0.	0.	88,035.
Se	16a	Legal fees	L		ļ			
cpenses		Accounting fees STMT 3	L	27,785	· <u> </u>	500	500.	27,285
யி	C	Other professional fees STMT 4	╙	104,493	·	0.	0.	104,493.
Ĭ	17	Interest	<u> </u>	<u> </u>				
tra	į .	Taxes	_		<u> </u>			
u.		Depreciation and depletion						
듵		Occupancy	_					10 010
Ą,		Travel, conferences, and meetings	<u> </u>	42,843	·	0.	0.	42,843.
ä		Printing and publications	╙		ļ			251 200
ing		Other expenses STMT 5	╙	261,116		24.	24.	261,092.
rat	24	Total operating and administrative						1 051 204
Operating and Administrative		expenses. Add lines 13 through 23	\vdash	1,051,828	 	524.	524	1,051,304.
		Contributions, gifts, grants paid	\vdash	4,711,984	 		-	4,711,984.
	26	Total expenses and disbursements.				50 .		F 763 000
		Add lines 24 and 25	\vdash	5,763,812	-	524	524	5,763,288.
		Subtract line 26 from line 12;						
		Excess of revenue over expenses and disbursements	\vdash	1,101,303	 	25 222		
		Net investment income (if negative, enter -0-)	\vdash		 	25,839	00.40-	
	C	Adjusted net income (if negative, enter -0-)					23,135	· <u> </u>

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF**

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Ralance Shoots Attached schedules and amounts in the description	Beginning of year	End o	of year		
P	aπ	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing					
	2	Savings and temporary cash investments	1,890,751.	2,992,054.	2,992,054.		
		Accounts receivable					
		Less: allowance for doubtful accounts	·				
	4	Pledges receivable ▶					
	`	Less; allowance for doubtful accounts ▶					
	5	Grants receivable					
		Receivables due from officers, directors, trustees, and other					
	ľ	disqualified persons					
	,	, , , , ,					
	7	Other notes and loans receivable					
	١.	Less, allowance for doubtful accounts					
ets		Inventories for sale or use					
Assets		Prepaid expenses and deferred charges					
⋖	10a	Investments - U.S. and state government obligations					
	b	Investments - corporate stock					
	C	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment basis			and we will be an an analysis of the second		
		Less accumulated depreciation 10,270.					
	12	Investments - mortgage loans					
	13	Investments - other					
	14	Land, buildings, and equipment basis					
		Less accumulated depreciation					
	15	Other assets (describe > EQUITY IN SUBSIDIARY)	2,472.	2,472.	645.		
		Total assets (to be completed by all filers - see the	·				
	'	instructions. Also, see page 1, item 1)	1,893,223.	2,994,526.	2,992,699.		
_	17	Accounts payable and accrued expenses	_,,		, ,		
		· ·			1		
	18	Grants payable			,		
es	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			•		
Ξ.	21	Mortgages and other notes payable					
_	22	Other liabilities (describe					
			_ `		,		
	23	Total liabilities (add lines 17 through 22)	0.	0.			
		Foundations that follow SFAS 117, check here			ı		
s	1	and complete lines 24 through 26, and lines 30 and 31.			,		
lance	24	Unrestricted					
<u>ja</u>	25	Temporarily restricted					
8	26	Permanently restricted			,		
Fund Ba	l	Foundations that do not follow SFAS 117, check here					
		and complete lines 27 through 31.			•		
ō	27	Capital stock, trust principal, or current funds	0.	0.			
Net Assets or	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	1		
As	29	Retained earnings, accumulated income, endowment, or other funds	1,893,223.	2,994,526.			
et	30	Total net assets or fund balances	1,893,223.	2,994,526.			
~							
	31	Total liabilities and net assets/fund balances	1,893,223.	2,994,526.			
_			alances				
L	art	III Allalysis of Changes in Net Assets of Fund b	alances				
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30				
	(mu	st agree with end-of-year figure reported on prior year's return)		1	1,893,223.		
2	•	r amount from Part I, line 27a		2	1,101,303.		
3	Othe	r increases not included in line 2 (itemize)		3	0.		
		lines 1, 2, and 3		4	2,994,526.		
		reases not included in line 2 (itemize)		5	0.		
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	2,994,526.		
_			-		Form 990-PF (2017)		

(a) List and describe the kin	d(s) of property sold (for example, real esta e; or common stock, 200 shs. MLC Co.)	ite, (b	How acquired P - Purchase D - Donation	(c) Date acquire (mo., day, yr.)	d (d) Date sold (mo., day, yr.)
1a					
b NONE					
C					
d					
e	700	-4		(h) Coin or (loss)
(e) Gross sales price		st or other basis expense of sale	ļ	(h) Gain or (((e) plus (f) mi	
a					
b			-	-	
C			-		
d		<u>.</u>	 		····
Complete only for accets chaying gain	in column (h) and owned by the foundation	n on 12/31/60	 	N Counc (Col. (b)	agun minus
Complete only for assets showing gain				l) Gains (Col. (h) l. (k), but not less	
(i) FMV as of 12/31/69		col. (j), if any		Losses (from o	
a		···	ļ		
b					
C			 		
d					
е			-}		
2 Capital gain net income or (net capital lo	ss) { If gain, also enter in Part I, line If (loss), enter -0- in Part I, line	7 :7	2		
Net short-term capital gain or (loss) as of f gain, also enter in Part I, line 8, column		}	,		
If (loss), enter -0- in Part I, line 8 Part V Qualification Under	Section 4940(e) for Reduced	Tay on Net In	3		
f "Yes," the foundation doesn't qualify unde	blank. 42 tax on the distributable amount of any yr section 4940(e). Do not complete this parblumn for each year; see the instructions be	t			Yes X No
(a)		T	-	T ·	(d)
Base periód years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions		c) paritable-use assets	(col. (b	istribution ratio) divided by col. (c))
2016	6,625,117.		2,688,12		2.46458
2015	6,288,306. 8,508,523.		2,651,01 3,250,28		2.61778
2014	11,310,372.		3,886,62		2.91007
2013 2012	8,085,014.		2,879.00		2,80826
2012	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,		
2 Total of line 1, column (d)		O as houth a comban	f	2	13.17274
Average distribution ratio for the 5-year the foundation has been in existence of b	base period - divide the total on line 2 by 5. ess than 5 years	o, or by the number o	or years	3	2.63454
4 Enter the net value of noncharitable-use	assets for 2017 from Part X, line 5			4	2,492,079
5 Multiply line 4 by line 3				5	6,565,504
6 Enter 1% of net investment income (1%	of Part I. line 27b)			6	258
7 Add lines 5 and 6				7	6,565,762
	VII. line 4				
	XII, line 4 , check the box in Part VI, line 1b, and com	plete that part using a	1% tax rate.	8	5,763,288
See the Part VI instructions.					Form 990-PF (201

