

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 2018, and ending 2020

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization United Charitable
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
8201 Greensboro Drive 702
 City or town, state or province, country, and ZIP or foreign postal code
Tysons, VA 22102

D Employer identification number 20-4286082

E Telephone number (571) 620-3000

G Gross receipts \$ 88,722,207.

F Name and address of principal officer:
Julia Healey, 8201 Greensboro Drive, Tysons, VA 22102

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.unitedcharitable.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2005

M State of legal domicile: VA

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To grow and support each charitable journey by providing simple customized vehicles that fulfill your philanthropic endeavors.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	27
	6 Total number of volunteers (estimate if necessary)	6	2,723
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	24,798,658.	75,475,310.
	9 Program service revenue (Part VIII, line 2g)	245,396.	255,063.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,055,767.	1,675,326.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	768,760.	43,654.
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,868,581.	77,449,353.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,719,009.
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		968,495.	1,186,432.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶		0.	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		2,079,437.	1,896,379.
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,766,941.	7,339,066.	
19 Revenue less expenses. Subtract line 18 from line 12	20,101,640.	70,110,287.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 99,230,419.	End of Year 165,951,787.
	21 Total liabilities (Part X, line 26)	154,715.	152,132.
	22 Net assets or fund balances. Subtract line 21 from line 20	99,075,704.	165,799,655.

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: [Signature] Date: 11/08/2019

Name and title: Julia Healey, CEO

Paid Preparer Use Only

Print/Type preparer's name: Robert D. Ben-Kori, CPA Preparer's signature: [Signature] Date: 11/08/2019 Check if self-employed PTIN: P00736736

Firm's name ▶ Robert D. Ben-Kori, CPA, PLLC Firm's EIN ▶ 46-4505261

Firm's address ▶ 7214 Hadlow Drive, Springfield, VA 22152 Phone no. (703) 451-9136

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 Yes No

1 Briefly describe the organization's mission:

To grow and support each charitable journey by providing simple customized vehicles that fulfill your philanthropic endeavors.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 133,030. including grants of \$ 118,300.) (Revenue \$ -14,306.)

The Tarnow foundation continues to honor Fred and Mary Tarnows dedication to the benefits of supporting education in the Texas Hill Country community. By supporting local non-profits, the foundation helps the people who reside in the Texas Hill Country area who wish to improve themselves by furthering their education and training. The foundation also supports a variety of other local charitable programs that serve this area of Texas as well.

4b (Code:) (Expenses \$ 153,077. including grants of \$ 0.) (Revenue \$ 138,825.)

The Workwell Foundation's mission is to focus on research concerning the functional aspects of Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) and related illnesses. Their goal is to facilitate an understanding of the biological basis for fatigue and provide objectively determined therapeutic interventions that will improve quality of life for this population. Along with their cardiopulmonary exercise testing service that specializes in the evaluation of disability impairment from these illnesses, their unique contribution is educating patients in conjunction with health and fitness professionals.

4c (Code:) (Expenses \$ 613,676. including grants of \$ 418,569.) (Revenue \$ -375,044.)

The Anderson foundation was established to honor Jack R. Anderson and is committed to making a significant impact in assisting qualified nonprofits in the community that are elevating the human condition and protecting the welfare of animals. The foundations interests are broad and varied and are a reflection of Jack and his pattern of giving. The foundations mission is to continue to give and enhance the community in the same meaningful way that Jack did throughout his entire life. And the support goes beyond just funding as the foundations Advisory Committee members are committed to providing their pro-bono guidance in law, accounting, finance and marketing. The foundation partners with and funds organizations that are IRS 501(c)(3) designated non-profits that provide a positive high impact in the local communities of Maryland, the District of Columbia and Northern Virginia.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 4,945,146. including grants of \$ 3,719,386.) (Revenue \$ 2,224,568.) See Statement

4e Total program service expenses ▶ 5,844,929.

Part IV Checklist of Required Schedules

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

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>	22 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>	23 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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>	35b 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>	36	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>	37	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.	38 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	1a 106	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c 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 reporting, 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 in 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 in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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, or 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
7b	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:		
8a	The governing body?	X	
8b	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 in 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
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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
16b	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 Part VI, Line 17 stmt
- 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 United Charitable, 8201 Greensboro Drive, Suite 702, Tysons, VA 22102 (571)620-3000

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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jan H. Ridgely CEO/Secretary	30.00	X		X			158,193.	8,326.	14,926.	
(2) Julia Healey CFO	30.00			X			140,363.	7,388.	18,298.	
(3) Stacy L. Summitt Controller/Secretary	30.00			X			101,329.	5,333.	19,902.	
(4) Blague Lyn Haston Chairman	1.00	X					0.	0.	0.	
(5) Dr. Matteo Sabattini, Ph.D. Treasurer	1.00	X					0.	0.	0.	
(6) Bruce McClintock Director	1.00	X					0.	0.	0.	
(7) Geoff Brown Director	1.00	X					0.	0.	0.	
(8) Joan Townsend Director	1.00	X					0.	0.	0.	
(9) Emily High Daniels Director	1.00	X					0.	0.	0.	
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							399,885.	21,047.	53,126.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							399,885.	21,047.	53,126.	

