

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

| | | | |
|--|---|---|---|
| B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending | C Name of organization UNITED STATES FUND FOR UNICEF | | D Employer identification number 13-1760110 |
| | Doing business as UNICEF USA | | E Telephone number 212-686-5522 |
| | Number and street (or P.O. box if mail is not delivered to street address) 125 MAIDEN LANE 10TH FLOOR | Room/suite | G Gross receipts \$ 527,143,840. |
| | City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10038 | | H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No |
| F Name and address of principal officer: MICHAEL J. NYENHUIS SAME AS C ABOVE | | H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 | | H(c) Group exemption number ▶ | |
| J Website: ▶ WWW.UNICEFUSA.ORG | | L Year of formation: 1947 | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶ | | M State of legal domicile: NY | |

Part I Summary

| | | | |
|---|---|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS TO SUPPORT PROGRAMS THROUGH FUNDRAISING, ADVOCACY, & EDUCATION. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 24 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 23 |
| | 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 330 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 88315 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 571,213,232. | 507,732,515. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,508,991. | 1,606,215. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,142,803. | 1,382,302. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 573,865,026. | 510,721,032. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 479,134,967. | 375,245,643. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 39,399,003. | 41,103,060. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 4,580,188. | 1,954,781. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 67,674,755. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 65,461,881. | 60,878,140. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 588,576,039. | 479,181,624. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -14,711,013. | 31,539,408. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 394,704,546. | 313,758,367. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 257,310,303. | 142,114,941. |
| | | 137,394,243. | 171,643,426. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|---|---|------------------------|---|--------------------------|
| Sign Here | Signature of officer | | Date | | |
| | MICHAEL J. NYENHUIS, CEO Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name TESS FANNING | Preparer's signature <i>Tess Fanning</i> | Date 5/12/22 | Check if self-employed <input type="checkbox"/> | PTIN P02033722 |
| | Firm's name ▶ KPMG LLP | Firm's EIN ▶ 13-5565207 | | Phone no. 267-256-7000 | |
| | Firm's address ▶ 1601 MARKET STREET PHILADELPHIA, PA 19103 | | | | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION'S MISSION IS TO SUPPORT PROGRAMS, THROUGH FUNDRAISING, ADVOCACY, AND EDUCATION IN THE UNITED STATES, THAT DELIVER THE ESSENTIALS THAT GIVE EVERY CHILD AN EQUITABLE CHANCE IN LIFE. FOR MORE INFORMATION, SEE SCHEDULE O.

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

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

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

4a (Code:) (Expenses \$ 375,245,643. including grants of \$ 375,245,643.) (Revenue \$) GRANTS TO UNICEF AND OTHER NON-GOVERNMENTAL ORGANIZATIONS: THE BOARD OF DIRECTORS OF THE UNITED STATES FUND FOR UNICEF (UUSA) HAS AUTHORIZED GRANTS TO THE UNITED NATIONS CHILDREN'S FUND (UNICEF) AND OTHER NON-GOVERNMENTAL ORGANIZATIONS (NGOS) FROM CONTRIBUTIONS AND IN-KIND GIFTS RECEIVED BY UUSA. THESE GRANTS WERE USED BY UNICEF AND OTHER NGOS IN MORE THAN 190 COUNTRIES AND TERRITORIES SOLELY FOR THOSE ASSISTANCE PROJECTS APPROVED BY THE BOARD OF DIRECTORS. UUSA'S GRANTS SUPPORT WORK TO DELIVER THE ESSENTIALS THAT GIVE EVERY CHILD AN EQUITABLE CHANCE IN LIFE: HEALTH CARE AND IMMUNIZATIONS, SAFE WATER AND SANITATION, NUTRITION, EDUCATION, EMERGENCY RELIEF AND MORE. FOR MORE INFORMATION, SEE SCHEDULE O.

4b (Code:) (Expenses \$ 13,120,834. including grants of \$) (Revenue \$ 0.) PUBLIC INFORMATION: UUSA HAS RALLIED THE AMERICAN PUBLIC TO SUPPORT THE WORLD'S MOST VULNERABLE CHILDREN, REACHING HUNDREDS OF THOUSANDS OF SUPPORTERS THROUGH ISSUE-ORIENTED VIDEOS, TELEVISION AND PUBLIC RADIO SERVICE ANNOUNCEMENTS, A VARIETY OF PRESS AND PUBLICATIONS, THE INTERNET VIA OUR WEBSITE (WWW.UNICEFUSA.ORG) AND OTHER MOBILE AND SOCIAL PLATFORMS. THE UUSA COMMUNICATIONS TEAM WORKS RELENTLESSLY TO EDUCATE THE PUBLIC ABOUT THE CHALLENGES FACING THE WORLD'S CHILDREN. THIS YEAR, CHILDREN AND ADULTS ADDED MEANING TO THEIR HALLOWEEN-ING BY SUPPORTING OUR TRADEMARK FUNDRAISER, TRICK-OR-TREAT FOR UNICEF. TENS OF THOUSANDS OF COMPANIES AND INDIVIDUALS WERE INFORMED ABOUT THE WORK OF UNICEF AND UUSA THROUGH IN-PERSON AND VIRTUAL GALAS, OUR SPEAKER SERIES AND PROGRAM VISITS. FOR MORE INFORMATION, SEE SCHEDULE O.

4c (Code:) (Expenses \$ 2,863,899. including grants of \$) (Revenue \$) ADVOCACY: THROUGH UUSA'S OFFICE OF PUBLIC POLICY AND ADVOCACY IN WASHINGTON D.C., UUSA ACTS AS AN ADVOCATE FOR THE WELL BEING OF THE WORLD'S CHILDREN. UUSA SUPPORTERS AND YOUTH ADVOCATES ARE SPEAKING OUT AND TAKING ACTION ON ISSUES RANGING FROM BRIDGING THE DIGITAL DIVIDE IN EDUCATION TO FIGHTING CLIMATE CHANGE. ONE OF THE SPECIAL FUNCTIONS OF THE PUBLIC POLICY OFFICE IS TO ADVISE BOTH THE ADMINISTRATION AND CONGRESS ON CHILDREN'S RIGHTS IN ORDER TO PROTECT THEIR BEST INTERESTS. THROUGH THE ADVOCACY EFFORTS OF UUSA, THE U.S. GOVERNMENT ALLOCATED \$134 MILLION TO UNICEF IN 2020. THE U.S. GOVERNMENT FUNDING IS PROVIDED DIRECTLY TO UNICEF AND IS NOT REFLECTED AS REVENUE IN PART I.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 391,230,376.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 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? <i>If "Yes," complete Schedule J</i> | X | |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | X | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | X |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | X |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | X |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. | | |
| | 1a 24 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 23 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | X | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | X | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | X | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
 BRETT D ROBINSON - 917-720-1380
 125 MAIDEN LANE 10TH FLOOR, NEW YORK, NY 10038