Part VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4940(c), or 4948 - see instructions)	Form	990-PF (2017) WESTERN UNION FOUNDATION	31-1	738614		1	Page 4
Dates for furning or determination letter:	,Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see in	stru	ctio	ns)
Dates for furning or determination letter:	1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
of Part I, line 27b All other domestic foundations enter 27s of line 27b, Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Add lines 1 and 2 Subbite A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Tax based on investment income. Subtract line 4 from line 3. Il zero or less, enter -0- Tax based on investment income. Subtract line 4 from line 3. Il zero or less, enter -0- Tax based on investment income. Subtract line 4 from line 3. Il zero or less, enter -0- Tax based on investment income. Subtract line 4 from line 3. Il zero or less, enter -0- Tax based on investment income. Subtract line 4 from line 3. Il zero or less, enter -0- Exempt foreign organizations - tax withheld all source Exempt foreign organizations - tax withheld all source Tax des with application for extension of time to file (Form 8868) Between any penalty for underpayment of estimated tax. Check here							
A doubrer domestic foundations enter 2% of the 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) CreditoRayaments: 2	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				517.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter-0-) Add lines 1 and 2 3 S17. Add lines 1 and 2 5 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter-0-) 5 Tax based on investment income. Subtractine 4 from line 3. It zero or less, enter-0- 5 Tax based on investment income. Subtractine 4 from line 3. It zero or less, enter-0- 6 S17. 5 Lexempt foreign organizations—tax withheld at source 6 B D 0. 7 Tax grad with application for extension of time to file (Form 8868) 8 Exempt foreign organizations—tax withheld at source 1 Tax grad with application for extension of time to file (Form 8868) 8 Exempt foreign organizations—tax withheld at source 1 Tax grad with application for extension of time to file (Form 8868) 8 Embert any penalty for underpayment or destinated tax. Check here diversed to the file of the second organizations or the file of the second organizations or the file of the second organizations or the second organization or the second organization organi		of Part I, line 27b			٠		ŀ
3 S17. 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 6 S17. 6 Credit&Payments: 5 S17. 6 Credit&Payments: 6 1, 405. 6 D0. 7 Total carried tax payments and 2016 overpayment credited to 2017 8 Exempt foreign organizations - tax withheld at source 6 D0. 6 D0. 6 D0. 7 Total credits and payments. Add lines 6 attrough 6d 8 B0. 9 S18. 8 B1, 405. 8 B1, 405. 8 B1, 405. 9 S18. 9 S18. 9 S18. 9 S18. 9 S18. 10 S18. 11 Editer the amount of line 10 to be. Credited to 2018 estimated tax Part of the amount overpaid Part of the size of	C.	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).				·	
Subtitle A (mcome) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax pand with application for extension of time to file (Form 8868) 6 D. 6 D. 6 D. 7 A. 405. 8 Exempt foreign organizations - tax withheld at source 6 D. 6 D. 7 Total credits and payments. Add lines 6a through 6d 8 Extension organizations - tax withheld at source 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total or lines 5 and 8. is more than line 7, enter amount owed 9 Tax due. If the total or lines 5 and 8. enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than 5100 during the year (rether drecity or indirectly) for political expenditure the structions for the definition 11	2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2				<u>0.</u>
Tax based on investment incomes. Subtract time 4 from line 3. If zero or less, enter -0- 6. Credits/Payments: 2 2017 estimated tax payments and 2016 overpayment credited to 2017	3	Add lines 1 and 2	<u> </u>	<u> </u>			
6 Credits/Psyments. 2 0017 estimated tax payments and 2016 overpayment credited to 2017 5 Exempt foreogn organizations. **Lax withheld at Source 6 Tax paid with application for extension of time to fisit (Form 8858) 6 C O. 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owerpald 11 Center the amount of line 10 to the Credited to 2018 testimated tax. 12 Buring the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campagin? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campagin? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campagin? 1b Did is spend more than \$100 Guring the year (either directly or indirectly) for political purposes? See the instructions for the definition if the answers "S'es" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 1b If the answers "S'es" to 1a or 1b, attach a detailed description of the activities. 1c	4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)					
a 2017 estimated tax payments and 2016 overpayment credited to 2017 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld f Total credits and payments. Add lines 6a through 6d c Rinter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached c Rinter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached c Rinter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached c Rinter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached c Rinter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached c Rinter the amount of lines 5 and 5 is more than it total of lines 5 and 6, enter the amount overpaid c Rinter the amount of line 10 to be. Credited to 2018 estimated tax ▶ 888. Refunded ▶ 10 c RPAT VIII-A. Statements Regarding Activities c Did under than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition c Rinter the amount of line form 1120-POL for this year? c Rinter the amount of line form 1120-POL for this year? d Enter the amount of line form 1120-POL for this year? d Enter the amount of line form 1120-POL for this year? E Rinter the amount of line form 1120-POL for this year? E Rinter the amount of line form 1120-POL for this year? E Rinter the amount of line form 1120-POL for this year? E Rinter the amount of line form 1120-POL for this year? If Yes, attach a detailed description of the activities. B Is the foundation made any changes, not previously reported to the IRS? If Yes, attach a detailed description of the activities. B Is the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bybws, or other similar instruments? If Yes, attach a conformed copy of the changes B A Life the requirements of section 508(e)	5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<u> </u>			517.
Exempt foreign organizations - tax withheld at source 1 as pad with application for extension of time to file (Form 8868) 1 acts and with application for extension of time to file (Form 8868) 1 acts and payments. Add lines 6a through 6d 2 Total credits and payments. Add lines 6a through 6d 3 Enter any penalty for underpayment of estimated tax. Check here	6	• •					ţ
c Tax paid with application for extension of time to file (Form 8868) d Backup withhibdding erroneously withhield d Setup withhibdding erroneously withhield d Setup withhibdding erroneously withhield d Setup and payments. Add inse Sa through 5d Tax due. If the total of lines 5 and 8 is more than the received to lines 5 and 8, enter the amount owed Tax due. If the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount owed To expression the setup of the s	а	to it commends and payments and the commendation and the commendation and the commendation are commendation and the commendation and the commendation are commendation are commendation and the commendation are commendation and the commendation are commendation are commendation and the commendation are commendation and commendation are commendation are commendation are commendation are commendation are commenda	4				1
Seakup withholding erroneously withheld Set O.	þ	Exempt foreign organizations as within the at source	4	1			ì
Total credits and payments, Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here	C	Tax paid with application for extension of time to the (Form 6000)	4				.]
8 Enter any penalty for underpayment of estimated tax. Check here		Backup withholding en theods y withheld	⊣				ليي
9 Tax due. If the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be. Credited to 2018 estimated tax ▶ 888. Refunded ▶ 11 0 Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in the definition of the appropriate of the spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of the distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities. 1 bid it spend more than \$100 during the year (either directly) for political purposes? See the instructions for the definition of the definition of the activities and copies of any materials published or distributed by the foundation with the activities. 2 bid the foundation file Form 1120-PDL for this year? 3 to the foundation file form 1120-PDL for this year? 4 to the foundation. See 5 0 (2) On foundation managers. ▶ \$ 0 5 le filer the amount (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 6 lefter the rembursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 7 left see, attach a detailed description of the activities. 8 left the foundation nave unrelated business gross income of \$1,000 or more during the year? 1 left see, attach a detailed description of the activities. 9 lift see, attach the statement required by General Instruction 7 or bid year? 1 by sta				ļ	-	1,	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be. Credited to 2018 estimated tax ▶ 888. Refunded ▶ 11 0 0. Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition in the same were "Yes" to 1 or 18, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? d Either the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. e Enter the rembursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. 2 Has the foundation made any changes, not previously been reported to the IRS? 16 Yes, attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If Yes, attach a conformed copy of the changes 4a Did the foundation have surrelated business gross income of \$1,000 or more during the year? 16 Yes, has it filed a tax return on Form 990-T for this year? 17 Yes, ast the few divided active the statement required by General Instruction 7 8 Yes there a liquidation, termination, dissolution, or substantial contraction during the year? 18 Yes, has it filed a tax return on Form 990-T for this year? 19 Yes, attach the statement required by General Instruction 7 8 Yes by language in the governing instrument, or 9 By state legislation that effectively amends the governing			_				<u> </u>
11 Enter the amount of line 10 to be. Credited to 2018 estimated tax 12 Dart VII-A Statements Regarding Activities Statements Regarding Activities		·	-	L			200
Part VII-A Statements Regarding Activities 1a Durng the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any poblicial campaign? 1a		· ·	-	<u> </u>			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagin? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-PDL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b If "Yes," attach the statement required by General instruction T 6 Yes the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument, or • By state legislation that a feffectively amends the governing instrument so that no mandatory directions that conflict with the			111				<u> </u>
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of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X							
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year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses 10 X					8b	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X			endar				لــــا
To blu any persons become substantial contributors during the axy year in res, attach a schedule listing their names and addresses				}		X	<u> </u>
	10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		Enri)_DE	