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 **▶** 3

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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

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 **▶**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	800,807.				
	d Related organizations	1d	624,264.				
	e Government grants (contributions)	1e	55,207.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	73,995,032.				
	g Noncash contributions included in lines 1a-1f: \$		72,150,968.				
	h Total. Add lines 1a-1f		75,475,310.				
Program Service Revenue		Business Code					
	2a Pooled Income Admin Fees	900099	6,000.	6,000.	0.	0.	
	b Program Service Revenue	900099	241,675.	241,675.	0.	0.	
	c Fee Income	900099	7,388.	7,388.	0.	0.	
	d _____						
	e _____						
	f All other program service revenue .						
g Total. Add lines 2a-2f		255,063.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,281,942.	0.	0.	1,281,942.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		11,457,097.					
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			393,384.	0.	0.	393,384.
	8a Gross income from fundraising events (not including \$ 800,807. of contributions reported on line 1c). See Part IV, line 18	a	133,028.				
	b Less: direct expenses	b	209,141.				
	c Net income or (loss) from fundraising events .			-76,113.		0.	-76,113.
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities . .							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory . .							
	Miscellaneous Revenue	Business Code					
11a Insurance Proceeds	900099		119,767.	0.	0.	119,767.	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			119,767.				
12 Total revenue. See instructions			77,449,353.	255,063.	0.	1,718,980.	

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	3,597,853.	3,597,853.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	146,036.	146,036.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	512,366.	512,366.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	450,355.	125,578.	324,777.	0.
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	585,307.	197,589.	387,718.	0.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,820.	3,666.	27,154.	0.
9 Other employee benefits	44,497.	8,816.	35,681.	0.
10 Payroll taxes	75,453.	23,374.	52,079.	0.
11 Fees for services (non-employees):				
a Management				
b Legal	83,663.	8,975.	74,688.	0.
c Accounting	72,634.	4,500.	68,134.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	448,784.	308,787.	139,997.	0.
12 Advertising and promotion	372.	372.	0.	0.
13 Office expenses	130,134.	93,156.	36,978.	0.
14 Information technology	76,120.	1,103.	75,017.	0.
15 Royalties				
16 Occupancy	139,610.	58,450.	81,160.	0.
17 Travel	189,280.	179,728.	9,552.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,533.	3,327.	2,206.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,449.	2,065.	3,384.	0.
23 Insurance	229,503.	146,554.	82,949.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Program Related Supplies & Support	158,629.	158,629.	0.	0.
b Bank and Investment Fees	246,416.	195,763.	50,653.	0.
c Dues and Subscriptions	15,053.	10,473.	4,580.	0.
d Website, Online Expense	43,109.	35,721.	7,388.	0.
e All other expenses	52,090.	22,048.	30,042.	0.
25 Total functional expenses. Add lines 1 through 24e	7,339,066.	5,844,929.	1,494,137.	0.
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	3,111,252.	1	1,006,471.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	486,871.	4	322,928.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	42,662.	9	36,548.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 188,808.		
	b Less: accumulated depreciation	10b 10,023.	173,910.	10c 178,785.
	11 Investments—publicly traded securities	21,658,115.	11	22,292,389.
	12 Investments—other securities. See Part IV, line 11	68,530,059.	12	137,145,178.
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,227,550.	15	4,969,488.
16 Total assets. Add lines 1 through 15 (must equal line 34)	99,230,419.	16	165,951,787.	
Liabilities	17 Accounts payable and accrued expenses	154,715.	17	152,132.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		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		25	
	26 Total liabilities. Add lines 17 through 25	154,715.	26	152,132.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,125,673.	27	3,146,158.
	28 Temporarily restricted net assets	94,950,031.	28	162,653,497.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	99,075,704.	33	165,799,655.	
34 Total liabilities and net assets/fund balances	99,230,419.	34	165,951,787.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	77,449,353.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,339,066.
3	Revenue less expenses. Subtract line 2 from line 1	3	70,110,287.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	99,075,704.
5	Net unrealized gains (losses) on investments	5	-3,386,336.
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	165,799,655.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
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 in Schedule O.	X	
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?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990: Return of Organization Exempt from Income Tax

Part III: Line 4d (continued)

Continuation Statement

(Code:) (Expenses \$4,945,146 including grants of \$3,719,386) (Revenue \$2,224,568)
UC programs perform a wide variety of services to the community, which are detailed in the UC annual report. The majority of them have well-developed websites and an online fundraising and social media presence. Our top performing programs fall into the following categories: Children/Youth, Education, Faith-based Ministries, Community Development and Health. On average,
(Code:) (Expenses \$0 including grants of \$0) (Revenue \$0)
each UC program has 10-25 volunteers that assist them throughout the year with a total of 2,723 volunteers for all of UC in 2017. Our programs have advisory committees that meet an average of 4 times a year and most programs are located near large metropolitan areas. Most of UC's top performing programs conduct fundraisers, including several with well-established
(Code:) (Expenses \$0 including grants of \$0) (Revenue \$0)
golf tournaments and galas. On average, UC programs have around six or more years experience operating underneath a Fiscal Sponsor.

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax

Part VI, Line 17 (continued)

Continuation Statement

States Where Copy of Return is Required
AK
AL
AR
FL
GA
IL
KS
KY
ME
MD
MA
MI
MS
MN
NH
NJ
NM
NY
NC
ND
OR
PA
RI
SC
TN
VA
WV
WI

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization United Charitable	Employer identification number 20-4286082
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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)(vii)**. (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 33¹/₃% 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 33¹/₃% 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,962,224.	18,106,651.	27,407,968.	24,798,658.	75,475,310.	160,750,811.
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	14,962,224.	18,106,651.	27,407,968.	24,798,658.	75,475,310.	160,750,811.
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)						22,993,809.
6 Public support. Subtract line 5 from line 4						137,757,002.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	14,962,224.	18,106,651.	27,407,968.	24,798,658.	75,475,310.	160,750,811.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	455,406.	578,843.	683,223.	1,063,724.	1,281,942.	4,063,138.
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.)						
11 Total support. Add lines 7 through 10						164,813,949.
12 Gross receipts from related activities, etc. (see instructions)					12	3,311,023.
13 First five 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 2018 (line 6, column (f) divided by line 11, column (f))	14	83.58 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	84.39 %
16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 five 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