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MICHAEL J. NYENHUIS DIRECTOR/PRESIDENT/CEO | 55.00 5.25 | X | | X | | | | 493,770. | 0. | 11,390. |
| (2) BRETT D. ROBINSON CFAO/TREASURER | 50.00 5.25 | | | X | | | | 418,051. | 0. | 70,707. |
| (3) ANDREW RHODES CHIEF INFORMATION OFFICER | 50.00 0.00 | | | | X | | | 369,877. | 0. | 55,114. |
| (4) ANUCHA BROWNE CAEO/ASST. SECRETARY | 50.00 1.25 | | | X | | | | 322,740. | 0. | 67,418. |
| (5) SHELLEY EFFMAN CHIEF MARKETING OFFICER | 50.00 0.00 | | | | X | | | 314,318. | 0. | 57,028. |
| (6) GABRIELLA MORRIS SR. VP- FOUNDATION AND CORP. PARTN | 50.00 0.00 | | | | X | | | 285,038. | 0. | 49,960. |
| (7) BRIAN MEYERS VP-PHILANTHROPY ADVANCEMENT | 50.00 0.00 | | | | | X | | 261,018. | 0. | 68,026. |
| (8) MICHAEL KLOMPUS CHIEF PEOPLE OFFICER | 50.00 0.00 | | | | X | | | 251,445. | 0. | 56,506. |
| (9) HELENE L VALLONE-RAFFAELE VP-DONOR STRATEGY AND EXPERIENCE | 50.00 0.00 | | | | | X | | 249,191. | 0. | 57,522. |
| (10) KRISTI BURNHAM VP-PROFESSIONAL LEARNING AND DEV. | 50.00 0.00 | | | | | X | | 222,592. | 0. | 64,422. |
| (11) MICHELE WALSH CHIEF OF STAFF/ASST. SECRETARY (AS O | 50.00 1.25 | | | X | | | | 209,162. | 0. | 70,234. |
| (12) LESLIE GOLDMAN VP-GLOBAL CAUSE PARTNERSHIPS | 50.00 0.00 | | | | | X | | 230,533. | 0. | 41,932. |
| (13) LISA SZARKOWSKI SPECIAL ADVISOR | 50.00 0.00 | | | | | X | | 211,340. | 0. | 28,042. |
| (14) ALPHA CONTEH VP-FINANCE AND BUDGET/ASST. TREASU | 50.00 5.25 | | | X | | | | 204,208. | 0. | 33,904. |
| (15) CHELSEA PETERS SVP-REGIONS (UNTIL 4/24/20) | 50.00 0.00 | | | | X | | | 196,367. | 0. | 25,940. |
| (16) RICHARD ESSERMAN FORMER OFFICER (UNTIL 1/31/20) | 50.00 5.00 | | | | | | X | 122,754. | 0. | 10,504. |
| (17) JOAQUIN DUATO DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JOHN O'FARRELL DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) SHAHRIAR SHAHIDA DIRECTOR | 1.00 2.25 | X | | | | | | 0. | 0. | 0. |
| (20) EWOUT STEENBERGEN DIRECTOR/CO-CHAIR | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (21) KELLY WILSON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) ELIZABETH A. SMITH DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) CAROL J. HAMILTON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) ANDREW S. HOHNS DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) DAVID M. SABLE DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) DIKEMBE MUTOMBO DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 4,362,404. | 0. | 768,649. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 4,362,404. | 0. | 768,649. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 103

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| DELVE PARTNERS, LLC 1881 9TH STREET, BOULDER, CO 80302 | ADVERTISING AND PROMOTION | 10,288,822. |
| GOOGLE, LLC, 1600 AMPHITHEATRE PARKWAY, MOUNTAIN VIEW, CA 94043 | ADVERTISING | 5,048,480. |
| PHD MEDIA LLC 220 EAST 42ND STREET, NEW YORK, NY 10017 | MEDIA MARKETING SERVICES | 3,551,261. |
| BLUE STATE DIGITAL, 41 FLATBUSH AVENUE, 8TH FLOOR, BROOKLYN, NY 11217 | DIGITAL MARKETING SERVICES | 2,355,425. |
| CHARLES RIVER INTERACTIVE, 890 WINTER STREET, SUITE 120, WALTHAM, MA 02451 | DIGITAL MARKETING SERVICES | 2,300,754. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 50

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like BERNARD TAYLOR, JOHN A. HERRMANN, etc.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | 228,510. | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 5,217,709. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 6,583,900. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 495,702,396. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 21,877,636. | | | | |
| | h Total. Add lines 1a-1f | | | 507,732,515. | | | |
| Program Service Revenue | 2 a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 1,503,096. | | 1,503,096. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | 852,978. | | 852,978. | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | 16,483,110. | | | |
| | b Less: cost or other basis and sales expenses | 7b | 16,379,991. | | | | |
| | c Gain or (loss) | 7c | 103,119. | | | | |
| | d Net gain or (loss) | | | 103,119. | | 103,119. | |
| 8 a Gross income from fundraising events (not including \$ 5,217,709. of contributions reported on line 1c). See Part IV, line 18 | 8a | 42,817. | | | | | |
| b Less: direct expenses | 8b | 42,817. | | | | | |
| c Net income or (loss) from fundraising events | | | 0. | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a GREETING CARDS SALES | Business Code | 513191 | 529,324. | | 529,324. | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 529,324. | | | |
| 12 Total revenue. See instructions | | | 510,721,032. | 0. | 0. | 2,988,517. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 29,925,693. | 29,925,693. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 345,319,950. | 345,319,950. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 3,461,726. | 767,723. | 1,792,085. | 901,918. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 28,140,187. | 6,314,162. | 6,125,637. | 15,700,388. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1,720,630. | 366,227. | 472,193. | 882,210. |
| 9 Other employee benefits | 5,675,043. | 1,516,882. | 1,028,316. | 3,129,845. |
| 10 Payroll taxes | 2,105,474. | 510,897. | 490,634. | 1,103,943. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 454,681. | 33,813. | 242,302. | 178,566. |
| c Accounting | 290,000. | | 290,000. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 1,954,781. | | | 1,954,781. |
| f Investment management fees | 184,557. | | 184,557. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 13,812,155. | 3,007,952. | 3,301,734. | 7,502,469. |
| 12 Advertising and promotion | 18,263,012. | 1,388,508. | 72,810. | 16,801,694. |
| 13 Office expenses | | | | |
| 14 Information technology | 1,483,768. | 100,179. | 1,210,826. | 172,763. |
| 15 Royalties | | | | |
| 16 Occupancy | 911,755. | 33,171. | 820,490. | 58,094. |
| 17 Travel | 15,507. | 8,543. | 5,347. | 1,617. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 38,526. | 8,503. | 10,950. | 19,073. |
| 20 Interest | 936,530. | 213,132. | 350,155. | 373,243. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2,384,816. | 402,593. | 528,743. | 1,453,480. |
| 23 Insurance | 386,913. | 89,660. | 140,230. | 157,023. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a OUTSIDE PRINTING/TELEMA | 8,165,177. | 493,631. | 8,126. | 7,663,420. |
| b POSTAGE AND SHIPPING | 7,446,815. | 17,596. | 31,582. | 7,397,637. |
| c DATA PROCESSING SERVICE | 3,205,500. | 374,184. | 2,375,644. | 455,672. |
| d EQUIP REPAIRS & SUPPLIES | 1,200,296. | 229,051. | 574,895. | 396,350. |
| e All other expenses | 1,698,132. | 108,326. | 219,237. | 1,370,569. |
| 25 Total functional expenses. Add lines 1 through 24e | 479,181,624. | 391,230,376. | 20,276,493. | 67,674,755. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|--------------|------------------------|
| Assets | 1 Cash - non-interest-bearing | 23,808,472. | 1 | 73,119,494. |
| | 2 Savings and temporary cash investments | 37,356,109. | 2 | 26,258,938. |
| | 3 Pledges and grants receivable, net | 237,442,077. | 3 | 109,709,076. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 3,596,360. | 9 | 5,698,392. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 49,540,842. | | |
| | b Less: accumulated depreciation | 10b 19,241,252. | 31,035,750. | 10c 30,299,590. |
| | 11 Investments - publicly traded securities | 51,427,398. | 11 | 57,003,284. |
| | 12 Investments - other securities. See Part IV, line 11 | 10,038,380. | 12 | 11,669,593. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 394,704,546. | 16 | 313,758,367. | |
| Liabilities | 17 Accounts payable and accrued expenses | 10,413,705. | 17 | 11,539,415. |
| | 18 Grants payable | 201,847,898. | 18 | 84,105,507. |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | 32,644,654. | 20 | 31,056,566. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 6,583,900. | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 5,820,146. | 25 | 15,413,453. |
| | 26 Total liabilities. Add lines 17 through 25 | 257,310,303. | 26 | 142,114,941. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 63,012,694. | 27 | 86,224,699. |
| | 28 Net assets with donor restrictions | 74,381,549. | 28 | 85,418,727. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 137,394,243. | 32 | 171,643,426. |
| 33 Total liabilities and net assets/fund balances | 394,704,546. | 33 | 313,758,367. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 510,721,032. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 479,181,624. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 31,539,408. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 137,394,243. |
| 5 | Net unrealized gains (losses) on investments | 5 | 7,695,698. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -4,985,923. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 171,643,426. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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 Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

| | |
|---------------------------------|---------------------------------------|
| Name of the organization | Employer identification number |
| UNITED STATES FUND FOR UNICEF | 13-1760110 |