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,[Pi	art VII-A Statements Regarding Activities (continued)			
		·* :	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11	х	ŀ
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address Www.westernunionfoundation.com		.	
14	The books are in care of ► THE FOUNDATION Telephone no. ►720-332-	6606		
	Located at ▶ 12500 EAST BELFORD AVENUE, SUITE M23A2, ENGLEWOOD, CO ZIP+4 ▶80	112		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			\Box
	and enter the amount of tax-exempt interest received or accrued during the year	N.	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	х	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	75	did.	
	foreign country SEE STATEMENT 7	, °	1.2	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
16	a During the year, did the foundation (either directly or indirectly):	12		1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1 : 5		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1 1		``
	a disqualified person?	4		• .
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No		a``'î.	<u></u>
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No	"";	35	, E.,
	(5) Transfer any income or assets to a disqualified person (or make any of either available		***	12.4
	for the benefit or use of a disqualified person)?		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5 3
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	40	3 7	74.
	if the foundation agreed to make a grant to or to employ the official for a period after	fe".		F 17
	termination of government service, if terminating within 90 days.)	f		15.5
1	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	<u></u>		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here	4 -	٠.	"
(c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			لـــا
_	before the first day of the tax year beginning in 2017?	1c		х ,
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			eri ji
	defined in section 4942(j)(3) or 4942(j)(5)):	1.5		٠
•	a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning * before 2017? Yes X No			
	— — — — — — — — — — — — — — — — — — —		. :	{
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,			
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b		1
	statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20	• ` `	7
•		- 1	7-2	2.5
2.	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
31	during the year?	7.		
,	b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			1: 5
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		, és	` · · :
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		- 2	1
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		التند
∆ :	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>x</u>
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1 1		
•	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		انتسانا X
				(2017)

