

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED CHARITABLE		D Employer identification number 20-4286082
	Doing business as		E Telephone number 571-620-3000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 22,238,863.
	8201 GREENSBORO DRIVE	702	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code TYSONS, VA 22102		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JULIA HEALEY SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.UNITEDCHARITABLE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2005	M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ADMINISTER DONOR-ADVISED FUNDS AND FISCALLY SPONSORED PROGRAMS.		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	23
	6 Total number of volunteers (estimate if necessary)	6	927
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 25,695,500.	Current Year 8,225,627.
	9 Program service revenue (Part VIII, line 2g)	252,164.	248,738.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,730,932.	6,903,907.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	663,280.	289,365.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,341,876.	15,667,637.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,332,662.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,244,507.	1,145,237.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 87,292.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,634,068.	1,695,246.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,211,237.	6,704,474.	
19 Revenue less expenses. Subtract line 18 from line 12	17,130,639.	8,963,163.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 188,262,446.	End of Year 198,547,791.
	21 Total liabilities (Part X, line 26)	148,670.	348,582.
	22 Net assets or fund balances. Subtract line 21 from line 20	188,113,776.	198,199,209.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	JULIA HEALEY, CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/> PTIN
	EDWARD T. YODER, CPA	EDWARD T. YODER, CPA	11/16/21	P00239134
Firm's name ▶ PBMARES, LLP			Firm's EIN ▶ 54-0737372	
Firm's address ▶ 558 SOUTH MAIN STREET HARRISONBURG, VA 22801			Phone no. 540 434-5975	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO GROW AND SUPPORT EACH CHARITABLE JOURNEY BY PROVIDING SIMPLE CUSTOMIZED VEHICLES THAT FULFILL YOUR PHILANTHROPIC ENDEAVORS BY ADMINISTERING DONOR-ADVISED FUNDS AND FISCALLY SPONSORED PROGRAMS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 297,339. including grants of \$ 27,700.) (Revenue \$) WATCHLIST ON CHILDREN AND ARMED CONFLICT FOCUSES ON THE WORLDWIDE ISSUE OF CHILDREN BEING SUBJECTED TO EGREGIOUS VIOLATIONS SUCH AS SEXUAL VIOLENCE, KILLING AND MAIMING, ABDUCTIONS, RECRUITMENT AND USE AS CHILD SOLDIERS. THE WORK FOLLOWS THREE MAIN PROGRAM AREAS WHICH ARE ADVOCATE, PARTNER, AND REPORT. THEY ADVOCATE TO ADVANCE THE UNITED NATIONS' CHILDREN AND ARMED CONFLICT AGENDA, BY HELPING PARTNERS MONITOR, REPORT, AND RESPOND TO LOCAL NEEDS, AND THEY REPORT IN A UNIFIED VOICE TO PROTECT CHILDREN IN WAR ZONES. WATCHLIST PARTICIPATES IN WORLDWIDE EVENTS TO PROMOTE THEIR PROGRAM AND MISSION AND OBTAINS ITS FUNDING PRIMARILY THROUGH INDIVIDUAL DONATIONS, PARTNER DONATIONS, AND LARGE INTERNATIONAL GRANTS.

4b (Code:) (Expenses \$ 164,225. including grants of \$) (Revenue \$) DEARTOMORROW KR FONDEN'S MISSION IS TO PROVIDE AN EASY TOOL, IN THE FORM OF A DIGITAL AND ARCHIVE SYSTEM, THAT ALLOWS PEOPLE TO PERSONALLY CONNECT WITH THE ISSUE OF CLIMATE CHANGE AND ENCOURAGE TAKING STRONGER ACTION BY SHARING PERSONAL STORIES WITH FRIENDS, FAMILIES AND THEIR SOCIAL NETWORKS. PARTICIPANTS SUBMIT LETTERS, VIDEOS AND PHOTOS DEDICATED TO THEIR CHILDREN, FAMILY, OR THEMSELVES ABOUT CLIMATE CHANGE, WHICH ARE THEN SHARED PUBLICLY ON THEIR WEBSITE AND PARTICIPANT'S SOCIAL NETWORKS. DEARTOMORROW ALSO PARTICIPATES IN GLOBAL EVENTS HELD BY THE UNITED NATIONS AND OTHER INTERNATIONAL ORGANIZATIONS. THEIR FUNDRAISING TECHNIQUES FOCUS ON DONATIONS FROM INDIVIDUALS, CAMPAIGNS, PRIVATE GRANTS, AS WELL AS LARGE INTERNATIONAL GRANTS FROM ORGANIZATIONS THAT STRONGLY SUPPORT THEIR MISSION.

4c (Code:) (Expenses \$ 127,841. including grants of \$ 118,396.) (Revenue \$) WICKED AWESOME WISHES FOCUSES ON PROVIDING "WICKED AWESOME EXPERIENCES TO THOSE IN NEED." AS THE FISCALLY SPONSORED CHARITABLE PROGRAM TO THE FOR-PROFIT COMPANY LADY JANE'S HAIRCUTS FOR MEN, THEY STRIVE TO INCORPORATE CHARITABLE WORKS ALONGSIDE THEIR BUSINESS MODEL. LADY JANE'S CEO AND FOUNDER, CHAD JOHNSON, STARTED HIS COMPANY IN 2004 WITH THE VISION TO "SET OUT EACH DAY TO MAKE THE LADY JANE'S EXPERIENCE BETTER FOR EACH AND EVERY GUY." HE HAS ALSO HAD A LIFELONG PASSION TO GIVE BACK TO HIS COMMUNITY. THROUGH WICKED AWESOME WISHES, THEY PROVIDE CHARITABLE SERVICES TO THEIR COMMUNITY BOTH LOCALLY AND ABROAD. NOT ONLY PROVIDING FINANCIAL ASSISTANCE TO INDIVIDUALS, BUT ALSO HOSTING CHARITABLE EVENTS, DONATING A PLAYScape IN A DISADVANTAGED NEIGHBORHOOD OF DETROIT, PROVIDING DREAM COME TRUE MOMENTS BY GRANTING "WICKED

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,733,420. including grants of \$ 3,717,895.) (Revenue \$ 232,476.)