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|--------------|--------------|--------------|--------------|--------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 471,461,166. | 563,969,559. | 534,126,656. | 568,242,415. | 507,732,515. | 2645532311. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 471,461,166. | 563,969,559. | 534,126,656. | 568,242,415. | 507,732,515. | 2645532311. |
| 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) | | | | | | 1654003006. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 991,529,305. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|--------------|--------------|--------------|--------------|--------------|--------------------------|
| 7 Amounts from line 4 | 471,461,166. | 563,969,559. | 534,126,656. | 568,242,415. | 507,732,515. | 2645532311. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2,283,983. | 2,356,751. | 2,527,361. | 2,411,125. | 2,356,074. | 11,935,294. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 188,188. | 530,058. | 213,942. | 240,669. | 529,324. | 1,702,181. |
| 11 Total support. Add lines 7 through 10 | | | | | | 2659169786. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | 37.29 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 45.26 % |
| 16a 33 1/3% support test - 2020. 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 | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2019. 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 | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2020. 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 organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2019. 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 | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included 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, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 2020 | | | |

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SALES OF GREETING CARDS AND OTHER MISCELLANEOUS INCOME

2016 AMOUNT: \$ 188,188.

2017 AMOUNT: \$ 530,058.

2018 AMOUNT: \$ 213,942.

2019 AMOUNT: \$ 240,669.

2020 AMOUNT: \$ 529,324.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

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

2020

Name of the organization

UNITED STATES FUND FOR UNICEF

Employer identification number

13-1760110

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

| | |
|---|--|
| Name of organization UNITED STATES FUND FOR UNICEF | Employer identification number 13-1760110 |
|---|--|

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 | <hr/> <hr/> <hr/> | \$ 114,692,622. | Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 56,118,457. | Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 27,750,000. | Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 12,629,197. | Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 11,360,000. | Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.) |

| | |
|---|--|
| Name of organization UNITED STATES FUND FOR UNICEF | Employer identification number 13-1760110 |
|---|--|

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |
| | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____ | _____ |

| | |
|---|--|
| Name of organization UNITED STATES FUND FOR UNICEF | Employer identification number 13-1760110 |
|---|--|

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

- 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 organization <p style="text-align: center;">UNITED STATES FUND FOR UNICEF</p> | Employer identification number <p style="text-align: center;">13-1760110</p> |
|--|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 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
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C 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 ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 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 No
- 5 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) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2020**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check 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).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 0. | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 518,061. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 518,061. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 478,663,563. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 479,181,624. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | 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. | | |
| 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. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j | 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (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 | 623,448. | 486,408. | 492,455. | 518,061. | 2,120,372. |
| d Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| f Grassroots lobbying expenditures | 0. | 0. | 0. | 0. | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| <i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i> | | | |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a 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? | | | |
| e 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? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, 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). | |
| a Current year | 2a |
| 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 |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization UNITED STATES FUND FOR UNICEF **Employer identification number** 13-1760110

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 4,162,329. | 4,152,329. | 4,142,329. | 1,642,329. | 1,642,329. |
| b Contributions | 0. | 10,000. | 10,000. | 2,500,000. | 0. |
| c Net investment earnings, gains, and losses | 207,887. | 27,247. | 184,844. | 43,385. | 107,357. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 145,682. | 27,247. | 184,844. | 43,385. | 107,357. |
| f Administrative expenses | | | | | |
| g End of year balance | 4,224,534. | 4,162,329. | 4,152,329. | 4,142,329. | 1,642,329. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 41,685,279. | 14,332,286. | 27,352,993. |
| c Leasehold improvements | | 45,966. | 45,551. | 415. |
| d Equipment | | 20,933. | 6,157. | 14,776. |
| e Other | | 7,788,664. | 4,857,258. | 2,931,406. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 30,299,590. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) DUE TO AFFILIATE | 11,919,909. |
| (3) LIABILITIES UNDER SPLIT INTEREST AGREEMENTS | 3,493,544. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 15,413,453. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

| | | | |
|----------|--|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| 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 |

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

THE UNITED STATES FUND FOR UNICEF (UUSA) IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS FOR UNITED STATES FUND FOR UNICEF AND AFFILIATES (USF). THE INCOME TAX FOOTNOTE FROM THE CONSOLIDATED FINANCIAL STATEMENTS STATES THE FOLLOWING:

THE FUND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS CLASSIFIED AS A PUBLICLY SUPPORTED

Part XIII Supplemental Information (continued)

ORGANIZATION AS DEFINED IN SECTION 509(A)(1) OF THE IRC. IF4C AND BF-GAC

ARE ALSO EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE

IRC AND ARE CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATIONS AS DEFINED IN

SECTION 509(A)(3) OF THE IRC. THE FUND, IF4C, AND THE BF-GAC ARE ALSO

EXEMPT FROM STATE AND LOCAL INCOME TAXES AND QUALIFY FOR THE MAXIMUM

CHARITABLE CONTRIBUTION DEDUCTION BY DONORS.

USF RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS

ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. NO PROVISION FOR INCOME

TAXES HAS BEEN MADE, AS USF HAS NOT REPORTED ANY TAXABLE UNRELATED

BUSINESS INCOME, AND ANY UNRELATED BUSINESS INCOME IS OFFSET BY ASSOCIATED

EXPENDITURES. USF EVALUATES, ON AN ANNUAL BASIS, THE EFFECTS OF ANY

UNCERTAIN TAX POSITIONS ON ITS CONSOLIDATED FINANCIAL STATEMENTS. AS OF

JUNE 30 2021 AND 2020, USF HAS NOT IDENTIFIED OR PROVIDED FOR ANY SUCH

POSITIONS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

| | |
|---|--|
| Name of the organization UNITED STATES FUND FOR UNICEF | Employer identification number 13-1760110 |
|---|--|

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARRIBEAN | | | GRANTMAKING | | 17,951,593. |
| EAST ASIA & THE PACIFIC | | | GRANTMAKING | | 1,796,519. |
| EUROPE | | | GRANTMAKING | | 15,218,727. |
| MIDDLE EAST AND NORTH AFRICA | | | GRANTMAKING | | 78,461,308. |
| SOUTH AMERICA | | | GRANTMAKING | | 5,392,440. |
| SOUTH ASIA | | | GRANTMAKING | | 102,144,682. |
| SUB-SAHARAN AFRICA | | | GRANTMAKING | | 122,954,167. |
| NORTH AMERICA (OUTSIDE US) | | | GRANTMAKING | | 1,400,514. |
| 3 a Subtotal | 0 | 0 | | | \$45,319,950. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | \$45,319,950. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2020

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-----------------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|--|---|
| | | CENTRAL AMERICA AND THE CARRIBEAN | SEE PART V | 17,462,818. | WIRES | 488,775. | PHARMACEUTICALS, CLOTHING, FREIGHT, AND OTHER SERVICES | FMV |
| | | EAST ASIA & THE PACIFIC | SEE PART V | 1,676,423. | WIRES | 120,096. | PHARMACEUTICALS, CLOTHING, FREIGHT, AND OTHER SERVICES | FMV |
| | | EUROPE | SEE PART V | 14,149,662. | WIRES | 1,069,065. | PHARMACEUTICALS, CLOTHING, FREIGHT, AND OTHER SERVICES | FMV |
| | | MIDDLE EAST AND NORTH AFRICA | SEE PART V | 76,784,265. | WIRES | 1,677,043. | PHARMACEUTICALS, CLOTHING, FREIGHT, AND OTHER SERVICES | FMV |
| | | SOUTH AMERICA | SEE PART V | 5,232,439. | WIRES | 160,001. | PHARMACEUTICALS, CLOTHING, FREIGHT, AND OTHER SERVICES | FMV |
| | | SOUTH ASIA | SEE PART V | 102,064,941. | WIRES | 79,741. | PHARMACEUTICALS, CLOTHING, FREIGHT, AND OTHER SERVICES | FMV |
| | | SUB-SAHARAN AFRICA | SEE PART V | 122,119,821. | WIRES | 834,346. | PHARMACEUTICALS, CLOTHING, FREIGHT, AND OTHER SERVICES | FMV |
| | | NORTH AMERICA (OUTSIDE US) | SEE PART V | 629,661. | WIRES | 0. | | |