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** 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—2017.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) below.</i>		
3b	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>		
3c	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 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	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>		
4c	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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	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?		
5c	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>		
9b	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>		
9c	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 10b below.</i>		
10b	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 (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	2	

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>	1	

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?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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>	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
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>	3b	

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 (explain in detail in Part VI):			
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 1-1/2% 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 .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 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 of Contributors

2018

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

Name of the organization <u>United Charitable</u>	Employer identification number 20-4286082
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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 33¹/₃% 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 Charitable	Employer identification number 20-4286082
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 7,836,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 7,836,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 7,286,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 3,532,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 3,344,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 2,239,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization United Charitable	Employer identification number 20-4286082
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 2,239,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 2,239,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 1,769,818.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 4,205,567.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ 4,422,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ 1,670,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization United Charitable	Employer identification number 20-4286082
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ 4,422,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <u>United Charitable</u>	Employer identification number <u>20-4286082</u>
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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
1	----- ----- -----	\$ 7,836,000.	09/17/2018
2	----- ----- -----	\$ 7,836,000.	09/17/2018
3	----- ----- -----	\$ 7,286,000.	01/01/2018
4	----- ----- -----	\$ 3,532,000.	01/01/2018
5	----- ----- -----	\$ 3,344,000.	01/01/2018
6	----- ----- -----	\$ 2,239,000.	09/17/2018

Name of organization <u>United Charitable</u>	Employer identification number <u>20-4286082</u>
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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
7	<div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div>	\$ <u>2,239,000.</u>	<u>09/17/2018</u>
8	<div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div>	\$ <u>2,239,000.</u>	<u>09/17/2018</u>
9	<div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div>	\$ <u>1,769,818.</u>	<u>01/01/2018</u>
10	<div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div>	\$ <u>4,205,567.</u>	<u>12/21/2018</u>
11	<div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div>	\$ <u>4,422,334.</u>	<u>12/30/2018</u>
12	<div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 15px; margin-bottom: 2px;"></div>	\$ <u>1,670,000.</u>	<u>08/25/2018</u>

Name of organization <u>United Charitable</u>	Employer identification number <u>20-4286082</u>
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
13	----- ----- -----	\$ 4,422,334.	12/30/2018
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization United Charitable	Employer identification number 20-4286082
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

2018

Open to Public Inspection

Name of the organization: United Charitable; Employer identification number: 20-4286082

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number of funds, aggregate values, and compliance questions.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including questions about purpose, monitoring, and expenses, with a sub-table for 'Held at the End of the Tax Year'.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts.

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 are a 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 programs
- 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ %
- b** Permanent endowment ▶ %
- c** Temporarily restricted endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0.			0.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		188,808.	10,023.	178,785.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				178,785.

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	137,145,178.	Cost
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	137,145,178.	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Insurance @ CSV	3,876,511.
(2) PV of Pooled Income Trust	1,086,049.
(3) Security Deposits	6,928.
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	4,969,488.

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) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

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 FIN 48 (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	74,272,158.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-3,386,336.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	209,141.	
e	Add lines 2a through 2d			2e -3,177,195.
3	Subtract line 2e from line 1			3 77,449,353.
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 77,449,353.

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	7,548,207.
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	209,141.	
e	Add lines 2a through 2d			2e 209,141.
3	Subtract line 2e from line 1			3 7,339,066.
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 7,339,066.

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.

Pt III, Line 4: The organization's collectibles include artwork, held for the purpose

Pt III, Line 4: of preservation and restoration, as well as for the displaying of art in an educational environment.

Pt XI, Line 2d: Less Events Expenses Reclassified of \$165,936 from Program and \$43,205 from Fundraising

Pt XII, Line 2d: Less Events Expenses Reclassified of \$165,936 from Program and \$43,205 from Fundraising

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

United Charitable

Employer identification number

20-4286082

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Central America	0	0	Grants		96,650.
(2) East Asia and Pacific	0	0	Grants		182,100.
(3) North America	0	0	Grants		25,000.
(4) South America	0	0	Grants		11,625.
(5) South Asia	0	0	Grants		84,000.
(6) Sub-Saharan Africa	0	0	Grants		112,991.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			512,366.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			512,366.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			North America	Education	20,000.	WIRE			
(2)			East Asia and Pacific	Education	40,000.	WIRE			
(3)			Central America	Education	57,000.	WIRE			
(4)			Central America	Education	6,800.	WIRE			
(5)			Central America	Agricultural project	31,600.	WIRE			
(6)			South Asia	Education	84,000.	WIRE			
(7)			East Asia and Pacific	Health	33,400.	WIRE			
(8)			Sub-Saharan Africa	Education	24,190.	WIRE			
(9)			Sub-Saharan Africa	Construction of cent	15,000.	WIRE			
(10)			South America	Food for Children	8,625.	WIRE			
(11)			East Asia and Pacific	Education, Agricultu	105,200.	WIRE			
(12)			Sub-Saharan Africa	Education	10,000.	WIRE			
(13)			Sub-Saharan Africa	Education, food, clo	55,041.	WIRE			
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 13

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

Pt I Line 2: UC has established guidelines which must be followed when gifts are made to charitable organizations outside the United States. For grants to international Non-Governmental Organizations (NGO), UC uses a combination of Expenditure Responsibility and Charitable Equivalency to determine the grant worthiness of a foreign organization. There is a process of pre-approval of the organization as well as approval for planned use of funds. Among the requirements is confirming that the grant will not violate government orders regarding financing terrorist organizations; registration documentation showing that the NGO is appropriately registered as a charitable organization in its home country; receiving documentation on the organizations mission, key staff and activities; and receiving reports from the NGO on expenditure of donated funds.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Name of the organization United Charitable	Employer identification number 20-4286082
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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.
- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 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.