4e Total program service expenses 5,322,825.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>	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>		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 donor-restricted endowments or in 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>	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>	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>		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>	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>	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>	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>	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</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>	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
20a 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>	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	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?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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 72	
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 counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 11; 1b Enter the number of voting members included... 10; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 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? a The organization's CEO, Executive Director, or top management official X; b 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 AL, AR, CA, FL, GA, IL, KS, KY, MD, MA, MI, MS
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. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 571-620-3000 8201 GREENSBORO DRIVE, NO. 702, TYSONS, VA 22102

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIA HEALEY CEO, SECRETARY OF BOARD	40.00	X		X				162,300.	0.	25,180.
(2) STACY L SUMMITT CONTROLLER	40.00			X				103,570.	0.	23,431.
(3) BRUCE MCCLINTOCK CHAIRMAN	1.00	X		X				0.	0.	0.
(4) GEOFF BROWN VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(5) DR. MATTEO SABATTINI, PHD TREASURER	1.00	X		X				0.	0.	0.
(6) JOAN TOWNSEND DIRECTOR	1.00	X						0.	0.	0.
(7) DENNIS KELLY DIRECTOR	1.00	X						0.	0.	0.
(8) EMILY HIGH DANIELS DIRECTOR	1.00	X						0.	0.	0.
(9) BLAQUE LYN HASTON DIRECTOR	1.00	X						0.	0.	0.
(10) AEJAZ DAR DIRECTOR	1.00	X						0.	0.	0.
(11) RENUKA RACHA DIRECTOR	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	46,474.			
	d	Related organizations	1d	67,446.			
	e	Government grants (contributions)	1e	273,563.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,838,144.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,845,776.			
	h	Total. Add lines 1a-1f		8,225,627.			
	Program Service Revenue	2 a	PROGRAM FEES	Business Code			
			900099	248,738.	248,738.		
b							
c							
d							
e							
f		All other program service revenue					
g	Total. Add lines 2a-2f		248,738.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,521,019.		6,521,019.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	6,510,739.			
	c	Gain or (loss)	7c	382,888.			
	d	Net gain or (loss)		382,888.		382,888.	
8 a	Gross income from fundraising events (not including \$ 46,474. of contributions reported on line 1c). See Part IV, line 18						
			56,580.				
			60,487.				
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events		-3,907.		-3,907.		
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	LIFE INSURANCE PROCEEDS	Business Code				
			900099	293,272.		293,272.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		293,272.				
12	Total revenue. See instructions		15,667,637.	248,738.	0.	7,193,272.	

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 ...	3,376,706.	3,376,706.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	146,607.	146,607.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	340,678.	340,678.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	314,481.		283,033.	31,448.
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	680,614.	395,051.	246,450.	39,113.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,722.	10,838.	8,348.	1,536.
9 Other employee benefits	56,356.	18,683.	33,458.	4,215.
10 Payroll taxes	73,064.	31,516.	36,923.	4,625.
11 Fees for services (nonemployees):				
a Management				
b Legal	101,156.	45,682.	55,474.	
c Accounting	87,623.		87,623.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	184,784.		184,784.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	53,475.	53,437.		38.
13 Office expenses	25,861.	19,963.	3,957.	1,941.
14 Information technology	66,533.		66,533.	
15 Royalties				
16 Occupancy	196,432.	91,818.	103,635.	979.
17 Travel	50,615.	39,442.	7,776.	3,397.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,444.	2,006.	438.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,306.	4,020.	2,286.	
23 Insurance	87,682.	49,589.	38,093.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT LABOR	404,133.	333,522.	70,611.	
b MISCELLANEOUS EXPENSES	183,103.	173,565.	9,538.	
c PROGRAM SUPPLIES & SUPP	113,015.	113,015.		
d BANK & INVESTMENT FEES	50,864.	26,605.	24,259.	
e All other expenses	81,220.	50,082.	31,138.	
25 Total functional expenses. Add lines 1 through 24e	6,704,474.	5,322,825.	1,294,357.	87,292.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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	678,065.	1	1,329,959.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	320,785.	4	314,905.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	28,056.	9	55,878.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,532.		
	b Less: accumulated depreciation	10b 20,680.	10c	10,852.
	11 Investments - publicly traded securities	19,658,625.	11	22,929,467.
	12 Investments - other securities. See Part IV, line 11	162,058,766.	12	168,291,940.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,343,715.	15	5,614,790.
16 Total assets. Add lines 1 through 15 (must equal line 33)	188,262,446.	16	198,547,791.	
Liabilities	17 Accounts payable and accrued expenses	148,670.	17	155,865.
	18 Grants payable		18	
	19 Deferred revenue	0.	19	12,084.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	180,633.
	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	148,670.	26	348,582.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,562,623.	27	3,517,972.
	28 Net assets with donor restrictions	184,551,153.	28	194,681,237.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	188,113,776.	32	198,199,209.
	33 Total liabilities and net assets/fund balances	188,262,446.	33	198,547,791.