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

3 Enter total number of other organizations or entities **1**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | NORTH AMERICA (OUTSIDE US) | SEE PART V | 770,853. | WIRES | 0. | | |
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Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

THE UNITED STATES FUND FOR UNICEF MONITORS THE GRANTS BY REQUIRING THE GRANTEE, PRIMARILY UNICEF, TO SUBMIT REPORTS AND MILESTONES AS DEFINED IN THE GRANT AGREEMENT AND BY REVIEWING SUCH REPORTS. GRANTEES (PRIMARILY UNICEF COUNTRY OFFICES) ARE RESPONSIBLE FOR ENSURING THAT PROJECTS ARE EXECUTED IN ACCORDANCE WITH DEFINED TIMELINES AND MILESTONES AS SET FORTH IN THE GRANT. IN CERTAIN SITUATIONS, SITE VISITS ARE MADE TO ASCERTAIN COMPLIANCE WITH GRANT AGREEMENTS. IN THE CASE OF OTHER PROGRAMS LIKE THE COUNTDOWN 2030 AND OTHER SIMILAR PROGRAMS, AN ANNUAL MEETING OF THE GRANTEES IS HELD TO ASCERTAIN THAT THE PROGRAM AND PROJECTS ARE EXECUTED IN ACCORDANCE WITH THE DEFINED TIMELINES AND MILESTONES AS SET FORTH IN THE AGREEMENT AND ANY MODIFICATIONS, REVISIONS AND AMENDMENTS ARE EXECUTED AS NEEDED.

PART II, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: SEE PART V

UNICEF WORKS IN OVER 190 COUNTRIES AND TERRITORIES TO SAVE CHILDREN'S LIVES, DEFEND THEIR RIGHTS AND HELP THEM REACH THEIR FULL POTENTIAL FROM EARLY CHILDHOOD THROUGH ADOLESCENCE.

REGION: EAST ASIA & THE PACIFIC

(D) PURPOSE OF GRANT: SEE PART V

UNICEF WORKS IN OVER 190 COUNTRIES AND TERRITORIES TO SAVE CHILDREN'S LIVES, DEFEND THEIR RIGHTS AND HELP THEM REACH THEIR FULL POTENTIAL FROM EARLY CHILDHOOD THROUGH ADOLESCENCE.

Part V Supplemental Information

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

REGION: EUROPE

(D) PURPOSE OF GRANT: SEE PART V

UNICEF WORKS IN OVER 190 COUNTRIES AND TERRITORIES TO SAVE CHILDREN'S

LIVES, DEFEND THEIR RIGHTS AND HELP THEM REACH THEIR FULL POTENTIAL FROM

EARLY CHILDHOOD THROUGH ADOLESCENCE.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: SEE PART V

UNICEF WORKS IN OVER 190 COUNTRIES AND TERRITORIES TO SAVE CHILDREN'S

LIVES, DEFEND THEIR RIGHTS AND HELP THEM REACH THEIR FULL POTENTIAL FROM

EARLY CHILDHOOD THROUGH ADOLESCENCE.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: SEE PART V

UNICEF WORKS IN OVER 190 COUNTRIES AND TERRITORIES TO SAVE CHILDREN'S

LIVES, DEFEND THEIR RIGHTS AND HELP THEM REACH THEIR FULL POTENTIAL FROM

EARLY CHILDHOOD THROUGH ADOLESCENCE.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SEE PART V

UNICEF WORKS IN OVER 190 COUNTRIES AND TERRITORIES TO SAVE CHILDREN'S

LIVES, DEFEND THEIR RIGHTS AND HELP THEM REACH THEIR FULL POTENTIAL FROM

EARLY CHILDHOOD THROUGH ADOLESCENCE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SEE PART V

UNICEF WORKS IN OVER 190 COUNTRIES AND TERRITORIES TO SAVE CHILDREN'S

Part V Supplemental Information

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

LIVES, DEFEND THEIR RIGHTS AND HELP THEM REACH THEIR FULL POTENTIAL FROM

EARLY CHILDHOOD THROUGH ADOLESCENCE.

REGION: NORTH AMERICA (OUTSIDE US)

(D) PURPOSE OF GRANT: SEE PART V

THE PURPOSE IS TO STRENGTHEN THE COUNTDOWN TO 2030: STRENGTHENING GLOBAL,

REGIONAL AND COUNTRY ANALYTIC CAPACITY, WHICH AIMS TO PROVIDE RIGOROUS

ANALYSES ON GLOBAL, REGIONAL AND COUNTRY PROGRESS OF WOMEN'S, CHILDREN'S

AND ADOLESCENTS' HEALTH.

REGION: NORTH AMERICA (OUTSIDE US)

(D) PURPOSE OF GRANT: SEE PART V

THE PURPOSE IS TO STRENGTHEN THE COUNTDOWN TO 2030: STRENGTHENING GLOBAL,

REGIONAL AND COUNTRY ANALYTIC CAPACITY, WHICH AIMS TO PROVIDE RIGOROUS

ANALYSES ON GLOBAL, REGIONAL AND COUNTRY PROGRESS OF WOMEN'S, CHILDREN'S

AND ADOLESCENTS' HEALTH.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

| | |
|--|---|
| Name of the organization 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.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------------------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| MARKETEAM - 600 NORTHPARK TOWN CTR, 1200 ABERNATHY RD | DIRECT MAIL FUNDRAISING | | X | 3,517,025. | 621,249. | 2,895,776. |
| BLUE STATE DIGITAL - 62187 COLLECTIONS CENTER DRIVE, | INTERNET AND E-MAIL MARKETING | | X | 942,033. | 1,010,440. | -68,407. |
| INFOCISION MANAGEMENT CORP. - P.O. BOX 74171, CLEVELAND, OH | TELEMARKETING SERVICES FOR KIND | | X | 307,859. | 70,928. | 236,931. |
| SD&A TELESERVICES, INC. - 5757 WEST CENTURY BLVD, LOS | TELEMARKETING SERVICES | | X | 244,883. | 247,095. | -2,212. |
| OUTERWALL INC - PO BOX 91258, BELLEVUE, WA 98009 | TRICK OR TREAT FUNDRAISING | | X | 50,689. | 5,069. | 45,620. |
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| Total | | | | 5,062,489. | 1,954,781. | 3,107,708. |

- 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. 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 (add col. (a) through col. (c)) | |
|-----------------|--|---|--|----------------------|--|------------|
| | | FALL VIRTUAL EVENT DEC 2020 (event type) | UNICEF WON'T STOP VIRTUAL EVENT MAY (event type) | 15 (total number) | | |
| Revenue | 1 | Gross receipts | 4,255,769. | 260,955. | 743,802. | 5,260,526. |
| | 2 | Less: Contributions | 4,255,769. | 260,955. | 700,985. | 5,217,709. |
| | 3 | Gross income (line 1 minus line 2) | | | 42,817. | 42,817. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | 42,817. | 42,817. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 42,817. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 0. | |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MARKETTEAM

(I) ADDRESS OF FUNDRAISER:

600 NORTHPARK TOWN CTR, 1200 ABERNATHY RD NE, SUITE 400, ATLANTA, GA 30328

(I) NAME OF FUNDRAISER: BLUE STATE DIGITAL

(I) ADDRESS OF FUNDRAISER:

62187 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693-0621

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP.

(I) ADDRESS OF FUNDRAISER: P.O. BOX 74171, CLEVELAND, OH 44194-4171

(I) NAME OF FUNDRAISER: SD&A TELESERVICES, INC.