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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 The Market Project (event type)	(b) Event #2 Van Noy Valor Foundation (event type)	(c) Other events 29 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	68,191.	67,882.	766,649.	902,722.
	2 Less: Contributions	60,791.	60,871.	657,930.	779,592.
	3 Gross income (line 1 minus line 2)	7,400.	7,011.	108,719.	123,130.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	10,070.	4,526.	11,006.	25,602.
	6 Rent/facility costs	12,402.	2,878.	40,350.	55,630.
	7 Food and beverages	3,164.	25,671.	26,040.	54,875.
	8 Entertainment		1,395.	5,945.	7,340.
	9 Other direct expenses	5,329.	2,385.	39,231.	46,945.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				190,392.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-67,262.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 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 I
(Form 990)**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

United Charitable

Employer identification number

20-4286082

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.

(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
(1) University of Southern California 3551 Trousdale Parkway, Ste.160 Los Angeles CA 90089	95-1642394	501(c)3	7,000.				To provide financial help for USC Black students.
(2) Fire Wagon Hockey P.O. Box 1854 Crystal Lake IL 60039	20-2682112	501(c)3	7,000.				To support youth organization in the Crystal Lake area.
(3) Vista de la Montana United Methodist Church 3001 E Mira Vista Lane Tucson AZ 85739	86-0678980	501(c)3	25,000.				To support the ministry by replacing offices and classrooms.
(4) John Huss Presbyterian Church 304 Lemon Street Thurston NE 68062	47-0447621	501(c)3	10,000.				To support the local church.
(5) Academy of American Poets 75 Maiden Ln Rm 901 New York NY 10038	13-1879953	501(c)3	6,000.				Support Poetry Prize
(6) Pender Community Health Care Foundation Inc P.O. Box 100 Pender NE 68047	47-0750036	501(c)3	25,000.				To provide healthcare for children.
(7) Calvin Crest Camp Conference and Retreat Center Inc 2870 County Road 13 Fremont NE 68025	36-4607814	501(c)3	15,000.				To make disciples of Jesus Christ.
(8) Guiding Eyes for the Blind, Inc. 611 Granite Springs Rd. Yorktown Heights NY 10598	13-4854606	501(c)3	10,000.				Training and placing service animals
(9) Hill Country Ambassadors 605 S Bluebonnet Fredericksburg TX 78624	43-2090676	501(c)3	10,000.				Support for disabled & their families and students.
(10) Wounded Warrior Project Inc. 4899 Belfort Road Suite 300 Jacksonville FL 32256	20-2370934	501(c)3	6,100.				Memorial in Memory of Mary Kastelberg Morgan
(11) The Hun School of Princeton 176 Edgerstoune Road Princeton NJ 08540	21-0639868	501(c)3	15,000.				To support educational efforts in the college prep space
(12) See Statement			2,580,776.	352,000.			

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

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

Schedule I (Form 990) (2018)

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Scholarships	18	26,500.			
2 Shelter and Rent	1	1,200.			
3 Grants	11	37,107.			
4 Education	23	78,565.			
5 Disaster Relief	3	2,664.			
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Pt I Line 2: UC has established guidelines which must be followed when gifts are

Pt I Line 2: made to charitable organizations in the United States. For gifts to

Pt I Line 2: recognized 501(c)(3) public charities, UC requires a copy of the IRS

Pt I Line 2: Determination Letter or TIN of the organization, and/or parent if

Pt I Line 2: necessary. For churches, synagogues, mosques and other religious

Pt I Line 2: organizations, UC has a whole separate set of criteria,

Pt I Line 2: particularly if the religious organization is not a 501(c)(3). For

Pt I Line 2: grants to Federal, State, County or City governments or governmental

Pt I Line 2: entities, UC requires written confirmation that the grantee is a

Pt I Line 2: governmental entity. For all other grant recipients, such as social

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Pt I Line 2: welfare organizations, veteran organizations, fraternal

Pt I Line 2: organizations, etc., UC requires application for the grant with

Pt I Line 2: approval on a case-by-case basis with various criteria having to be

Pt I Line 2: met.