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	15,667,637.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,704,474.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,963,163.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	188,113,776.
5	Net unrealized gains (losses) on investments	5	1,122,270.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	198,199,209.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27407968.	24798658.	75475310.	25695500.	8225627.	161603063
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	27407968.	24798658.	75475310.	25695500.	8225627.	161603063
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)						20350886.
6 Public support. Subtract line 5 from line 4.						141252177

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	27407968.	24798658.	75475310.	25695500.	8225627.	161603063
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	683,223.	1063724.	1281942.	4080769.	6521019.	13630677.
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						175233740
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	80.61 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	84.33 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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 line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

Horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

UNITED CHARITABLE

Employer identification number

20-4286082

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

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

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

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

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

Name of organization UNITED 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	 <hr/> <hr/> <hr/>	\$ <u>1,348,915.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>893,401.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>432,100.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>358,848.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>287,559.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>201,903.</u>	Person <input 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	<hr/> <hr/> <hr/>	\$ 186,219.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 451,167.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 451,167.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED CHARITABLE	Employer identification number 20-4286082
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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
2	DONATED INTERESTS IN LLC/LPS _____ _____ _____	\$ <u>893,401.</u>	<u>09/20/20</u>
3	DONATED INTERESTS IN LLC/LPS _____ _____ _____	\$ <u>432,100.</u>	<u>12/31/20</u>
4	STOCKS/MUTUAL FUNDS _____ _____ _____	\$ <u>358,848.</u>	<u>12/28/20</u>
5	STOCKS/MUTUAL FUNDS _____ _____ _____	\$ <u>287,559.</u>	<u>04/09/20</u>
6	STOCKS/MUTUAL FUNDS _____ _____ _____	\$ <u>201,903.</u>	<u>12/08/20</u>
7	DONATED INTERESTS IN LLC/LPS _____ _____ _____	\$ <u>186,219.</u>	<u>12/17/20</u>

Name of organization UNITED CHARITABLE	Employer identification number 20-4286082
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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
8	DONATED INTERESTS IN LLC/LPS _____ _____ _____	\$ <u>451,167.</u>	<u>12/01/20</u>
9	DONATED INTERESTS IN LLC/LPS _____ _____ _____	\$ <u>451,167.</u>	<u>12/01/20</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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 info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

2020

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	409	
2 Aggregate value of contributions to (during year)	5,007,898.	
3 Aggregate value of grants from (during year)	3,253,768.	
4 Aggregate value at end of year	183,441,965.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		31,532.	20,680.	10,852.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,852.

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	168,291,940.	END-OF-YEAR MARKET VALUE
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	168,291,940.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	16,544,636.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,122,270.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,122,270.	
3	Subtract line 2e from line 1	3	15,422,366.	
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	184,784.	
b	Other (Describe in Part XIII.)	4b	60,487.	
c	Add lines 4a and 4b	4c	245,271.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,667,637.	

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	6,580,177.
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	60,487.	
e	Add lines 2a through 2d	2e	60,487.	
3	Subtract line 2e from line 1	3	6,519,690.	
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	184,784.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	184,784.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,704,474.	

Part XIII Supplemental Information.

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

PART X, LINE 2:

UNITED CHARITABLE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENT DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. UNITED CHARITABLE FILES FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, ANNUALLY WITH THE UNITED STATES DEPARTMENT OF THE TREASURY. SUCH ARE SUBJECT TO EXEAMINATION BY TAXING AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS FROM THE DATE THE RETURNS ARE FILED. THE MOST SIGNIFICANT TAX POSITIONS OF UNITED CHARITABLE IS ITS ASSERTION THAT IT IS EXEMPT FROM INCOME TAXES AND ITS DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX. UNITED CHARITABLE ADOPTED THE PROVISIONS OF ACCOUNTING FOR

Part XIII Supplemental Information (continued)

UNCERTAINTY IN INCOME TAX POSITIONS AS REQUIRED BY INCOME TAXES (TOPIC 740) OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC); HOWEVER, MANAGEMENT DOES NOT BELIEVE IT IS EXPOSED TO ANY SUCH POSITIONS AS DEFINED IN THE GUIDANCE, NOR DO THEY EXPECT THIS TO CHANGE SIGNIFICANTLY OVER THE NEXT 12 MONTHS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 60,487.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 60,487.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

Employer identification number

UNITED CHARITABLE

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS		79,756.
EAST ASIA AND THE PACIFIC	0	0	GRANTS		117,654.
NORTH AMERICA	0	0	GRANTS		15,150.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS		10,500.
SOUTH AMERICA	0	0	GRANTS		29,700.
SOUTH ASIA	0	0	GRANTS		74,563.
SUB-SAHARAN AFRICA	0	0	GRANTS		13,355.
3 a Subtotal	0	0			340,678.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			340,678.

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

Schedule F (Form 990) 2020

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA CARRIBBEAN	ENVIRONMENTAL	32,256.	WIRE	0.		FMV
		CENTRAL AMERICA CARRIBBEAN	EDUCATION	35,500.	WIRE	0.		FMV
		CENTRAL AMERICA CARRIBBEAN	EDUCATION	12,000.	WIRE	0.		FMV
		EAST ASIA AND THE PACIFIC	FAMILY SERVICES	4,000.	WIRE	0.		FMV
		EAST ASIA AND THE PACIFIC	YOUTH	113,654.	WIRE	0.		FMV
		NORTH AMERICA	EDUCATION	150.	WIRE	0.		FMV
		NORTH AMERICA	YOUTH	15,000.	WIRE	0.		FMV
		RUSSIA AND THE NEWLY INDEPENDENT STATES	MEDICAL/MENTAL HEALTH	10,500.	WIRE	0.		FMV