(I) ADDRESS OF FUNDRAISER: 5757 WEST CENTURY BLVD, LOS ANGELES, CA 90045

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **UNITED STATES FUND FOR UNICEF** Employer identification number **13-1760110**

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|--|
| RESEARCH FOUNDATION OF SUNY P.O. BOX 9 ALBANY, NY 12201 | 14-1368361 | 501(C)(3) | 174,570. | 0. | | | DISASTER RELIEF |
| THE ARTHUR ASHE INSTITUTE FOR URBAN HEALTH - 450 CLARKSON AVE #1232 - BROOKLYN, NY 11203 | 11-3185372 | 501(C)(3) | 250,000. | 0. | | | SEE PART IV |
| NEW YORK UNIVERSITY SCPS REGISTRATION OFFICE STUYVESANT STATION, NY 10009 | 13-5562308 | 501(C)(3) | 10,533. | 0. | | | SEE PART IV |
| BRIGHAM AND WOMEN'S HOSPITAL INC. 75 FRANCIS ST BOSTON, MA 02115 | 04-2312909 | 501(C)(3) | 10,000. | 0. | | | SEE PART IV |
| CHILDREN'S HEALTH FUND 215 W 125TH ST NEW YORK, NY 10027 | 13-3468427 | 501(C)(3) | 10,000. | 0. | | | TO DELIVER HEALTHCARE TO KIDS IN THE USA. |
| PRESIDENT & FELLOWS OF HARVARD COLLEGE - 651 HUNTINGTON AVE - BOSTON, MA 02115 | 04-2103580 | 501(C)(3) | 2,000,000. | 0. | | | SEE PART IV |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 14.

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2020

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CHURCH WORLD SERVICE 475 RIVERSIDE DR NEW YORK, NY 10115 | 13-4080201 | 501(C)(3) | 175,000. | 0. | | | TO FUND THE PLACEMENT OF LONG TERM VOLUNTEERS IN THE BORDER SHELTER CORP PROGRAMS. |
| FEEDING AMERICA 161 NORTH CLARK STREET, STE 700 CHICAGO, IL 60601 | 36-3673599 | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE MEALS TO FAMILIES IN THE USA. |
| THE GREATER HOUSTON COMMUNITY FOUNDATION - 515 POST OAK BLVD, STE 1000 - HOUSTON, TX 77027 | 23-7160400 | 501(C)(3) | 50,000. | 0. | | | SEE PART IV |
| CHILDREN OF PERSIA P.O. BOX 2602 MONTGOMERY VILLAGE, MD 20886 | 52-2236795 | 501(C)(3) | 42,311. | 0. | | | SEE PART IV |
| SPECIAL OLYMPICS DC 1133 19TH STREET NW WASHINGTON, DC 20036 | 52-0889518 | 501(C)(3) | 25,000. | 0. | | | SEE PART IV |
| JOHNS HOPKINS BLOOMBERG SCHOOL 615 N. WOLFE ST BALTIMORE, MD 21205 | 52-0595110 | 501(C)(3) | 2,773,828. | 0. | | | SEE PART IV |
| NATIONAL FOREST FOUNDATION BLDG 27, STE 3, FORT MISSOULA RD MISSOULA, MT 59804 | 52-1786332 | 501(C)(3) | 10,000. | 0. | | | TO SUPPORT THE NFF'S TREE PLANTING CAMPAIGN. |
| UNICEF USA IMPACT FUND FOR CHILDREN - 125 MAIDEN LANE 10 FL - NEW YORK, NY 10038 | 20-3287404 | 501(C)(3) | 24,384,451. | 0. | | | SEE PART IV |
| | | | | | | | |

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

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

PART I, LINE 2:

THE US FUND FOR UNICEF MONITORS THE GRANTS BY REQUIRING THE GRANTEEES TO
 SUBMIT AN ANNUAL REPORT AND IN CERTAIN CASES PROGRESS REPORTS AS OUTLINED
 IN THE GRANT AGREEMENT AND BY REVIEWING SUCH REPORTS. GRANTEEES ARE HELD TO
 ACCOUNT AND ARE RESPONSIBLE FOR ENSURING THAT PROJECTS ARE EXECUTED IN
 ACCORDANCE WITH THE GUIDELINES AND MILESTONES SET FORTH IN THE AGREEMENT.
 ADDITIONALLY, THE GRANTEEES ARE HELD TO ACCOUNT FOR THE FUNDING AND THE
 CORRESPONDING BUDGET.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

THE ARTHUR ASHE INSTITUTE FOR URBAN HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV

THE PURPOSE IS TO BUILD THE ORGANIZATION'S CAPACITY TO PROVIDE MENTAL

HEALTH OUTREACH AND SUPPORT TO COMMUNITIES OF COLOR IN BROOKLYN, NY IN

RESPONSE TO COVID-19.

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV

THE PURPOSE OF THE GRANT IS TO SUPPORT THE PROJECT CALLED "RAPID

MORTALITY SURVEILLANCE DURING COVID-19" WHICH AIMS TO DEVELOP A VIABLE

APPROACH TO GENERATING TIMELY MORTALITY DATA USING MOBILE PHONE SURVEYS

IN LOW AND LOWER-MIDDLE INCOME COUNTRIES.

NAME OF ORGANIZATION OR GOVERNMENT: BRIGHAM AND WOMEN'S HOSPITAL INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV

THE PURPOSE OF THE GRANT IS TO SUPPORT THE ORGANIZATION'S COMMITMENT TO

OFFERING COMPASSIONATE SPIRITUAL CARE AND EMOTIONAL SUPPORT AS RESOURCES

FOR HEALING.

NAME OF ORGANIZATION OR GOVERNMENT:

PRESIDENT & FELLOWS OF HARVARD COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV

TO ESTABLISH A PERMANENT ENDOWMENT FUND TO SUPPORT THE CHILD PROTECTION

PROFESSIONAL TRAINING PROGRAM AT HARVARD. THE PROGRAM AIMS TO STRENGTHEN

THE KNOWLEDGE OF CHILD PROTECTION PROFESSIONALS, AND BUILD CAPACITY TO

DEVELOP AND EXPAND INTEGRATED PROTECTION SYSTEMS, WHICH PROVIDE A

Part IV Supplemental Information

HOLISTIC RESPONSE TO CHILDREN THREATENED WITH VIOLENCE, ABUSE, NEGLECT,
EXPLOITATION AND DEPRIVATION OF LIBERTY.

NAME OF ORGANIZATION OR GOVERNMENT:

THE GREATER HOUSTON COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV

TO SUPPORT THE CITY OF HOUSTON MAYOR'S OFFICE OF EDUCATION, CHILD
FRIENDLY CITY INITIATIVE IN THE HIRE OF ADMINISTRATIVE ASSISTANCE.

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN OF PERSIA

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV

TO SUPPORT ESTABLISHED HOME CARE PROGRAMS TO TRANSFORM THE LIVES OF MANY
CHILDREN WHO LACK PROPER CARE.

NAME OF ORGANIZATION OR GOVERNMENT: SPECIAL OLYMPICS DC

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV

TO SUPPORT ONGOING PARTNERSHIP PROGRAMMING IN THE FOLLOWING NATIONS:
JAMAICA, PERU, PARAGUAY, BRAZIL, MEXICO, MOLDOVA, BOSNIA AND HERZEGOVINA
AND ZAMBIA.

NAME OF ORGANIZATION OR GOVERNMENT: JOHNS HOPKINS BLOOMBERG SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV

TO SUPPORT THE CONTRIBUTION OF WOMEN'S, CHILDREN'S AND ADOLESCENTS'
HEALTH BY COLLECTING, SYNTHESIZING, ANALYZING AND REPORTING ON THE BEST
AVAILABLE DATA ON COVERAGE OF EFFECTIVE HEALTH AND NUTRITION
INTERVENTIONS.