Part VII-B	Statements Regarding Activities for Which I	Form 4720 May Be F	Required (continu	ued)			
5å During the y	rear, did the foundation pay or incur any amount to:	- ·		L		Yes	No
(1) Carry o	n propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es 🗶 No	1	•	1
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,							ı
any vot	er registration drive?			es 🗶 No			ł
	a grant to an individual for travel, study, or other similar purposes		Ye	es 🗶 No			1
(4) Provide	e a grant to an organization other than a charitable, etc., organizatio	n described in section					
•)(4)(A)? See instructions		X Ye	es L No			ļ
	e for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or f					1
	vention of cruelty to children or animals?			es 🗶 No	.	! 	
•	er is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni		n Regulations				لـــا
	1945 or in a current notice regarding disaster assistance? See instr				5b		ж
•	ns relying on a current notice regarding disaster assistance, check						į
	er is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax decause it maintai				ŀ	į
•	responsibility for the grant?		X Ye	es L No			
	ch the statement required by Regulations section 53.4945-5(d).						ĺ
	dation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No			į
•	penefit contract?	account hannels agetrant?	10	S LA NU	6b		x
	idation, during the year, pay premiums, directly or indirectly, on a p	Der Sunai Denenii Cunii acti		F			 -
	o, file Form 8870. during the tax year, was the foundation a party to a prohibited tax s	chalter transaction?		es X No			;
	the foundation receive any proceeds or have any net income attribi		.,	N/A	7b		
Part VIII	Information About Officers, Directors, Trust		nagers. Highly			1	
	Paid Employees, and Contractors	,		•			
1 List all offic	ers, directors, trustees, and foundation managers and t						
	/ 1 Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(е) Ехрі	ense other
	(a) Name and address	to position	enter -0-)	and deferred compensation		allowar	nces
SEE STATEMEN	VT 9		251,345.	16,247	+-		0.
		-					
		-					
					+		
		4					
		+					
· · · · · · · · · · · · · · · · · · ·			-		+		
		1					
<u>-</u>		1 .					
2 Compensat	tion of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."		·		
/al Mar	ne and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans]	(e) Exp	ense other
(a) Nam	e and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	"	allowar	
JOEY HAM - 1	12500 E. BELFORD AVE.,	SENIOR MANAGER					
SUITE M23A2	, ENGLEWOOD, CO 80112	40.00	89,261.	8,647			0.
MARIELLEN GO	OLDBERGER - 12500 E.	EXECUTIVE ADMIN					
BELFORD AVE	, SUITE M23A2,	32.00	66,983.	14,206			0.
KATRINA M ST	POBBE - 12500 E. BELFORD	MANAGER	1				
	M23A2, ENGLEWOOD, CO	40.00	60,365.	10,885	·		0.
JEFFERY C CO	OSTANTINO - 12500 E.	MANAGER					
BELFORD AVE	., SUITE M23A2,	40.00	58,099.	9,637	·		0.
		<u></u>	<u> </u>	<u> </u>			0
Total number of	other employees paid over \$50,000	 _		Forr	» OO)-PF	
				FULL	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	,-rr((2011)

Form 990-PF (2017) WESTERN UNION FOUNDATION	31-1	.738614 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
CYBERGRANTS INC		
300 BRICKSTONE SQ STE 601, ANDOVER, MA 01810	FOUNDATION SYSTEM	73,247
ELEVATION DIGITAL MEDIA		<u>-</u>
3457 RINGSBY CT STE 322, DENVER, CO 80216	MEDIA	52,400
REVE MARKETING INC - 1975 W EL CAMINO REAL		
STE 301, MOUNTAIN VIEW, CA 94040	MARKETING	51,400
The Laumber of others recovered over \$50,000 for professional sequence		•
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers polymers. SEE STATEMENT 10 2 4	roduced, etc.	1,051,304
Part IX-B Summary of Program-Related Investments		1
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		

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Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part	Foreign found	lation	is, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	[~	1a	0.
b	Average of monthly cash balances		1b	2,529,384.
C	Fair market value of all other assets		1c	645.
d	Total (add lines 1a, b, and c)		1d	2,530,029.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	_ 0.
3	Subtract line 2 from line 1d		3	2,530,029.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	37,950.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		5	2,492,079.
6	Minimum investment return. Enter 5% of line 5		6	124,604.
P	art XI. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for foreign organizations, check here ▶ x and do not complete this part.)	oundations and	certai	n
1	Minimum investment return from Part X, line 6		1	
2a	Tax on investment income for 2017 from Part VI, line 5		,	
b	Income tax for 2017. (This does not include the tax from Part VI.)],_		
C	Add lines 2a and 2b		2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	
4	Recoveries of amounts treated as qualifying distributions	:[_	4	
5	Add lines 3 and 4		5	
6	Deduction from distributable amount (see instructions)		6	7
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7 8	
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	**	1a	5,763,288.
b	Program-related investments - total from Part IX-B	Γ	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:			
a	Surtability test (prior IRS approval required)	[_	3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4		4	5,763,288.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		\neg	· • · · ·
	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	5,763,288.
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the	foundation qua	alifies	for the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (se	ee instructions)	N/A		/
	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	· · · · · · · · · · · · · · · · · · ·	,		
2 Undistributed income, if any, as of the end of 2017				/
a Enter amount for 2016 only				
b Total for prior years:				
3 Excess distributions carryover, if any, to 2017:				/
1				/
a From 2012			/	
b From 2013			/	
c From 2014 d From 2015			/	
e From 2016				
f Total of lines 3a through e				
4 Qualifying distributions for 2017 from			/	
Part XII, line 4: ▶\$			/	
a Applied to 2016, but not more than line 2a			/	
b Applied to undistributed income of prior			/	
years (Election required - see instructions)				
c Treated as distributions out of corpus	· · · · · · · · · · · · · · · · · · ·			
(Election required - see instructions)			/	
d Applied to 2017 distributable amount			/	
e Remaining amount distributed out of corpus		/		
5 Excess distributions carryover applied to 2017		/		
(If an amount appears in column (d), the same amount must be shown in column (a))		/		
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		/		
b Prior years' undistributed income. Subtract		/		
line 4b from line 2b		 /		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable		7		•
amount - see instructions		/		
e Undistributed income for 2016. Subtract line		/		
4a from line 2a. Taxable amount - see instr.		/		
f Undistributed income for 2017. Subtract		Y		
lines 4d and 5 from line 1. This amount must be distributed in 2018	/			
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	/			
section 170(b)(1)(F) or 4942(g)(3) (Election	/			
may be required - see instructions)	/			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	/			
9 Excess distributions carryover to 2018.	 j			· ·
Subtract lines 7 and 8 from line 6a	/			
10 Analysis of line 9:	/			
a Excess from 2013	/			
b Excess from 2014	/			
c Excess from 2015	/			
d Excess from 2016	/			
e Excess from 2017	1			