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

3 Enter total number of other organizations or entities ► _____

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	YOUTH	26,700.	WIRE	0.		FMV
		SOUTH AMERICA	COMMUNITY DEVELOPMENT	3,000.	WIRE	0.		FMV
		SOUTH ASIA	YOUTH	74,563.	WIRE	0.		FMV
		SUB-SAHARAN AFRICA	CHILDREN/YOUTH	13,000.	WIRE	0.		FMV
		SUB-SAHARAN AFRICA	COMMUNITY DEVELOPMENT	355.	WIRE	0.		FMV

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

UNITED CHARITABLE 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), UNITED CHARITABLE USES A COMBINATION OF EXPENDITURE RESPONSIBILITY AND CHARITABLE EQUIVALENCY TO DETERMINE THE GRANT WORTHINESS OF A FOREIGN ORGANIZATION. THERE IS A PROCESS OF PREAPPROVAL 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 FINANCIAL TERRORIST ORGANIZATIONS; REGISTRATION DOCUMENTATION SHOWING THAT THE NGO IS APPROPRIATELY REGISTERED AS A CHARITABLE ORGANIZATION IN ITS HOME COUNTRY; RECEIVING DOCUMENTATION ON ORGANIZATIONS MISSION, KEY STAFF AND ACTIVITIES; AND RECEIVING REPORTS FROM THE NGO OF EXPENDITURE OF DONATED FUNDS.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FOOD BANK DONATION DRIVE (event type)	INGAGLIATO RECOVERY FUN (event type)	5 (total number)		
Revenue	1	Gross receipts	19,980.	13,754.	48,504.	82,238.
	2	Less: Contributions	19,951.	11,674.	8,939.	40,564.
	3	Gross income (line 1 minus line 2)	29.	2,080.	39,565.	41,674.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes			344.	344.
	6	Rent/facility costs			12,322.	12,322.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	10,949.		16,991.	27,940.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				40,606.
11	Net income summary. Subtract line 10 from line 3, column (d)				1,068.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **UNITED 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FORCEY BIBLE CHURCH 2130 E. RANDOLPH ROAD SILVER SPRING, MD 20904	53-0178404	501(C)3	197,000.	0.			RELIGIOUS/MINISTRY
NATIONAL LEGAL FOUNDATION P.O. BOX 64427 VIRGINIA BEACH, VA 23467	54-1325665	501(C)3	191,000.	0.			LEGAL/CIVIL RIGHTS
NORTHERN VIRGINIA HUMAN TRAFFICKING INITIATIVE - 1930 ISAAC NEWTON SQUARE - RESTON, VA 20190	47-1749414	501(C)3	160,000.	0.			HUMAN SERVICES
WHEATON COLLEGE 501 COLLEGE AVE WHEATON, IL 60187	36-2182171	501(C)3	100,000.	0.			EDUCATION
EDUCATION FOUNDATION OF INDIAN RIVER COUNTY INC - P.O. BOX 7046 - VERO BEACH, FL 32961	59-3118402	501(C)3	70,000.	0.			EDUCATION
DYNAMIC CATHOLIC INSTITUTE 5081 OLYMPIC BLVD ERLANGER, KY 41018	26-4549213	501(C)3	69,000.	0.			MINISTRY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **150.**