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

Name and address of organization or government	EIN	IRC Section (if applicable)	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of noncash assistance	Purpose of grant or assistance
Conflict resolution & Conciliation Center, Inc 10521 Judicial Dr. #207, Fairfax, VA 22030	205987209	501(c)3	13,000.				Christian Conciliation
Association of Graduates of the United States Military Academy 698 Mills Road, West Point, NY 10996	141260763	501(c)3	10,000.				To support for the West Point Military Academy and its graduates.
Eudora United Methodist Church 2084 N 1300th Rd, Eudora, KS 66025	480870393	501(c)3	18,000.				Promote financial stewardship.
Catholic Relief Services, Inc. 228 West Lexington Street, Baltimore, MD 21201	135563422	501(c)3	10,000.				Emergency Assistance
National Multiple Sclerosis Society 733 Third Ave, 3rd Floor, New York, NY 10017	135661935	501(c)3	5,225.				Support individuals with Multiple Sclerosis.
Texas Heritage Music Foundation PHE	742495227	501(c)3	15,000.				Provide funds for Music Connection for the elderly.
Humanity Road Inc 230 Washington St, Boydton, VA 23917	272047079	501(c)3	11,602.				Provides Disaster relief data
University of Pikeville 147 Sycamore St, Pikeville, KY 41501	610444788	501(c)3	22,567.				Support educational efforts of the college.
Zionsville Presbyterian Church 4775 W 116th St., Zionsville, IN 46077	351617555	501(c)3	20,000.				Donation to general operating fund of ZPC
Community Foundation of Boone County 4775 W 116th St., Zionsville, IN 46077	351829585	501(c)3	6,051.				Pay Life Insurance policy. (owned by cfbg)
Renaissance Charitable Foundation Inc. 6100 W 96th St Ste 105, Indianapolis, IN 46278	352129262	501(c)3	9,238.				charitable purposes
Wheaton College 501 College Avenue, Wheaton, IL 60187	362182171	501(c)3	100,000.				Armerding Music Center
Christian Legal Society 8001 Braddock Rd. Ste 302, Springfield, VA 22151	366101090	501(c)3	10,000.				legal aid clinic, law student ministries
United States Conference Of Catholic Bishops 3211 4th Street, NE, Washington, DC 20017	530196617	501(c)3	6,000.				RELIGION, SPIRITUAL DEVELOPMENT
First Unitarian Universalist Congregation of Ann Arbor 4001 Ann Arbor-Saline Road, Ann Arbor, MI 48103	381684000	501(c)3	11,500.				religious
Sisters of Mary Mother of the Eucharist 4597 Warren Road, Ann Arbor, MI 48105	383349686	501(c)3	19,000.				Texas Priory Match Grant
His Eye Is On the Sparrow 5068 Plymouth Road, Ann Arbor, MI 48105	383561847	501(c)3	14,400.				To promote Christian spiritual works of mercy.
Green Valley Hospice Foundation Inc 3009 DOUGLAS BLVD STE 160, Roseville, CA 95661	823830733	501(c)3	12,823.				To support the Green Valley Hospice Foundation.

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

Life Point Christian Fellowship 28479 N Main St, San Tan Valley, AZ 85143	770633060	501(c)3	11,400.				RELIGION RELATED, SPIRITUAL DEVELOPMENT
Center for Faithwalk Leadership 198 White Star Pt, Spartanburg, SC 29301	330836931	501(c)3	25,000.				To Support Christian Leadership Development
Alliance for Children 908 Southland Ave., Fort Worth, TX 76104	752363035	501(c)3	25,408.				To help abused children
Catholic University of America 620 Michigan Ave. NE, Washington, DC 20064	530196583	501(c)3	7,500.				Scholarships students studyig abroad.
Eastern Michigan University Foundation (WEMU) PO Box 972057, Ypsilanti, MI 48197	382953297	501(c)3	78,500.				Fall Fundraiser NPR for WEMU
Drexel University PO Box 8215, Philadelphia, PA 19101	231352630	501(c)3	100,000.				Endowed scholarship
Uganda Counseling and Support Services Inc 1729 SW MacVicar Ave., Topeka, KS 66604	454709060	501(c)3	15,000.				Arts Support for Museum
Glasswing International USA 25 Broadway, 9th Floor, New York, NY 10004	261456470	501(c)3	7,650.				Playground project in Parvularia; El Salvador
Alzheimer's Foundation of America Inc 322 Eight Ave 7th Floor, New York, NY 10001	911792864	501(c)3	15,194.				Alzheimer's Disease.
Champions for Kids 26 W Center St. Ste. 215, Fayetteville, AR 72701	680587684	501(c)3	11,576.				To Assist local community kids.
Bright Beginnings 128 M Street NW, Washington, DC 20001	521697917	501(c)3	25,000.				Funding for homeless children's daycare/preschool
Forcey Bible Church 2130 E. Randolph Road, Silver Spring, MD 20904	530178404	501(c)3	30,000.				Helping Hand Fund
Cardinal Gibbons High School 2900 NE 47th Street, Fort Lauderdale, FL 33308	530196617	501(c)3	11,000.				For benefit of CGHS football program
Longview Dream Center Inc 803 Gilmer Road, Longview, TX 75604	464238429	501(c)3	13,200.				Providing hunger relief in Longview Community.
Humane Society of the United States 1255 23rd Street NW, Suite 450, Washington, DC 20037	530225390	501(c)3	10,827.				Hands-on care, protection for animals
National Legal Foundation 2224 Virginia Beach Ave., Virginia Beach, VA 23454	541325665	501(c)3	170,000.				religious freedom legal work
Independent Missionary Network (IMN) 6697 Federal Avenue, Portage, IN 46368	461465912	501(c)3	38,000.				TO HELP MISSIONARIES BRING THE GOSPEL TO ALL PEOPLE
Saint Gregory the Great Catholic Church 31 Saint Gregory Drive, Okatie, SC 29909	571071592	501(c)3	30,228.				General Support
Guatemalan Dream Center Inc 944 Alcazar Way S, Saint Petersburg, FL 33705	812203532	501(c)3	23,000.				Provide food, housing, medical care for Guatemala Families.