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Part XIV Private Operating Fou	undations (see instr	uctions and Part VII-A	, question 9)		
1 a If the foundation has received a ruling or d	etermination letter that it	is a private operating			
foundation, and the ruling is effective for 2	017, enter the date of the	ruling	▶ 03/02/0		
b Check box to indicate whether the foundati	ion is a private operating	foundation described in s		42(j)(3) or 4942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed	23,135.	12,486.	5,570.	13,803.	54,994
b 85% of line 2a	19,665.	10,613.	4,735.	11,733.	46,745
c Qualifying distributions from Part XII,					
line 4 for each year listed	5,763,288.	6,625,117.	6,288,306.	8,508,523.	27,185,234
d Amounts included in line 2c not	<u> </u>				
used directly for active conduct of					
exempt activities	4,711,984.	5,283,067.	4,817,398.	7,238,301.	22,050,750
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c	1,051,304.	1,342,050.	1,470,908.	1,270,222.	5,134,484
3 Complete 3a, b, or c for the			· · · · · ·		
alternative test relied upon	i				1.
a "Assets" alternative test - enter: (1) Value of all assets					1/0
``'					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed	83,069.	89,604.	88,367.	108,343.	369,383
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					0
(2) Support from general public					
and 5 or more exempt organizations as provided in		1			
section 4942(j)(3)(B)(iii)					0
(3) Largest amount of support from					
an exempt organization					0
(4) Gross investment income					. 0
Part XV Supplementary Inform			the foundation ha	ad \$5,000 or more	in assets
at any time during the	 	ctions.)			_
1 Information Regarding Foundation					
a List any managers of the foundation who h			utions received by the fou	ndation before the close o	f any tax
year (but only if they have contributed moi	re than \$5,000). (See Sec	11011 507 (0)(2).)			
NONE					
b List any managers of the foundation who co			an equally large portion o	if the ownership of a partn	ership or
other entity) of which the foundation has a	1 10% of greater interest.				
NONE					
2 Information Regarding Contribution	n, Grant, Gift, Loan, S	icholarship, etc., Pro	grams:		
Check here ► x if the foundation only	y makes contributions to	preselected charitable or	ganizations and does not a	accept unsolicited requests	s tor tunas. It
the foundation makes gifts, grants, etc., to					
a The name, address, and telephone numbe	r or email address of the	person to whom applicat	ions should be addressed:		
b The form in which applications should be	submitted and informatio	n and materials they sho	uld include:		
c Any submission deadlines.					
d Any restrictions or limitations on awards, s	such as hy nanoranhinal	areas charitable fields ki	nds of institutions or other	er factors:	
a may resulctions of infinduous on awards, s	out as by geographical	aroas, enarnable litius, Ni	01		

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Part XV Supplementary information		<u> </u>		
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Recipient Name and address (home or business)	if recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor			
a raid during the year				
GRANTS PAID - STATEMENTS 12 & 13	NONE	1	SEE STMTS 12 & 13	4 711 004
		13		4,711,984.
	•			
				:
			1	
Total	l	<u> </u>	▶ 3a	4,711,984.
b Approved for future payment				
NONE				
			1	
•				
		 		
•				
Tatal	<u>l</u>	L	<u>▶</u> 3b	0.
Total	· · · · · · · · · · · · · · · · ·			orm 990-PF (2017)

-:	Dua du airea	A - 4!: 4!
sis of income-	·Producina .	ACTIVITIES
	sis of Income-	sis of Income-Producing

Enter gross amounts unless otherwise indicated	Unrelate	business income		uded by section 512, 513, or 514	(e)	
9,000 0,000 0,000 0,000	(a)	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue:	Business code	Amount	sion	Amount	function income	
a			 			
b	-					
C	- 	······································	1			
d			†			
e			†—			
f	-	· ·				
g Fees and contracts from government agencies	-		1			
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments			14	26,363.		
4 Dividends and interest from securities		-				
5 Net rental income or (loss) from real estate:			<u> </u>	J .		
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property	1 1					
7 Other investment income						
8 Gain or (loss) from sales of assets other		<u> </u>				
than inventory			l			
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue.						
a GAIN(LOSS) ON FOREIGN CURRENCY				<u> </u>		
b TRANSLATION					-2,704.	
C						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)		0	.[26,363.	-2,704.	
13 Total. Add line 12, columns (b), (d), and (e)				13	23,659.	
(See worksheet in line 13 instructions to verify calculations.)						

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	 Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). 									
11A	RELATES	то	GRANTS	то	FOREIGN	CONTROLLED	NON-GOVERNMENTAL	ORGANIZATI	ONS	
							· · · · · · · · · · · · · · · · · · ·			
										
	-					· · · ·				
										
-	 									
	 									
			-		· ·			-		
				_						
										
			-							

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1 Did t	he organization directly or indi	ectly engage in any of the following	ng with any other organization	described in section 501(c)	Yes	N
		izations) or in section 527, relatin		• •		Τ
-		and to a nonchantable exempt of			1 1 .	-
(1)	Cash	And the second section of the second section is a second section of the second section section is a second section of the second section secti		ه دونه و حمد مؤسستناهم پارفت سرست ها	1a(1)	X
	Other assets		AP	manuscape IIII & 14 July 9 Wilson 29%	18(2)	X
b Othe	r transactions:		'	•		
(1)	Sales of assets to a noncharital	ble exempt organization		الله المعاملية المعا	12411	X
		rchardablo oxempt organization .		وميو يعوف للبيد والماسان	15(2)	<u></u> x
(3)	Rental of facilities, oquipment,	or other assets		FP AN 1000 Photos glappy - AM FEE	10(3)	X
	Reimbursement arrangements	والمستعدد والسيعادي		خو الاست. من عرب عرب عرب عرب عرب عرب عرب عرب عرب ا	15(4)	×
	Loans or loan guarantees			es - 191 es and establishments of suppression of extra	16(5)	X
		mbership or fundraising solicitation		يت المان _{الا} مين المان	16(6)	1 X
		ling lists, other assets, or paid en			1c	ر ژ
				ays show the fair market value of the glouds, o on any transaction or shanng arrangement, s		
		other assets, or services received		s as any variable and of anamy an angement a	11077 41	
(4)Line no		(c) Name of noncharitable		(d) Osscription of transfers transactions and	en at the attended	
(atenia in	(D) Thousand the control of the cont	N/A			111	
		B1	1			•
		"				***
					' ''	
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2s ic the	foundation describent indirect	ty affidiated with, or related to, on	or more tex-exempt organiza	ations described		
				mental and a supergraphy on 1920111 11 a 11 ha 24 thereary tallings	Yes 2	<u> </u>
	s.* complete the following scho		1	a min place on the are are as	, ин вети	116
	(a) Name of oro		(b) Type of organization	(c) Description of relations	hip	
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Γ.	inder paratise of parjury 3 decising to	hard have examined the return enclude	ng accompanying activities and t	statements, and to the best of my knowledge Whon of which preparer has any knowledge The	of 8 th for thicks	٠,٠
Sign		~ 0	11.105/10	<u> </u>	um with the pres own below? See	-
Here	E. Rosc	<u> </u>	10/25/18		X Yes L	
	Signature of Officer or Losse		Date r	Trile 1		
	Print/Type preparer's na	me Preparer's:	signature /	Date Check il PTIN		
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