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

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOUGLAS COUNTY COMMUNITY FOUNDATION - 900 MASSACHUSETTS ST STE 406 - LAWRENCE, KS 66044	48-1209687	501(C)3	66,587.	0.			COMMUNITY DEVELOPMENT
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET #9000 - ANN ARBOR, MI 48109	38-6006309	501(C)3	58,350.	0.			EDUCATION
ALMOST HOME ANIMAL RESCUE LEAGUE P. O. BOX 250602 WEST BLOOMFIELD, MI 48325-0602	32-0034753	501(C)3	50,000.	0.			ANIMAL WELFARE
BISHOP REICHER CATHOLIC SCHOOLS 2102 NO 23RD ST WACO, TX 76708	74-1216244	501(C)3	50,000.	0.			EDUCATION
COMMUNITY CHRISTIAN SERVICE AGENCY, INC. - 4167 RAPPAHANNOCK AVE - SAN DIEGO, CA 92117	95-2830702	501(C)3	50,000.	0.			HUMAN SERVICES
CORAM DEO ACADEMY INC 651 W.MAIN ST. CARMEL, IN 46032	26-2795505	501(C)3	50,000.	0.			EDUCATION \ EDUCATION - YOUTH GROUPS
FAITH RXD 10488 W CENTENNIAL RD LITTLETON, CO 80127	45-0706628	501(C)3	50,000.	0.			RELIGIOUS/MINISTRY \ RELIGIOUS - CHRISTIAN
WHEELER MISSION 205 E. NEW YORK STREET INDIANAPOLIS, IN 46204	35-0888771	501(C)3	47,898.	0.			HOUSING/SHELTER
GILLESPIE COUNTY HISTORICAL SOCIETY, INC. - 325 W MAIN STREET - FREDERICKSBURG, TX 78624	74-2276662	501(C)3	41,000.	0.			ARTS & CULTURE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWELL HEALTH FOUNDATION 2000 MARCUS AVENUE NEW HYDE PARK, NY 11042	11-2965575	501(C)3	40,000.	0.			MEDICAL/MENTAL HEALTH
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)3	33,389.	0.			EMERGENCY ASSISTANCE
FOUNDATION FOR THE HIGHER GOOD INC 101 CORPORATE LAKE DRIVE COLUMBIA, MO 65203	74-3104767	501(C)3	32,800.	0.			PHILANTHROPY
UNIVERSITY OF THE NATIONS KONA INC 75-5851 KUAKINI HWY #433 KAILUA-KONA, HI 96740	99-0240539	501(C)3	32,000.	0.			EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY 3890 MURPHY CANYON RD #150 SAN DIEGO, CA 92123	13-5644916	501(C)3	30,250.	0.			MEDICAL RESEARCH
FOOD FOR THE POOR, INC. 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501(C)3	27,321.	0.			HUMAN SERVICES
DIOCESE OF AUSTIN 6225 E US 290 HWY SVRD EB AUSTIN, TX 78723	74-1542827	501(C)3	26,000.	0.			RELIGIOUS/MINISTRY
FOOD GATHERERS PO BOX 131037 ANN ARBOR, MI 48113	38-2853858	501(C)3	25,300.	0.			EMERGENCY ASSISTANCE
CHRISTIAN FELLOWSHIP CHURCH 44505 ATWATER DR ASHBURN, VA 20147	51-0211209	501(C)3	25,000.	0.			RELIGIOUS/MINISTRY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST RESPONDERS CHILDREN'S FOUNDATION - 38 EAST 32ND STREET - NEW YORK, NY 10016-5566	05-0536854	501(C)3	25,000.	0.			HUMAN SERVICES \ HUMAN SERVICES - ABUSE & NEGLECT
PHILABUNDANCE 3616 S GALLOWAY ST PHILADELPHIA, PA 19148	23-2290505	501(C)3	25,000.	0.			AGRICULTURE
SCHOOLCRAFT COLLEGE FOUNDATION 18600 HAGGERTY ROAD LIVONIA, MI 48152-2696	23-7013727	501(C)3	25,000.	0.			EDUCATION
THE HUN SCHOOL OF PRINCETON 176 EDGERSTOUNE ROAD PRINCETON, NJ 08540	21-0639868	501(C)3	25,000.	0.			EDUCATION
UNIVERSITY OF NOTRE DAME 724 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)3	25,000.	0.			EDUCATION \ EDUCATION - COLLEGE
SAINT GREGORY THE GREAT CATHOLIC CHURCH - 31 SAINT GREGORY DRIVE - OKATIE, SC 29909	57-1071592	501(C)3	24,750.	0.			RELIGIOUS/MINISTRY
ADOPTACCLASSROOM.ORG 401 2ND AVE N SUITE 305 MINNEAPOLIS, MN 55401	65-0828272	501(C)3	24,000.	0.			EDUCATION
ZIONSVILLE PRESBYTERIAN CHURCH 4775 W 116TH ST. ZIONSVILLE, IN 46077	35-1617555	501(C)3	22,000.	0.			MINISTRY
ST JUDE CHILDRENS RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)3	21,814.	0.			MEDICAL/MENTAL HEALTH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINGDOM LIFE MINISTRIES 319 BROADLEAF DR NE VIENNA, VA 22180	83-0595252	501(C)3	21,275.	0.			RELIGIOUS/MINISTRY
KIDS AROUND THE WORLD 5245 28TH AVENUE ROCKFORD, IL 61109	36-4007250	501(C)3	21,000.	0.			EMERGENCY ASSISTANCE
ANIMAL RESCUE PROJECT 219 PEEKSTOK DR. KALAMAZOO, MI 49001	27-2868265	501(C)3	20,500.	0.			ANIMAL WELFARE
CARDINAL GIBBONS HIGH SCHOOL 2900 NE 47TH STREET FT. LAUDERDALE, FL 33308	59-6082297	501(C)3	20,000.	0.			EDUCATION