NAME OF ORGANIZATION OR GOVERNMENT: UNICEF USA IMPACT FUND FOR CHILDREN

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV

TO PROVIDE FINANCIAL RESOURCES TO SECURE BETTER PRICING, FASTER DELIVERY,

AND A CONSISTENT FLOW OF ESSENTIAL GOODS FOR CHILDREN IN THE DEVELOPING

WORLD BY DISTRIBUTING CRITICAL, FLEXIBLE CAPITAL TO OVERCOME TRADITIONAL

FUNDING OBSTACLES WHEN PURCHASING URGENTLY NEEDED SUPPLIES THAT SAVE

CHILDREN'S LIVES.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: UNITED STATES FUND FOR UNICEF
 Employer identification number: 13-1760110

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment? **4a** X

b Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** X

c Participate in or receive payment from an equity-based compensation arrangement? **4c** X

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization? **5a** X

b Any related organization? **5b** X

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

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

a The organization? **6a** X

b Any related organization? **6b** X

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** X

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

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | X | |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2020

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) MICHAEL J. NYENHUIS DIRECTOR/PRESIDENT/CEO | (i) | 472,881. | 0. | 20,889. | 0. | 11,390. | 505,160. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) BRETT D. ROBINSON CFAO/TREASURER | (i) | 367,542. | 50,000. | 509. | 26,532. | 44,175. | 488,758. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) ANDREW RHODES CHIEF INFORMATION OFFICER | (i) | 368,002. | 0. | 1,875. | 11,400. | 43,714. | 424,991. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) ANUCHA BROWNE CAEO/ASST. SECRETARY | (i) | 320,865. | 0. | 1,875. | 20,304. | 47,114. | 390,158. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) SHELLEY EFFMAN CHIEF MARKETING OFFICER | (i) | 308,779. | 0. | 5,539. | 12,718. | 44,310. | 371,346. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) GABRIELLA MORRIS SR. VP- FOUNDATION AND CORP. PARTN | (i) | 213,997. | 40,000. | 31,041. | 17,427. | 32,533. | 334,998. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) BRIAN MEYERS VP-PHILANTHROPY ADVANCEMENT | (i) | 200,388. | 60,000. | 630. | 19,291. | 48,735. | 329,044. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) MICHAEL KLOMPUS CHIEF PEOPLE OFFICER | (i) | 250,791. | 0. | 654. | 3,077. | 53,429. | 307,951. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) HELENE L VALLONE-RAFFAELE VP-DONOR STRATEGY AND EXPERIENCE | (i) | 241,647. | 0. | 7,544. | 19,406. | 38,116. | 306,713. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) KRISTI BURNHAM VP-PROFESSIONAL LEARNING AND DEV. | (i) | 202,089. | 0. | 20,503. | 18,054. | 46,368. | 287,014. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) MICHELE WALSH CHIEF OF STAFF/ASST. SECRETARY (AS C | (i) | 208,527. | 0. | 635. | 18,424. | 51,810. | 279,396. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) LESLIE GOLDMAN VP-GLOBAL CAUSE PARTNERSHIPS | (i) | 210,379. | 0. | 20,154. | 19,644. | 22,288. | 272,465. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) LISA SZARKOWSKI SPECIAL ADVISOR | (i) | 210,337. | 0. | 1,003. | 10,931. | 17,111. | 239,382. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (14) ALPHA CONTEH VP-FINANCE AND BUDGET/ASST. TREASU | (i) | 203,675. | 0. | 533. | 0. | 33,904. | 238,112. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (15) CHELSEA PETERS SVP-REGIONS (UNTIL 4/24/20) | (i) | 108,055. | 50,000. | 38,312. | 9,865. | 16,075. | 222,307. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (16) RICHARD ESSERMAN FORMER OFFICER (UNTIL 1/31/20) | (i) | 30,091. | 0. | 92,663. | 2,934. | 7,570. | 133,258. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |

Part III Supplemental Information

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

PART I, LINE 3:

THE COMPENSATION AND HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS

HAS THE RESPONSIBILITY TO RECOMMEND AND SERVE AS A RESOURCE WITH RESPECT TO

THE NATURE AND AMOUNT OF COMPENSATION TO BE INCLUDED IN THE CEO'S CONTRACT,

SUBJECT TO APPROVAL BY THE BOARD. DURING THE CONTRACT PROCESS, A

COMPARABILITY STUDY (THE "STUDY") IS CONDUCTED BY AN OUTSIDE EMPLOYEE

COMPENSATION AND BENEFITS FIRM WHICH TAKES INTO CONSIDERATION OTHER DIRECT

PEER FUNDRAISING, ADVOCACY, AND RELIEF ORGANIZATIONS IN DETERMINING THE

TOTAL COMPENSATION OF THE CEO TO INCLUDE SALARY, BENEFITS, AND INCENTIVES

AS APPROPRIATE. ALSO, ON AN ANNUAL BASIS, A REVIEW OF THE CEO'S PERFORMANCE

IS CONDUCTED UNDER A SIMILAR COMPARABLE PROCESS.

PART I, LINE 4A:

SEVERANCE PAYMENT TO RICHARD ESSERMAN

VP FINANCE AND BUDGET/ASSISTANT TREASURER- \$60,537

PART I, LINE 7:

BRETT D. ROBINSON RECEIVED A NON-FIXED \$50,000 RETENTION BONUS. CHELSEA

PETERS RECEIVED A NON-FIXED \$50,000 RETENTION BONUS. EACH WAS ELIGIBLE TO

Part III Supplemental Information

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

RECEIVE THE RETENTION BONUS COMPENSATION BASED ON MEETING SPECIFIC METRICS

THAT WERE REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. GABRIELLA MORRIS

RECEIVED \$40,000 OF A NON-FIXED BONUS PAYMENT IN RECOGNITION OF HER

ASSUMING TEMPORARY SENIOR LEVEL DUTIES. BRIAN MEYERS RECEIVED A NON-FIXED

\$60,000 BONUS IN RECOGNITION OF HIS ADDITIONAL SENIOR LEVEL DUTIES.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **UNITED STATES FUND FOR UNICEF** Employer identification number **13-1760110**

| Part I Bond Issues | | | | | | | | | | | |
|--|----------------|-------------|-----------------|-----------------|---|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
| | | | | | | Yes | No | Yes | No | Yes | No |
| A BUILD NYC RESOURCE CORPORATION SERIES 2016 | 45-4040561 | NONE | 09/22/16 | 39,100,000. | REFINANCE NYCIDA 2007A & 2007B BONDS | | X | | X | | X |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| D | | | | | | | | | | | |

| Part II Proceeds | | | | | | | | | | |
|--|-------------|-----------|------------|-----------|------------|-----------|------------|-----------|--|--|
| | A | | B | | C | | D | | | |
| 1 Amount of bonds retired | 7,375,965. | | | | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | | | |
| 3 Total proceeds of issue | 39,100,000. | | | | | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | | | |
| 7 Issuance costs from proceeds | 591,000. | | | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | | | |
| 10 Capital expenditures from proceeds | | | | | | | | | | |
| 11 Other spent proceeds | 38,409,000. | | | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | | | |
| 13 Year of substantial completion | 2016 | | | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | | |
| 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | X | | | | | | | | | |
| 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | | | | | | | | |
| 16 Has the final allocation of proceeds been made? | X | | | | | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | | | |

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

Part III Private Business Use

| | A | | B | | C | | D | |
|---|-----|-------|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | | | | | |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside 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 entities other than a section 501(c)(3) organization or a state or local government | | .00 % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | .00 % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | .00 % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | X | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | | X | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | 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? | | | | | | | | |
| a Rebate not due yet? | | X | | | | | | |
| b Exception to rebate? | X | | | | | | | |
| c No rebate due? | | X | | | | | | |
| 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? | | X | | | | | | |

| Part IV Arbitrage (continued) | | | | | | | | |
|--|-----|----|-----|----|-----|----|-----|----|
| | A | | B | | C | | D | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | | X | | | | | | |

| Part V Procedures To Undertake Corrective Action | | | | | | | | |
|---|-----|----|-----|----|-----|----|-----|----|
| | A | | B | | 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 self-remediation isn't available under applicable regulations? | | X | | | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

PART III, LINE 9
 UNITED STATES FUND FOR UNICEF (UUSA) ROUTINELY MONITORS THE USE OF BOND-FINANCED ASSETS AND REGULARLY ENGAGES BOND COUNSEL AS NECESSARY TO ENSURE ALL POST-ISSUANCE COMPLIANCE REQUIREMENTS ARE MET. THE ORGANIZATION ESTABLISHED WRITTEN POLICIES PRIOR TO FILING THE 2020 FORM 990, BUT SUBSEQUENT TO THE END OF THE FISCAL YEAR. THEREFORE, THE ORGANIZATION HAS ANSWERED "NO" TO SCHEDULE K, PART III, LINE 9.