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

Trinity Free Clinic Inc 1045 W. 146th St, Carmel, IN 46032	352120420	501(c)3	18,000.				To Fund Medical and Dental Treatment for the Poor.
KRPS 4 God Music Ministry Inc 1100 Tillery Rd., Perrin, TX 76486	471261901	501(c)3	10,000.				Programming the awareness moral values
Longview New Heights PO Box 6348, Longview, TX 75608	752838632	501(c)3	31,000.				Donation
Mission India PO Box 141312, Grand Rapids, MI 49514	382944724	501(c)3	94,442.				Providing training, scripture materials for Indian Churches
Hope in the Night Ministries PO Box 100, Pennock, MN 56279	411836130	501(c)3	94,442.				General Support
Northridge Church 309 Wilkinson Lane, White House, TN 37188	861151830	501(c)3	5,013.				Panama and/or Nepal Missions Outreach.
Minnesota Teen Challenge, Inc. 740 East 24th Street, Minneapolis, MN 55404	411517351	501(c)3	94,442.				Alcohol, Drug Dependency Prevention and Treatment
Hope Pregnancy Center PO Box 334, Willmar, MN 56201	411641235	501(c)3	94,442.				Assisting Women with Unplanned Pregnancies
City of Raymond 208 Cofield St., Raymond, MN 56282	411248458		9,444.				Religion
Bethany Reformed Church 222 North Main Street, Clara City, MN 56222	410782850	501(c)3	9,444.				Church Operational Support
Act One Inc. 7080 Hollywood Blvd., Los Angeles, CA 90028	954854284	501(c)3	10,000.				To Support Christian Professionals in Entertainment
Waves for Water Inc 527 San Vicente Blvd #210, Santa Monica, CA 90402	366080766		17,752.				Filters for clean drinking water
Maimonides Medical Center 6300 Eighth Ave, Brooklyn, NY 11220	111635081	501(c)3	14,000.				Cancer Research
The Church of Jesus Christ of Latter-day Saints Bass Lake Ward, 3431 Hacienda Rd., Cameron Park, CA 95682	870234341	501(c)3	27,180.				To help religious organization
Arthrogyrosis Multiplex Congenita Support P. O. Box 6291, Spartanburg, SC 29304	208287870	501(c)3	6,950.				AMCSI Sponsorship of Conference
Autism Speaks 557 N. Wymore Road Suite 101, Maitland, FL 32751	202329938	501(c)3	15,000.				Autism/Health related programs
Habitat for Humanity of West Central Minnesota PO Box 1171, Willmar, MN 56201	411726284	501(c)3	14,166.				Create housing and eliminating homelessness
Dynamic Catholic Institute 901 Adams Crossing, Cincinnati, OH 45206	264549213	501(c)3	50,400.				Catholic Moments Campaign
Ekal Vidyalaya Foundation of USA 1712 Highway 6 South, Suite A, Houston, TX 77077	770554248	501(c)3	18,250.				Sponsor 42 Ekal Schools in India

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

Purdue Research Foundation 403 West Wood Street, West Lafayette, IN 47907	351052049	000	14,000.				Purdue crew scholarship fund
George Mark Childrens Fund 2121 George Mark Ln, San Leandro, CA 94578	943255845	000	20,700.				Provide Specialized Medical Beds and Other Support
American Heart Association, Inc. 7272 Greenville Ave, Dallas, TX 75231	135613797	000	12,598.				Research, fight for stronger public health policies.
Indiana University Foundation PO Box 500, Bloomington, IN 47402	356018940	000	7,500.				To support Latino Studies
The Salvation Army Northern Division - Serving MN & ND 521 4th St. SW, Willmar, MN 56201	410698597	000	28,333.				Temporary Shelter For the Homeless
La Salle High School 3091 North Bend Rd., Cincinnati, OH 45239	310624664	000	11,575.				La Salle Scholarship Fund
Judson Baptist Church of Walker Louisiana 32470 Walker North, Walker, LA 70785	721023553	000	12,100.				Mission of sharing the gospel feeding children & widows
Westminster Presbyterian Church 1500 Scio Church Rd, Ann Arbor, MI 48103	381861814	000	11,281.				Partial fulfillment of donation by Marjorie McRoberts
St. Joseph Catholic Church 12675 Center Road, Traverse City, MI 59686	530196617	000	6,600.				To support operating expenses for the first quarter.
World Changers Church Los Angeles 8939 S. Sepulveda Ste. 110, #250, Los Angeles, CA 90045	582158071	000	16,000.				Donation - General Support
Assembly of God 3821 Abbott Dr., Willmar, MN 56201	410993271	000	28,333.				Church Operational Support
Believe Together Inc. 1111	463665452	000	10,000.				To break the cycles of poverty
South Sudan Hope Network 2 Woodward Ct., Annapolis, MD 21403	822283966	000	22,295.				To work with 2 villages to improve the standard of living
Youngstown Metro Assembly of God PO Box 2768, Youngstown, OH 44507	341587091	000	14,500.				Providing coats, toys, bibles for children in Wainning, Trumble Counties.
First Liberty Institute 2001 W Plana Pkwy Ste 1600, Plano, TX 75075	751403169	000	10,000.				For protecting religious freedom.
Board of Education City of Chicago aka Chicago PS District #299 4935 S. Archer Ave., Chicago, IL 60632	366005821	000	10,000.				Assist Public School Youth Education
Southern Bible Institute 7200 South Hampton Rd., Dallas, TX 75232	750891475	000	6,423.				Operating, Scholarship and Development Assistance
Africa Inland Mission International Incorporated 600 Westpark Drive, Peachtree City, GA 30269	111873101	000	40,000.				missionaries in Kenya teaching at Seminary.
Animal League of Green Valley 1600 W DUVAL MINE RD, Green Valley, AZ 85614	742378040	000	42,414.				To provide a home and care for homeless pets