CATHOLIC CHARITIES OF CENTRAL TEXAS - 1625 RUTHERFORD LANE - AUSTIN, TX 78754	74-2928450	501(C)3	20,000.	0.			RELIGIOUS/MINISTRY
DAVID'S HOPE INTERNATIONAL 10130 COLVIN RUN ROAD, STE. E GREAT FALLS, VA 22066	26-4330791	501(C)3	20,000.	0.			COMMUNITY DEVELOPMENT
FAMILY INDEPENDENCE INITIATIVE PO BOX 71363 OAKLAND, CA 94612	02-0784790	501(C)3	20,000.	0.			HUMAN SERVICES
LUTHERAN CHURCH OF THE ABIDING PRESENCE - 6304 LEE CHAPEL ROAD - BURKE, VA 22015	54-1261733	501(C)3	19,500.	0.			RELIGIOUS/MINISTRY
EKAL VIDYALAYA FOUNDATION OF USA 100 WEST OAKS MALL HOUSTON, TX 77082	77-0554248	501(C)3	18,250.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUDSON BAPTIST CHURCH OF WALKER LOUISIANA - 32470 WALKER NORTH RD - WALKER, LA 70785	72-1023553	501(C)3	17,600.	0.			RELIGIOUS/MINISTRY
CHEYANNA FOUNDATION FOR CHILDREN 11701 BEE CAVES RD SUITE 211 AUSTIN, TX 78738	45-3772547	501(C)3	17,000.	0.			DISEASE
ST MICHAEL THE ARCHANGEL ORTHODOX CHURCH - 26355 WEST CHICAGO ROAD - REDFORD, MI 48239	38-6066692	501(C)3	16,800.	0.			RELIGIOUS/MINISTRY
ASSOCIATION OF GRADUATES OF THE UNITED STATES MILITARY ACADEMY - 698 MILLS ROAD HERBERY ALUMNI CENTER - WEST POINT, NY 10996	14-1260763	501(C)3	15,000.	0.			VETERANS/MILITARY SERVICE
NEW LIFE UNITED METHODIST CHURCH 7921 MILLERTOWN PIKE KNOXVILLE, TN 37924	62-1233352	501(C)3	15,000.	0.			RELIGIOUS/MINISTRY
ST PETER CATHOLIC STUDENT CENTER PO BOX 6060 WACO, TX 76706	74-2693453	501(C)3	15,000.	0.			EDUCATION
UGANDA COUNSELING AND SUPPORT SERVICES INC - PO BOX 1374 - COLUMBIA, KY 42728	45-4709060	501(C)3	15,000.	0.			COMMUNITY DEVELOPMENT
SCHOOL CITY OF EAST CHICAGO 1401 E. 144TH STREET EAST CHICAGO, IN 46312	35-6002301	501(C)3	14,688.	0.			EDUCATION
ST PETER LUTHERAN CHURCH 47544 CARD ROAD MACOMB, MI 48044	38-1711440	501(C)3	13,800.	0.			RELIGION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHALOM AUSTIN 7300 HART LANE AUSTIN, TX 78731	74-1469465	501(C)3	13,500.	0.			RELIGIOUS/MINISTRY
UNIVERSITY OF DETROIT JESUIT HIGH SCHOOL AND ACADEMY - 8400 S. CAMBRIDGE AVENUE - DETROIT, MI 48221	38-1360587	501(C)3	13,500.	0.			EDUCATION
GLEANERS COMMUNITY FOOD BANK INC 2131 BEAUFAIT DETROIT, MI 48207	38-2156255	501(C)3	12,500.	0.			COMMUNITY DEVELOPMENT
NOVA OUTSIDE 17 W MOUNT IDA AVE ALEXANDRIA, VA 22305	85-1060443	501(C)3	12,472.	0.			EDUCATION
CBMC INC P. O. BOX 8009 CHATTANOOGA, TN 37414-0009	36-2004402	501(C)3	12,000.	0.			RELIGIOUS/MINISTRY
CHABAD OF AUSTIN INC 4205 VENADO DR 20 AUSTIN, TX 78731	45-2763577	501(C)3	12,000.	0.			RELIGIOUS/MINISTRY
HIS EYE IS ON THE SPARROW 5068 PLYMOUTH ROAD ANN ARBOR, MI 48105	38-3561847	501(C)3	12,000.	0.			MINISTRY
LA SALLE HIGH SCHOOL 3091 NORTH BEND RD. CINCINNATI, OH 45239	31-0624664	501(C)3	12,000.	0.			EDUCATION
NATIONAL COMMUNITY CHURCH 205 F ST NE WASHINGTON, DC 20002	52-2016840	501(C)3	12,000.	0.			RELIGIOUS/MINISTRY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE VIRGINIA HOME 1100 HAMPTON STREET RICHMOND, VA 23220	54-0577900	501(C)3	12,000.	0.			MEDICAL/MENTAL HEALTH
CONGREGATION BETH ISRAEL 3901 SHOAL CREEK BLVD AUSTIN, TX 78756	74-1394416	501(C)3	11,716.	0.			RELIGIOUS/MINISTRY
WORLD CHANGERS CHURCH LOS ANGELES 8939 S. SEPULVEDA STE. 110, #250 LOS ANGELES, CA 90045	58-2158071	501(C)3	11,593.	0.			MINISTRY
THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS - 50 E NORTH TEMPLE, ROOM 1521 - SALT LAKE CITY, UT 84150	87-0234341	501(C)3	11,462.	0.			RELIGIOUS/MINISTRY
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501(C)3	11,300.	0.			LEGAL/CIVIL RIGHTS
ST. LUKE'S EPISCOPAL 435 PEACHTREE ST NE ATLANTA, GA 30308	58-0673640	501(C)3	11,300.	0.			RELIGIOUS/MINISTRY
EQUIPNET P.O. BOX 860 ALAMO, CA 94507	94-3359561	501(C)3	11,000.	0.			RELIGIOUS/MINISTRY
SISTERS OF MARY MOTHER OF THE EUCCHARIST - 4597 WARREN ROAD - ANN ARBOR, MI 48105	38-3349686	501(C)3	11,000.	0.			MINISTRY
THE VOICE OF THE MARTYRS INC 1815 SE BISON RD BARTLESVILLE, OK 74006	73-1395057	501(C)3	11,000.	0.			RELIGIOUS/MINISTRY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST AUGUSTINE OF CANTERBURY EPISCOPAL CHURCH - 1753 UNION AVENUE - BENTON HARBOR, MI 49022	87-0777824	501(C)3	10,826.	0.			RELIGIOUS/MINISTRY