PART IV, LINE 2B:
 PART IV, LINE 2B THE SERIES 2016 BOND MET THE 6-MONTH SPENDING EXCEPTION, AS ALL BOND PROCEEDS WERE EXPENDED FOR THE PURPOSE OF THE BOND WITHIN THE FIRST SIX MONTHS AFTER THE ISSUE DATE, THEREFORE NO REBATE IS DUE.

PART IV, LINE 7:
 AS NOTED IN THE DISCLOSURE ABOVE FOR PART IV, LINE 2B, THE SERIES 2016 BOND MET THE 6-MONTH SPENDING EXCEPTION AND IS NOT SUBJECT TO ARBITRAGE REBATE REGULATIONS OR REPORTING. HOWEVER, TO ENSURE CONTINUED COMPLIANCE WITH THE REQUIREMENTS OF SEC. 148, THE ORGANIZATION ESTABLISHED WRITTEN POLICIES TO ENSURE ONGOING COMPLIANCE WITH SUCH

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*

REGULATIONS AND REPORTING REQUIREMENTS. THE POLICIES WERE ESTABLISHED PRIOR TO FILING THE 2020 FORM 990, BUT SUBSEQUENT TO THE END OF THE FISCAL YEAR. THEREFORE, THE ORGANIZATION HAS ANSWERED "NO" TO FORM 990, SCHEDULE K, PART IV, LINE 7.

PART V:

THE ORGANIZATION IMPLEMENTED WRITTEN POLICIES AND PROCEDURES TO REQUIRE THE ORGANIZATION TO CONSIDER UTILIZING THE VOLUNTARY CLOSING AGREEMENT PROGRAM TO TIMELY IDENTIFY AND CORRECT ANY VIOLATIONS OF FEDERAL TAX LAW, WHERE SELF-REMEDIATION IS NOT AVAILABLE UNDER APPLICABLE REGULATIONS. THE ORGANIZATION ESTABLISHED THESE WRITTEN POLICIES PRIOR TO FILING THE 2020 FORM 990, BUT SUBSEQUENT TO THE END OF THE FISCAL YEAR. THEREFORE, THE ORGANIZATION HAS ANSWERED NO TO SCHEDULE K, PART V.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: UNITED STATES FUND FOR UNICEF
Employer identification number: 13-1760110

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 3,267,474. | FAIR VALUE |
| 6 Cars and other vehicles | X | 178 | 168,031. | FAIR VALUE |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 546 | 17,280,537. | FAIR VALUE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | X | 1 | 29,700. | FAIR VALUE |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (FREIGHT FOR E) | X | 2 | 1,131,893. | FAIR VALUE |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: 29 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
 b If "Yes," describe in Part II.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 b If "Yes," describe in Part II.

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

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | X | |

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

Schedule M (Form 990) 2020

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

SCHEDULE M, LINE 32B:

THE US FUND FOR UNICEF CONTRACTED AN OUTSIDE VENDOR TO MANAGE AND SELL
DONATED VEHICLES.

SCHEDULE M PART I, COLUMN B:

NUMBER OF CONTRIBUTIONS

THE NUMBER OF CONTRIBUTIONS IS REPORTED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

UNITED STATES FUND FOR UNICEF

Employer identification number

13-1760110

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ORGANIZATION'S MISSION IS TO SUPPORT PROGRAMS, THROUGH FUNDRAISING,

ADVOCACY AND EDUCATION IN THE UNITED STATES, THAT DELIVER THE

ESSENTIALS THAT GIVE EVERY CHILD AN EQUITABLE CHANCE IN LIFE:

HEALTH-CARE AND IMMUNIZATIONS, SAFE WATER AND SANITATION, NUTRITION,

EDUCATION, EMERGENCY RELIEF, AND MORE. PROGRAMS ARE PROVIDED TO

CHILDREN, WOMEN, AND COMMUNITIES IN OVER 190 COUNTRIES AND TERRITORIES.

THE ORGANIZATION PARTNERS, IN COORDINATION AND PLANNING, WITH VOLUNTARY

AGENCIES ENGAGED IN CHILD RELIEF TO CREATE A BETTER WORLD FOR CHILDREN.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GRANTS TO UNICEF AND OTHER NON-GOVERNMENTAL ORGANIZATIONS: THE BOARD OF

DIRECTORS OF THE US FUND FOR UNICEF (UUSA) HAS AUTHORIZED GRANTS TO THE

UNITED NATIONS CHILDREN'S FUND (UNICEF) AND OTHER NON-GOVERNMENTAL

ORGANIZATIONS (NGOS) FROM CONTRIBUTIONS AND IN-KIND GIFTS RECEIVED BY

UUSA. THESE GRANTS WERE USED BY UNICEF AND OTHER NGOS IN MORE THAN 190

COUNTRIES AND TERRITORIES SOLELY FOR THOSE ASSISTANCE PROJECTS APPROVED

BY THE BOARD OF DIRECTORS. UUSA'S GRANTS SUPPORT WORK TO DELIVER THE

ESSENTIALS THAT GIVE EVERY CHILD AN EQUITABLE CHANCE IN LIFE: HEALTH

CARE AND IMMUNIZATIONS, SAFE WATER AND SANITATION, NUTRITION,

EDUCATION, EMERGENCY RELIEF AND MORE. UNICEF CHILDHOOD IMMUNIZATION

WORK INCLUDED ROUTINE VACCINATION PROJECTS TO PREVENT MEASLES, POLIO,

TUBERCULOSIS AND MATERNAL AND NEONATAL TETANUS IN IMPOVERISHED AREAS.

UNICEF EDUCATION PROJECTS INCLUDED SCALING UP REMOTE LEARNING FOR

CHILDREN AT HOME AND ADDRESSING THE DIGITAL DIVIDE TO ALLOW EVERY CHILD

EQUAL ACCESS TO LEARNING. SPECIFICALLY, GIRLS' EDUCATION PROJECTS

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

Schedule O (Form 990 or 990-EZ) 2020

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| | |
|---|--|
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INCLUDED THOSE DESIGNED TO INCREASE THE NUMBER OF GIRLS IN SCHOOL IN COUNTRIES WHERE GIRLS LAG IN ENROLLMENT, TRAINING FEMALE TEACHERS, IMPROVING GIRL'S SAFETY, PROVIDING APPROPRIATE FACILITIES AND PROMOTING CURRICULUMS AND LEARNING ENVIRONMENTS THAT ARE FREE OF GENDER BIAS. UNICEF NUTRITION PROJECTS FOCUSED ON PROPER NOURISHMENT FOR BOTH CHILDREN AND MOTHERS, INCLUDING PROVIDING VITAMIN A SUPPLEMENTS TO STRENGTHEN IMMUNE SYSTEMS AND PREVENT IODINE DEFICIENCY, WHICH CAN CAUSE BRAIN DAMAGE AND PHYSICAL LIMITATIONS. UNICEF ALSO ASSISTED SEVERAL EMERGENCY SITUATIONS, INCLUDING THE UNPRECEDENTED COVID-19 PANDEMIC, BY PROVIDING CLEAN WATER, MEDICAL SUPPLIES, BASIC HEALTH SERVICES, EDUCATIONAL AND RECREATIONAL SUPPLIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PUBLIC INFORMATION: UUSA HAS RALLIED THE AMERICAN PUBLIC TO SUPPORT THE WORLD'S MOST VULNERABLE CHILDREN, REACHING HUNDREDS OF THOUSANDS OF SUPPORTERS THROUGH ISSUE-ORIENTED VIDEOS, TELEVISION AND PUBLIC RADIO SERVICE ANNOUNCEMENTS, A VARIETY OF PRESS AND PUBLICATIONS, THE INTERNET VIA OUR WEBSITE (WWW.UNICEFUSA.ORG) AND OTHER MOBILE AND SOCIAL PLATFORMS. THE UUSA COMMUNICATIONS TEAM WORKS RELENTLESSLY TO EDUCATE THE PUBLIC ABOUT THE CHALLENGES FACING THE WORLD'S CHILDREN. THIS YEAR, CHILDREN AND ADULTS ADDED MEANING TO THEIR HALLOWEEN-ING BY SUPPORTING OUR TRADEMARK FUNDRAISER, TRICK-OR-TREAT FOR UNICEF. TENS OF THOUSANDS OF COMPANIES AND INDIVIDUALS WERE INFORMED ABOUT THE WORK OF UNICEF AND UUSA THROUGH IN-PERSON AND VIRTUAL GALAS, OUR SPEAKER SERIES AND PROGRAM VISITS. THROUGH THE UNICEF KID POWER PROGRAM, KIDS WERE EMPOWERED TO BECOME GLOBAL CITIZENS AND SUPPORT OTHER KIDS. TOGETHER, UUSA AND ITS SUPPORTERS WERE ABLE TO HARNESS A COLLECTIVE, GLOBAL VOICE TO IMPROVE THE LIVES OF CHILDREN.