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

A Wider Circle 4808 Moorland Lane Suite 802, Bethesda, MD 20814	522345144	000	21,750.				To provide support for the Washington Highlands Project.
DC Arts and Humanities Education Collaborative 975 F Street, NW, Washington, DC 20004	522125047	000	20,000.				Arts and Humanities Student Project
Friendship Place 4713 Wisconsin Ave NW, Washington, DC 20016	521925494	000	25,000.				To support the Youth Adult Opportunity Fund
N Street Village 1333 N Street NW, Washington, DC 20005	521007373	000	25,000.				To provide funds for the Wellness Center.
Sasha Bruce Youthwork 741 8th St SE, Washington, DC 20003	521006486	000	20,260.				To support the Homeless Youth Drop In Center.
Luv U Project In Memory of Carolyn C Mattingly Inc P O Box 60248, Potomac, MD 20859	472161105	000	10,500.				To support young professionals advancing the needs of mental health.
North Star Church Inc 9929 Sherrill Blvd, Knoxville, TN 37932	432022589	000	9,500.				Program Support for Church Operations
Resurrection Lutheran Church 1612 Meadow Edge Lane, Spring, TX 77388	746150642	000	10,000.				To provide assistance to families in need.
University of Detroit Jesuit High School and Academy 8400 S. Cambridge Avenue, Detroit, MI 48221	381360587	000	10,000.				To support education by the Roman Catholic Church.
Dream Queen Foundation Inc. 256 Moreau Lane, Severna Park, MD 21146	813254660	000	21,005.				Career Development program for Women
Former Texas Rangers Foundation PO BOX 3195, Fredericksburg, TX 78624	237150500	000	26,500.				To support programs of the Former Texas Rangers Assoc.
Hero Dogs Inc. PO Box 64, Brookeville, MD 20833	270887317	000	17,000.				To train Service Dogs for Disabled Veterans
Defy Ventures, Inc 5 Penn Plaza, 19th floor, New York, NY 10001	273611908	000	18,000.				Provide entrepreneurial skills to formerly/currently incarcerated.
Wounded Warriors at Nebo P.O. Box 574, Fredericksburg, TX 78624	813194239	000	6,800.				To assist the wounded, families, caregivers
Columbia Lighthouse for the Blind 1825 K Street NW, Washington, DC 20012	530196609	000	25,000.				Ensuring vision literacy in Title One schools.
Horton's Kids 100 Maryland Avenue NE, Suite 520, Washington, DC 20002	521755403	000	20,000.				To support for early childhood literacy
Iona Senior Services 4125 Albemarle Street NW, Washington, DC 20016	521039553	000	10,000.				Fund for Emergency Client Needs.
Martha's Table 2114 - 14th St NW, Washington, DC 20009	521186071	000	25,309.				To provide early childhood curriculum materials.
Urban Alliance Foundation Inc 2030 Q ST NW, Washington, DC 20009	521938443	000	25,000.				To support the education of high school students.

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments

Continuation Statement

Golden Years Alaskan Malamute Rescue 2430 Lorensen, Muskegon, MI 49445	383619073	000	6,000.				Provide food, shelter, healthcare to aging Alaskan Malamutes
Keane Charitable Group 135 W Adams Ave, Saint Louis, MO 63122	264550107	000	15,994.				Philanthropy, volunteerism, and grantmaking, Haiti, Somalia
Purcellville Baptist Church 601 Yaxley Dr., Purcellville, VA 20132	541011423	000	25,000.				Supporting of the sharing the Gospel of Jesus Christ.
Evangelical Covenant Church Pender NE RR 3 Box 455, Pender, NE 68047	510139910	000	10,000.				To support general operations of the local church.
United Church of Pender 504 Earl St, Pender, NE 68047	470738095	000	10,000.				To support the local church in the sharing of the Gospel.
KRPS 4 God Music Ministry Inc 1100 Tillery Rd, Perrin, TX 76486	471261901	000	10,000.				Provide a Music ministry to colleges around the state
Academy of Hope Adult Public Charter School 2315 18th Place NE, Washington, DC 20018	521730021	000	25,000.				Funding technology to enhance adult learning
For Love of Children (FLOC) 1763 Columbia Road NW, Washington, DC 20009	526064548	000	13,500.				YOUTH DEVELOPMENT
Foster and Adoptive Parent Advocacy Center (FAPAC) 508 Kennedy Street, NW, Room #303, Washington, DC 20011	043812274	000	25,000.				Human Services
Homeless Children's Playtime Project 1525 Newton Street NW, Washington, DC 20010	203380456	000	21,750.				Funding education program.
Imagination Stage 4908 Auburn Avenue, Bethesda, MD 20814	521164889	000	10,000.				Funding educating children through the arts
The Family Place 3309 16th St NW, Washington, DC 20010	521190146	000	23,500.				Funding evening family literacy program
The Vital Ground 20 Fort Missoula Road, Missoula, MT 59804	870483446	000	10,000.				Funding land conservation.
Alliance for Africa's Orphanages, Inc. 10548 Sunset Isles Court, Boynton Beach, FL 33437	823569089	000	6,000.				Classrooms and surgery for Children in Uganda.
The Children's Inn at NIH 7 West Drive, Bethesda, MD 20814	521638207	000	25,000.				New Roof
Womens Care Center Foundation Inc 4901 W. 86th Street, Indianapolis, IN 46268	383651599	000	50,000.				Human Services -- Multipurpose and Other
University of Notre Dame 724 Grace Hall, Notre Dame, IN 46556	350868188	000	25,500.				EDUCATION
Mitchell Thorp Foundation 6965 El Camino Real Suite 105-433, Carlsbad, CA 92009	270824320	000		352,000.	Book	Trf of LLC units	Trf of LLC units
			2,580,776.	352,000.			