CHRISTCHURCH SCHOOL 49 SEAHORSE LANE CHRISTCHURCH, VA 23031	51-0236362	501(C)3	10,700.	0.			EDUCATION
DC FOR JESUS PO BOX 11063 MCLEAN, VA 22102	46-1001755	501(C)3	10,600.	0.			RELIGION
PURDUE RESEARCH FOUNDATION 403 WEST WOOD STREET WEST LAFAYETTE, IN 47907	35-1052049	501(C)3	10,013.	0.			EDUCATION
ADVOCATE HEALTH AND HOSPITALS CORPORATION - 2025 WINDSOR DR. - OAK BROOK, IL 60523	36-2169147	501(C)3	10,000.	0.			MEDICAL/MENTAL HEALTH
AFRICA INLAND MISSION INTERNATIONAL INCORPORATED - P O BOX 3611 - PEACHTREE CITY, GA 30269	11-1873101	501(C)3	10,000.	0.			MINISTRY
ALL STARS PROJECT INC. 543 42ND STREET NEW YORK, NY 10036	13-3148295	501(C)3	10,000.	0.			COMMUNITY DEVELOPMENT
AVENUES TO INDEPENDENCE 515 BUSSE HWY. PARK RIDGE, IL 60068	36-6008710	501(C)3	10,000.	0.			DISABILITIES
BIRTH CHOICE OF SAN MARCOS 277 S. RANCHO SANTA FE ROAD SUITE R SAN MARCOS, CA 92078	33-0250034	501(C)3	10,000.	0.			MEDICAL/MENTAL HEALTH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF THE TEXAS HILL COUNTRY - 808 N LLANO - FREDERICKSBURG, TX 78624	74-2758055	501(C)3	10,000.	0.			CHILDREN/YOUTH
CROSSROADS YMCA 100 W BURRELL DR CROWN POINT, IN 46307-9040	35-1369437	501(C)3	10,000.	0.			COMMUNITY DEVELOPMENT \ COMMUNITY DEVELOPMENT - ECONOMIC DEVELOPMENT
KALAMAZOO LOAVES AND FISHES 901 PORTAGE STREET KALAMAZOO, MI 49001	38-2420575	501(C)3	10,000.	0.			COMMUNITY DEVELOPMENT
ONEHEARTDC 44505 ATWATER DRIVE ASHBURN, VA 20147	81-3951244	501(C)3	10,000.	0.			RELIGIOUS/MINISTRY
PALMER COLLEGE FOUNDATION 1000 BRADY ST. DAVENPORT, IA 52803	42-6081293	501(C)3	10,000.	0.			EDUCATION
PETS FOR VETS-CHICAGOLAND 6642 W. WYANDOT DR PALOS HEIGHTS, IL 60463	47-1352142	501(C)3	10,000.	0.			ANIMAL WELFARE
THE JAMES BEARD FOUNDATION INC. 167 W 12TH ST NEW YORK, NY 10011	13-2752108	501(C)3	10,000.	0.			COMMUNITY DEVELOPMENT \ COMMUNITY DEVELOPMENT - ECONOMIC DEVELOPMENT
WORLD MISSIONS ADVANCE INC PO BOX 764408 DALLAS, TX 75376	01-0596752	501(C)3	9,200.	0.			RELIGIOUS/MINISTRY
NORTH STAR CHURCH INC 9929 SHERRILL BLVD KNOXVILLE, TN 37932	43-2022589	501(C)3	9,000.	0.			MINISTRY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOOPS FOR HOPE 115 ASHWORTH DRIVE DURHAM, NC 27707	85-2330365	501(C)3	8,506.	0.			YOUTH DEVELOPMENT
FOOD BANK OF EASTERN MICHIGAN INC. ATTN: JAMES STEFANSKI, 2300 LAPEER FLINT, MI 48503	38-2379678	501(C)3	8,500.	0.			HUMAN SERVICES
WOUNDED NO MORE 3213 DUKE ST STE 620 ALEXANDRIA, VA 22314	46-3686822	501(C)3	8,500.	0.			RELIGIOUS/MINISTRY
CHILD PROTECTION CENTER, INC 720 SOUTH ORANGE AVE. SARASOTA, FL 34236	59-2113850	501(C)3	8,000.	0.			HUMAN SERVICES
INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402	35-6018940	501(C)3	8,000.	0.			EDUCATION
LIBERTY MILLS CHURCH OF THE BRETHREN - P.O. BOX 101 - LIBERTY MILLS, IN 46946	35-1410921	501(C)3	8,000.	0.			RELIGIOUS/MINISTRY \ RELIGIOUS - CHRISTIAN
SARASOTA MEMORIAL HEALTHCARE FOUNDATION - 1515 SOUTH OSPREY AVE SUITE B-4 - SARASOTA, FL 34239	51-0188568	501(C)3	7,980.	0.			MEDICAL/MENTAL HEALTH
RAMAKRISHNA VEDANTA SOCIETY OF NORTH TEXAS - 119 W. SCOTLAND DRIVE - IRVING, TX 75062	14-1926916	501(C)3	7,932.	0.			RELIGIOUS/MINISTRY
VEDANTA CENTER OF GREATER WASHINGTON DC - 3001 BEL PRE RD - SILVER SPRING, MD 20906	52-2032566	501(C)3	7,932.	0.			RELIGION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORGOTTEN HARVEST 21800 GREENFIELD OAK PARK, MI 48237	38-2926476	501(C)3	7,700.	0.			EMERGENCY ASSISTANCE
CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVE. NE WASHINGTON, DC 20064	53-0196583	501(C)3	7,500.	0.			EDUCATION
MEHER SPIRITUAL CENTER, INC 10200 N KINGS HWY. MYRTLE BEACH, SC 29572	57-0422620	501(C)3	7,500.	0.			RELIGIOUS/MINISTRY
MISSIONARIES OF CHARITY 3971 39TH AVE SACRAMENTO, CA 95824	06-1013589	501(C)3	7,350.	0.			PHILANTHROPY
ADVISORS IN PHILANTHROPY 11975 W. DIXIE HWAY MIAMI, FL 33161	26-0521329	501(C)3	7,004.	0.			EDUCATION