Employer identification number

	WEST	RN UNION FOUNDATION	31-1738614			
Organization	type (check one					
Filers of:	s	ection:				
Form 990 or	990-EZ [501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	[527 political organization				
Form 990-PF		501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
	[501(c)(3) taxable private foundation				
•	section 501(c)(7)	overed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions			
deneral nui	5					
		ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling se contributor. Complete Parts I and II. See instructions for determining a contributor.				
Special Rule	es					
sect any	tions 509(a)(1) an one contributor,	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support d 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amound 1 Complete Parts I and II	or 16b, and that received from			
yea	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
yea ıs cl pur	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.					
but it must a certify that it	nswer "No" on Pa doesn't meet the	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fart IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 1990, 1990-EZ, or 990-PF)	orm 990-PF, Part I, line 2, to			
LHA For Pa	perwork Reduct	ion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule l	B (Form 990, 990-EZ, or 990-PF) (2017)			

Employer identification number

MECMEDM	INTON	FOUNDATION
MESTERN	ONTON	FOUNDATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	AGENTE DE CAMBIO REMESAS VIMENCA SA AVENIDA CHARLES DE GAULLE 50 SANTO DOMINGO ESTE, DOMINICAN REPUBLIC	\$	Person X Payroli		
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	AMAN EXCHANGE COMPANY W.L.L. INJAZZAT TOWER AL SHARQ, QATAR	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	BANK OF AFRICA BURKINA FASO 770 AVENUE DU PRESIDENT ABOUBACAR OUAGADOUGOU, BURKINA FASO	\$5,603.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	BANK OF AMERICA MERRILL LYNCH 6930 S UNIVERSITY BLVD CENTENNIAL, CO 80122	\$10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	BANQUE ATLANTIQUE SENEGAL 40 BOULEVARD DE LA REPUBLIQUE DAKAR, SENEGAL 50760	\$10,771.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	BAWAG PSK GEORG-COCH PLATZ2 WIEN, AUSTRIA 1018	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)		

Employer identification number

WESTERN	IINTON	FOUNDATION

	ONION TOORDITION		
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	I space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BBL (BANKGKOK BANK LTD) 12510 E. BELFORD AVE. ENGLEWOOD, CO 80112	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BGFI BANK BENIN 12510 E. BELFORD AVE. ENGLEWOOD, CO 80112	\$5,325.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	DNY MELLON ONE BNY MELLON CENTER PITTSBURGH, PA 15258-0001	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	BROOKSHIRE'S P.O. BOX 4111 TYLER, UT 75710	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	CARIBBEAN AGENT GROUPS 12510 E. BELFORD AVE. ENGLEWOOD, CO 80112	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	CIGNA 3500 PIEDMONT ROAD, NE ATLANTA, GA 30305	\$15,000.	Person X Payroll

Employer identification number

WESTERN.	IINTON	POUNDATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	I space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	COGNIZANT 500 FRANK W. BURR BOULEVARD TEANECK, NJ 07666	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	CREDIT AGRICOLE CIB 227 W. MONROE STREET, SUITE 3800 CHICAGO, IL 60606	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	CROWELL & MORING 1001 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20004	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	DELOITTE 555-17TH ST STE 3600 DENVER, CO 80202-3942	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	DOMO, INC. 772 EAST UTAH VALLEY DRIVE AMERICAN FORK, UT 84003	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	EL ALAMO CHECKS CASH INC. 100 98TH ST	\$16,633.	Person X Payroll Noncash (Complete Part II for noncash contributions)
	ALBUQUERQUE, NM 87121	Schodule R (Form	990 990-F7 or 990-PF) (2017)

Name of organization Employer identification number 31-1738614 WESTERN UNION FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	EL REY GROCERY 916 S. CESAR E. CHAVEZ DR. MILWAUKEE, WI 53204	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	ENDAVA 441 LEXINGTON AVE. NEW YORK, NY 10017	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	EXPERIAN 475 ANTON BLVD COSTA MESA, CA 92626	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	FIFTH THIRD BANK FIFTH THIRD CENTER FOUNTAIN SQUARE PLAZA CINCINNATI, OH 45202	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	FINANCE SERVICE CENTERS 755 BERGEN AVE. JERSEY CITY, NJ 7306	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	P.O. BOX 937 KILLEEN, TX 76540-0937	\$16,077.	Person X Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number Name of organization 31-1738614 WESTERN UNION FOUNDATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	FLEISHMANHILLARD 200 N. BROADWAY ST. LOUIS, MO 63102	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	FOOD GIANT SUPERMARKETS 120 INDUSTRIAL DRIVE	\$5,000.	Person X Payroll
(a)	SIKESTON, MO 63801 (b)	(c)	noncash contributions) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27	FOODLAND SUPER MARKET 3536 HARDING AVE. HONOLULU, HI 96814	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	FORSYTHE 31700 CR 9-15 ELIZABETH, CO 80107	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	GENPACT, LLC AP IMAGING EL PASO, TX 79998	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	GRACEKENNEDY REMITTANCE SERVICES 2-6 TRAFFORD PLACE KINGSTON, JAMAICA	\$10,000.	Person X Payroll

723452 11-01-17

Name of organization Employer identification number 31-1738614 WESTERN UNION FOUNDATION