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FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD HAS DELEGATED THE AUTHORITY TO AN EXECUTIVE COMMITTEE TO ACT ON BEHALF OF THE BOARD BETWEEN MEETINGS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, THE VICE CHAIR, THE SECRETARY AND THE IMMEDIATE PAST CHAIR, THE PRESIDENT AND THE CHAIRS OF THE STANDING COMMITTEES (INCLUDING THE CHAIR OF THE EXECUTIVE COMMITTEE), THE CHAIR OF THE DEVELOPMENT COMMITTEE, AND THE CHAIR OF THE STRATEGIC PLANNING COMMITTEE. IN THE EVENT THAT ANY OF THE NAMED COMMITTEES HAVE CO-CHAIRS, THE CO-CHAIRS OF SUCH COMMITTEES SHALL DESIGNATE WHICH OF THEM WILL ATTEND THE RESPECTIVE EXECUTIVE COMMITTEE MEETING. EXCEPT, AS OTHERWISE PROVIDED IN THE BY-LAWS OR BY RESOLUTION OF THE BOARD, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL THE POWERS AND AUTHORITY OF THE BOARD, EXCEPT THAT THE EXECUTIVE COMMITTEE MAY NOT REVERSE ANY ACTION TAKEN BY THE BOARD. IN ALL CASES IN WHICH SPECIFIC DIRECTIONS SHALL NOT HAVE BEEN GIVEN BY THE BOARD, THE EXECUTIVE COMMITTEE MAY APPOINT SUB-COMMITTEES AND SHALL ADVISE AND AID THE OFFICERS OF THE ORGANIZATION IN ALL MATTERS CONCERNING ITS INTERESTS AND ACTIVITIES.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER THE RETURN IS PREPARED BY STAFF, IT IS REVIEWED BY THE INTERIM CFO, CHIEF PEOPLE OFFICER AND CHIEF LEGAL OFFICER AND LEGAL COUNSEL AS WELL AS USA'S CEO. THE CEO REVIEWS THE RETURN WITH THE CHAIR OF THE AUDIT COMMITTEE. THE CHAIR THEN PRESENTS THE RETURN TO THE AUDIT COMMITTEE FOR REVIEW. AFTER THIS REVIEW IS COMPLETE, THE RETURN IS SHARED WITH THE MEMBERS OF THE BOARD PRIOR TO FILING. THE RETURN IS FILED ELECTRONICALLY WITH THE CEO SIGNING THE RETURN.

PREPARATION OF FORM 990 WAS ASSISTED BY KPMG LLP USING INFORMATION PROVIDED

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BY THE ORGANIZATION AND REVIEWED BY MANAGEMENT WITH OVERSIGHT
RESPONSIBILITY PRIOR TO THE SUBMISSION TO THE GOVERNING BODY FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

EVERY STAFF MEMBER OF THE UUSA IS REQUIRED ANNUALLY TO SIGN A FORM THAT
ENSURES EVERYONE IS AWARE OF AND IN COMPLIANCE WITH THE CONFLICT OF
INTEREST POLICY. THE PEOPLE & CULTURE DEPARTMENT COLLECTS THESE FORMS. 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 THE HE OR SHE HAS NO
REPORTABLE FINANCIAL INTEREST THAT WOULD CONSTITUTE A CONFLICT OR POTENTIAL
CONFLICT OF INTEREST AND ACKNOWLEDGING THAT THEY REVIEWED, UNDERSTAND, AND
AGREE TO COMPLY WITH THE CONFLICT OF INTEREST POLICY. UUSA 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 RECUSE HIMSELF OR HERSELF FROM THE MEEING IN WHICH THE TRANSACTION OR
MATTER IS DISCUSSED AND VOTED UPON.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION AND HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS
HAS THE RESPONSIBILITY TO RECOMMEND AND SERVE AS A RESOURCE WITH RESPECT TO
THE NATURE AND AMOUNT OF COMPENSATION TO BE INCLUDED IN THE CEO'S CONTRACT,
SUBJECT TO THE APPROVAL OF THE BOARD. DURING THE CONTRACT PROCESS, A
COMPARABILITY STUDY (THE "STUDY") IS CONDUCTED BY AN OUTSIDE EMPLOYEE
COMPENSATION AND BENEFITS FIRM WHICH TAKES INTO CONSIDERATION OTHER DIRECT
PEER FUNDRAISING, ADVOCACY, AND RELIEF ORGANIZATIONS IN DETERMINING THE

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TOTAL COMPENSATION OF THE CEO TO INCLUDE SALARY, BENEFITS AND INCENTIVES AS

APPROPRIATE. ALSO, THE COMPENSATION AND HUMAN RESOURCES COMMITTEE OF THE

BOARD OF DIRECTORS SERVES AS A RESOURCE WITH RESPECT TO THE CEO'S

COMPENSATION DECISIONS AND ACTIONS FOR OTHER OFFICERS AND KEY EMPLOYEES AT

UUSA FOLLOWING A COMPARABLE REVIEW PROCESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NH, NJ, NM, NY, ND, OR, PA, RI, SC, TN, UT

VA, WV, WI

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 ON THE ORGANIZATION'S WEBSITE AT

WWW.UNICEFUSA.ORG AND ARE ALSO AVAILABLE ON GUIDESTAR AND CHARITY

NAVIGATOR.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION GENERALLY DOES NOT MAKE AVAILABLE TO THE PUBLIC ITS

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY. HOWEVER, THESE

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE

POSTED ON THE ORGANIZATION'S WEBSITE AT WWW.UNICEFUSA.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -65,107.

PLEDGE WRITE-OFFS -4,920,816.

TOTAL TO FORM 990, PART XI, LINE 9 -4,985,923.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

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Inspection**

Name of the organization **UNITED STATES FUND FOR UNICEF** Employer identification number **13-1760110**

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| UNICEF USA IMPACT FUND FOR CHILDREN INC - 20-3287404, 125 MAIDEN LANE 10TH FLOOR, NEW YORK, NY 10038 | IMPACT INVESTING ENTITY OF UNICEF USA | NEW YORK | 501(C)(3) | LINE 12A, 1 | UNITED STATES FUND FOR UNICEF | X | |
| BRIDGE FUND GRANT ASSISTANCE CORPORATION - 46-0898424, 125 MAIDEN LANE 10TH FLOOR, NEW YORK, NY 10038 | RECEIVE CONTRIBUTIONS AND MAKE DISTRIBUTIONS | NEW YORK | 501(C)(3) | LINE 12A, 1 | UNITED STATES FUND FOR UNICEF | X | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) UNICEF USA IMPACT FUND FOR CHILDREN, INC. | B | 24,384,451. | CASH |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII Supplemental Information

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

SCHEDULE R, PART V, LINE 2

1. NAME OF RELATED ORGANIZATION: UNICEF USA IMPACT FUND FOR CHILDREN,
INC.

METHOD OF DETERMINING AMOUNT INVOLVED: CASH CONTRIBUTION FOR NET WORTH