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

United Charitable

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

20-4286082

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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 Jan H. Ridgely CEO/Secretary	(i)	158,193.	0.	0.	0.	14,180.	172,373.	0.
	(ii)	8,326.	0.	0.	0.	746.	9,072.	0.
2 Julia Healey CFO	(i)	140,363.	0.	0.	0.	17,383.	157,746.	0.
	(ii)	7,388.	0.	0.	0.	915.	8,303.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**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 the latest information.**

Name of the organization United Charitable	Employer identification number 20-4286082
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	33	2,048,545.	Fair Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	43	70,101,507.	Appraisal
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>Program Related Supplies</u>)	X	2	916.	Cost
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 IV, Donee Acknowledgement	29
---	-----------

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

**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

2018

**Open to Public
Inspection**

Name of the organization

United Charitable

Employer identification number

20-4286082

Pt VI, Line 11b: The Form 990 is reviewed by the CFO, CEO,

Pt VI, Line 11b: Treasurer, Chairman of the Board and the Audit Committee.

Pt VI, Line 12c: Review of relationships performed on a regular basis.

Pt VI, Line 15a: Review and determination of all salaries by the

Pt VI, Line 15a: disinterested Compensation Committee of the Board of

Pt VI, Line 15a: Directors using a corporate salary survey as guidance.

Pt VI, Line 15b: Review and determination of all salaries by the

Pt VI, Line 15b: disinterested Compensation Committee of the Board of

Pt VI, Line 15b: Directors using a corporate salary survey as guidance.

Pt VI, Line 19: Documents are available on website or upon request

Pt XII, Line 2c: During 2015 UCP formed an audit committee for oversight of

the annual audit.

Pt III, Line 4d:

Expenses: \$4,945,146 including grants of: \$3,719,386 Revenue: \$2,224,568

Description: UC programs perform a wide variety of services to the
community, which are detailed in the UC annual report. The majority of them have well-developed websites
and an online fundraising and social media presence. Our top performing programs fall into the following
categories: Children/Youth, Education, Faith-based Ministries, Community Development and Health. On average,

Expenses: \$0 including grants of: \$0 Revenue: \$0

Description: each UC program has 10-25 volunteers that assist them
throughout the year with a total of 2,723 volunteers for all of UC in 2017. Our programs have advisory
committees that meet an average of 4 times a year and most programs are located near large metropolitan
areas. Most of UC's top performing programs conduct fundraisers, including several with well-established

Expenses: \$0 including grants of: \$0 Revenue: \$0

Description: golf tournaments and galas. On average, UC

Name of the organization

Employer identification number

United Charitable

20-4286082

... programs have around six or more years experience operating underneath a Fiscal Sponsor.

Pt VI, Section C, Line 17:

State: AL

State: AR

State: FL

State: GA

State: IL

State: KS

State: KY

State: ME

State: MD

State: MA

State: MI

State: MS

State: MN

State: NH

State: NJ

State: NM

State: NY

State: NC

State: ND

State: OR

State: PA

State: RI

State: SC

State: TN

State: VA

Name of the organization United Charitable	Employer identification number 20-4286082
---	--

State: WV

State: WI

Pt IX, Line 24e:

Description: Licenses, Fees & Taxes

Total: \$5,581

Program services: \$5,581

Management and general: \$0

Fundraising: \$0

Description: Construction Related Cost

Total: \$0

Program services: \$0

Management and general: \$0

Fundraising: \$0

Description: Miscellaneous Expenses

Total: \$10,371

Program services: \$0

Management and general: \$10,371

Fundraising: \$0

Description: Staff Appreciation/Morale

Total: \$1,843

Program services: \$0

Management and general: \$1,843

Fundraising: \$0

Description: Fund Raising - Supplies

Total: \$0

Program services: \$0

Management and general: \$0

Name of the organization United Charitable	Employer identification number 20-4286082
---	--

Fundraising: \$0

Description: Staff Training/Seminars

Total: \$1,141

Program services: \$0

Management and general: \$1,141

Fundraising: \$0

Description: Licenses, Fees & Taxes

Total: \$14,793

Program services: \$0

Management and general: \$14,793

Fundraising: \$0

Description: Governmental - Other Direct Costs

Total: \$8,467

Program services: \$8,467

Management and general: \$0

Fundraising: \$0

Description: Research Fee

Total: \$8,000

Program services: \$8,000

Management and general: \$0

Fundraising: \$0

Description: Marketing Events Hosted Expenses

Total: \$1,894

Program services: \$0

Management and general: \$1,894

Fundraising: \$0

**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.**

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2018

Open to Public Inspection

Name of the organization

United Charitable

Employer identification number

20-4286082

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <u>National Heritage Foundation, Inc. 58-2085326</u> <u>8201 Greensboro Drive, Suite 702 Mc Lean VA 22102</u>	Supporting Organization	GA	501(c)(3)	11a; I	United Charitable	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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) National Heritage Foundation, Inc.	c	624,264.	Cost
(2) National Heritage Foundation, Inc.	n	4,463.	Cost
(3) National Heritage Foundation, Inc.	o	43,548.	Cost
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2019)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number, see instructions	
Type or print	Name of exempt organization or other filer, see instructions. United Charitable	Employer identification number (EIN) or 20-4286082
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 8201 Greensboro Drive, #702	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tysons VA 22102	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ United Charitable

Telephone No. ▶ (571) 620-3000 Fax No. ▶ (866) 837-7874

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . . . ▶ . If it is for part of the group, check this box . . . ▶ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until Nov 15, 20 19, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 18 or
 ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.