(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
		Total contributions	(a) Type of contribution
31	HCL TECHNOLOGIES 330 POTRERO AVENUE SUNNYVALE, CA 94085	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	HIKMET ERSEK 12510 EAST BELFORD AVENUE ENGLEWOOD, CO 80112	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	HY-VEE, INC. 5820 WESTOWN PARKWAY WEST DES MOINES, IA 50266	\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	ILLINOIS CURRENCY EXCHANGE ASSN. 1400 EAST TOUHY AVENUE SUITE 475 DES PLAINES, IL 60016	\$	Person X Payroll
(a) No.	(b) , Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	KILPATRICK TOWNSEND & STOCKTON LLP TWO EMBARCADERO CENTER, STE. 1900 ATLANTA, GA 94111	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	EPMG 1225 17TH ST DENVER, CO 80202	\$6,000.	Person X Payroll

723452 11-01-17

Name of organization Employer identification number

WESTERN UNION FOUNDATION 31-1738614

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed				
(a)	(b)		(c)	(d)	
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution	
37	MASTERCARD 114 5TH AVEN NEW YORK, NY 10011	\$_	15,000.	Person X Payroll	
(a)	(b)		(c)	(d)	
No.	Name, address, and ZIP + 4	<u> </u>	Total contributions	Type of contribution	
38	MC SIGN	ļ		Person X Payroll	
	8959 TYLER BLVD	\$_	15,000.	Noncash	
	MENTOR, OH 44060			(Complete Part II for noncash contributions)	
(a)	(b)		(c)	(d)	
No.	Name, address, and ZIP + 4	ļ <u>-</u>	Total contributions	Type of contribution	
39	MCGARRY BOWEN 515 NORTH STATE STREET, 29TH FLOOR	\$_	5,000.	Person X Payroll Noncash (Complete Part II for	
	CHICAGO, IL 60654			noncash contributions)	
(a)	(b)		(c)	(d)	
No.	Name, address, and ZIP + 4	ļ	Total contributions	Type of contribution	
40	MCKINSEY & COMPANY 1200 NINETEENTH STREET NW, SUITE 1000 WASHINGTON, DC 20036	\$_	50,000.	Person X Payroll	
(a)	(b)		(c)	(d)	
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution	
41	MONEYTREE, INC. 6720 FORT DENT WAY #230 TUKWILA, WA 98188	\$_	35,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
42	MULLEN LOWE MEDIAHUB		. Clar conditional	Person X Payroll	
	40 BROAD STREET	\$_	15,000.	Noncash (Complete Part II for	
	BOSTON, MA 2109			noncash contributions)	

Employer identification number

WESTERN UNION FOUNDATION	 31-173861

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed				
(a)	(b)	(c)	(d) Type of contribution		
No. 43	Name, address, and ZIP + 4 NAVIGANT 685 THIRD AVENUE, 14TH FLOOR NEW YORK, NY 10017	Total contributions 10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
44	NORTHERN TRUST 50 S. LASALLE ST. CHICAGO, IL 60606	\$6,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
45	OPUS SOFTWARE 116 VILLAGE BLVD., SUITE 200 PRINCETON, NJ 60173	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
46	OSBORN MALEDON 2929 N. CENTRAL #2100 PHOENIX, AZ 85012	\$10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
47	PAY-O-MATIC CORPORATION 160 OAK DR SYOSSET, NY 11791	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
48	PETNET EASTOPFICES BLDG. 114 AGUIRRE STREET MAKATI CITY, PHILIPPINES	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)		

Employer identification number

WESTERN	UNION	FOUNDATION
MEDILL	OMITON	LOONDINITION

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	ROMAN VACCARI 21 MAIN STREET, COURT PLAZA SOUTH HACKENSACK, NJ 7601	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	SALESFORCE 2363 KELLER FARM DRIVE BOULDER, CO 80304	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	" (d) Type of contribution
51	SCHULTE ROTH & ZABEL LLP 919 THIRD AVENUE NEW YORK, NY 10022	\$10,000.	Person X Payroll
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	SIGNALS 1325 AVENUE OF THE AMERICAS NEW YORK, NY 10019	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	SLALOM CONSULTING 1999 BROADWAY DENVER, CO 80202	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	SOUTH SEAS DATA/GENERAL CREDIT FORMS 8536 CONCORD CENTER DRIVE SUITE D DENVER, CO 80112	\$10,000.	Person X Payroll

Name of organization Employer identification number 31-1738614 WESTERN UNION FOUNDATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u>	TATA CONSULTANCY SERVICES LTD. 101 PARK AVENUE, 26TH FLOOR NEW YORK, NY 10178	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	TELEPERFORMANCE 1601 WASHINGTON AVE #400 MIAMI, FL 33139	\$9,680.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	TIBCO SOFTWARE 3307 HILLVIEW AVE, #12118 PALO ALTO, CA 94304	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	TOWERS WATSON 555 17TH STREET, SUITE 2050 DENVER, CO 80202	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	TWUC 12510 EAST BELFORD AVENUE ENGLEWOOD, CO 80112	\$4,603,793.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	UNIVERSAL STOREFRONT SERVICES CORP 711 EDSA CUBAO QUEZON CITY, PHILIPPINES	\$10,000.	Person X Payroll

Employer identification number

WESTERN	UNION	POUNDATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	I space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	US BANK 950 17TH STREET; 3RD FLOOR DENVER, CO 80202	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	VISA 44901 RUSSELL BRANCH PARKWAY ASHBURN, VA 20147	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	WELLS FARGO 1 MONTGOMERY ST SAN FRANCISCO, CA 94104	\$	Person X Payroll
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	WESTERN UNION INTERNATIONAL BANK (WUIB) GMBH SCHUBERTRING 11 VIENNA, AUSTRIA A-1010	\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	WU - AMERICAS 12500 E BELFORD AVE ENGLEWOOD, CO 80112	\$37,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	WU - MEA 50 4 C ST DUBAI, QATAR	\$25,000.	Person X Payroll
700450 11.0		Schedule 8 /Form	990, 990-FZ, or 990-PF) (2017)

Name of organization Employer identification number

	UNION FOUNDATION		-1730014
Part I (a)	Contributors (see instructions) Use duplicate copies of Part I (b)	if additional space is needed.	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
67	WU- FINANCE 12500 E BELFORD AVE ENGLEWOOD, CO 80112	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
68	WU-BRAND 12500 E BELFORD AVE ENGLEWOOD, CO 80112	\$ 70,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$\$	Person Payroll Complete Part II for noncash contributions
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

723452 11-01-17

Employer identification number

WESTERN UNION FOUNDATION

31-1738614

Part II No	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
_ =		 \$			
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
		\$			
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		s			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
					
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
- -					
453 11-01-17			990, 990-EZ, or 990-PF) (2		

FORM 990-PF INTEREST ON SAVI	NGS AND TE	MPORARY C	ASH I	NVESTMENTS	STATEMENT 1
SOURCE	REV	A) ENUE I BOOKS		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME		26,363.		26,363.	26,363.
TOTAL TO PART I, LINE 3		26,363.		26,363.	26,363.
FORM 990-PF	OTHER	INCOME	-		STATEMENT 2
DESCRIPTION		(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
GAIN(LOSS) ON FOREIGN CURRENC TRANSLATION	.Y	-:	2,704.	0	2,704.
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	-:	2,704.	0	2,704.
FORM 990-PF	ACCOUNT	ING FEES			STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM	
ACCOUNTING FEES	27,78	5.	500,	. 50	27,285
TO FORM 990-PF, PG 1, LN 16B	. 27,78	5.	500,	. 50	27,285.
FORM 990-PF C	THER PROFE	SSIONAL F	EES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM	
PROFESSIONAL FEES	104,49	3.	0.	•	0. 104,493
TO FORM 990-PF, PG 1, LN 16C	104,49	3.	0.	•	0. 104,493.
=					

	(B) NET INVEST- MENT INCOME 24. 0. 0.	(C) ADJUSTED NET INCOME 24. 0.	(D) CHARITABLE PURPOSES 0. 12,989. 62,311.
12,989. 62,311.	0. 0.	0. 0.	12,989. 62,311.
62,311.	0.	0.	62,311.
•			•
6,852.	٥	_	
	٠.	0.	6,852.
3,776.	0.	0.	3,776.
164,633.	0.	0.	164,633.
9,111.	0.	0.	9,111.
10.	0.	0.	10.
1,410.	0.	0.	1,410.
261,116.	24.	24.	261,092.
	164,633. 9,111. 10. 1,410.	164,633. 0. 9,111. 0. 10. 0. 1,410. 0.	164,633. 0. 0. 0. 9,111. 0. 0. 0. 1.410. 0. 0. 0.

STATES

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

FORM 990-PF	NAME OF	FOREIGN	COUNTRY IN WHICH	STATEMENT	7
	ORGANIZAT	ION HAS	FINANCIAL INTEREST		

NAME OF COUNTRY

ARGENTINA LITHUANIA FORM 990-PF

SCHEDULE OF CONTROLLED ENTITIES PART VII-A, LINE 11

STATEMENT

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

FUNDACION WESTERN UNION ARGENTINA

ADDRESS

EXCESS BUSINESS HOLDING [] YES [x] NO

1111 18TH FLOOR

CABA N/A BS AS 1005, ARGENTINA

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

WESTERN UNION FOUNDATION LITHUANIA

ADDRESS

EXCESS BUSINESS HOLDING [] YES [x] NO

J. BALCIKONIO G. 3 VILNIUS, LITHUANIA

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, DIRECTORS FOUNDATION MANAGERS		STATEMENT 9	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN DYE - TERM END 06/17 12500 E. BELFORD AVE., SUITE M23A2 ENGLEWOOD, CO 80112	CHAIRMAN OF THE	BOARD		
JACQUELINE MOLNAR - TERM BEG 07/17 12500 E. BELFORD AVE., SUITE M23A2 ENGLEWOOD, CO 80112		BOARD 0.	0.	0.
JEAN CLAUDE FARAH 12500 E. BELFORD AVE., SUITE M23A2 ENGLEWOOD, CO 80112	BOARD MEMBER	0.	0.	0.
CHRISTINA HAMILTON 12500 E. BELFORD AVE., SUITE M23A2 ENGLEWOOD, CO 80112	BOARD MEMBER	0.	0.	0.
ANNE-MARIE FORTIER 12500 E. BELFORD AVE., SUITE M23A2 ENGLEWOOD, CO 80112	BOARD MEMBER		0.	0.
AMINTORE SCHENKEL 12500 E. BELFORD AVE., SUITE M23A2 ENGLEWOOD, CO 80112	TREASURER 2.00	. 0.	0.	0.
SIMONETTA RIGO 12500 E. BELFORD AVE., SUITE M23A2 ENGLEWOOD, CO 80112	BOARD MEMBER	0.	0.	0.
IGNACIO VIDELA 12500 E. BELFORD AVE., SUITE M23A2 ENGLEWOOD, CO 80112	BOARD MEMBER	0.	0.	0.
RICHARD WILLIAMS 12500 E. BELFORD AVE., SUITE M23A2 ENGLEWOOD, CO 80112	BOARD MEMBER	0.	0.	0.
ELIZABETH ROSCOE 12500 E. BELFORD AVE., SUITE M23A2 ENGLEWOOD, CO 80112	EXECUTIVE DIREC		16,247.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	251,345.	16,247.	

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FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

ACTIVITY ONE

SINCE INCEPTION, THE WU FOUNDATION HAS GIVEN OVER \$111 MILLION TO OVER 3,400 ORGANIZATIONS ACROSS 137 COUNTRIES. THIS HAS ENABLED THE FOUNDATION TO REACH OVER 795,000 PEOPLE IN SUPPORT OF EDUCATION AND HUMANITARIAN AND DISASTER RELIEF PROGRAMMING. IN 2017, THE FOUNDATION PROVIDED \$4.7 MILLION IN GRANTS. THE MAJORITY OF THIS WAS TOWARD EDUCATION PROGRAMS, GIVING OVER 7,000 PEOPLE THE OPPORTUNITY TO IMPROVE THEIR ECONOMIC OPPORTUNITIES THROUGH VOCATION AND TECHNICAL TRAINING, WORKPLACE READINESS TRAINING, AND DIGITAL LITERACY TRAINING. ADMINISTRATIVE EXPENSES ASSOCIATED WITH MAKING GRANTS AND PROVIDING DISASTER RELIEF TOTALED \$1,051,304 FOR THE YEAR ENDED DECEMBER 31, 2017.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

1,051,304.