TEXAS FOUNDATION OF HOPE INC 2845 THOUSAND OAKS SAN ANTONIO, TX 78232	26-2569936	501(C)3	7,000.	0.			COMMUNITY DEVELOPMENT
UNIVERSITY OF PIKEVILLE 147 SYCAMORE ST PIKEVILLE, KY 41501	61-0444788	501(C)3	7,000.	0.			EDUCATION
NAKED WARRIOR PROJECT 877 WALNUT TERRACE BOCA RATON, FL 33486	82-2094317	501(C)3	6,750.	0.			VETERANS/MILITARY SERVICE
COMMUNITY FOUNDATION OF BOONE COUNTY, INC - 102 N. LEBANON STREET SUITE 200 - LEBANON, IN 46052	35-1829585	501(C)3	6,650.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALADIN SPORTS OUTREACH 85 W COMBS RD 101-232 SAN TAN VALLEY, AZ 85140	26-3268441	501(C)3	6,650.	0.			CHILDREN/YOUTH
FELLOWSHIP FOUNDATION INC 7501 WISCONSIN AVE SUITE 400E BETHESDA, MD 20814	53-0204604	501(C)3	6,600.	0.			RELIGIOUS/MINISTRY
PAPPAS KIDS SCHOOLHOUSE FOUNDATION 530 E. HUNT HIGHWAY #103, PMB 443 SAN TAN VALLEY, AZ 85143	20-2581623	501(C)3	6,200.	0.			YOUTH DEVELOPMENT
AMERICA WORLD ADOPTION ASSOCIATION 6723 WHITTIER AVENUE SUITE 202 MCLEAN, VA 22101-4544	54-1720006	501(C)3	6,130.	0.			HUMAN SERVICES
FLORIDA ELKS CHARITIES INC. P.O. BOX 49 UMATILLA, FL 32784	59-2825884	501(C)3	6,086.	0.			DISABILITIES
ACADEMY OF AMERICAN POETS, INC 75 MAIDEN LANE SUITE 901 NEW YORK, NY 10038	13-1879953	501(C)3	6,000.	0.			ARTS & CULTURE \ ARTS & CULTURE - EDUCATION
NEW HORIZONS FOUNDATION INC 5550 TECH CENTER DRIVE SUITE 303 COLORADO SPRINGS, CO 80919	84-1123082	501(C)3	6,000.	0.			PHILANTHROPY
PHILLIPS PROGRAMS 7010 BRADDOCK ROAD ANNANDALE, VA 22003	54-0833311	501(C)3	6,000.	0.			FAMILY SERVICES
RIVER CHURCH INC 609B 40TH ST TUSCALOOSA, AL 35405	63-1199100	501(C)3	6,000.	0.			RELIGIOUS/MINISTRY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ANDREWS EPISCOPAL CHURCH 6400 MCKINNEY RANCH ROAD MCKINNEY, TX 75070	20-2143932	501(C)3	6,000.	0.			RELIGIOUS/MINISTRY
UNIVERSITY OF SOUTHERN CALIFORNIA 6709 LA TIJERA BLVD #283 LOS ANGELES, CA 90045	95-1642394	501(C)3	6,000.	0.			EDUCATION
VALLEY CHRISTIAN SCHOOL 1350 DISCOVERY STREET SAN MARCOS, CA 92078	47-0935484	501(C)3	5,850.	0.			RELIGIOUS/MINISTRY
SCOTTSDALE WORSHIP CENTER, INC 6508 E. CACTUS RD. SCOTTSDALE, AZ 85254	86-0619852	501(C)3	5,800.	0.			RELIGIOUS/MINISTRY
SACRED HEART CATHOLIC CHURCH PO BOX 2190 PASCAGOULA, MS 39569	64-0429285	501(C)3	5,500.	0.			RELIGIOUS/MINISTRY
SAMUEL OMOGO FOUNDATION 1751 28TH STREET SW WYOMING, MI 49519	45-4872020	501(C)3	5,500.	0.			EMERGENCY ASSISTANCE
CALVARY CHAPEL OF PUERTO RICO INC 405 AVE ESMERALDA STE 2 GUAYNABO, PR 00969	66-0567097	501(C)3	5,423.	0.			RELIGIOUS/MINISTRY
WOUNDED WARRIOR PROJECT, INC. 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)3	5,300.	0.			VETERANS/MILITARY SERVICE
PLACER BREAST CANCER FOUNDATION PO BOX 564 ROSEVILLE, CA 95678	27-0690037	501(C)3	5,200.	0.			CANCER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALDERSGATE RENEWAL MINISTRIES 121 EAST AVE GOODLETTSVILLE, TN 37072	58-1322015	501(C)3	5,000.	0.			MINISTRY
ALL PEOPLES CHURCH 6161 EL CAJON BLVD SAN DIEGO, CA 92115	37-1559652	501(C)3	5,000.	0.			RELIGIOUS/MINISTRY
ALLEGHANY CARES 25 WOMBLE STREET SPARTA, NC 28675	56-1761119	501(C)3	5,000.	0.			MEDICAL/MENTAL HEALTH
AMERICAN UNIVERSITY OF ROME P.O. BOX 841229 DALLAS, TX 75284-1229	23-7110060	501(C)3	5,000.	0.			EDUCATION
CARE NET PREGNANCY CENTER 800 WEST WACO DR WACO, TX 76701	74-2345781	501(C)3	5,000.	0.			MEDICAL/MENTAL HEALTH
CHILDRENS HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027	95-1690977	501(C)3	5,000.	0.			MEDICAL/MENTAL HEALTH
CHRISTIAN HEALTHCARE MINISTRIES INC. - 127 HAZELWOOD AVE - BARBERTON, OH 44203	34-1964742	501(C)3	5,000.	0.			MEDICAL/MENTAL HEALTH
CHRISTIAN LEGAL SOCIETY 8001 BRADDOCK RD. STE 302 SPRINGFIELD, VA 22151	36-6101090	501(C)3	5,000.	0.			LEGAL/CIVIL RIGHTS
CMJC & CWJC OF GILLESPIE COUNTY P.O. BOX 2372 FREDERICKSBURG, TX 78624	47-3715438	501(C)3	5,000.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIVEFOLD PATH INC 278 N WHITE OAK DR MADISON, VA 22727	23-7356235	501(C)3	5,000.	0.			COMMUNITY DEVELOPMENT
FOOD BANK OF NORTHWEST INDIANA 6490 BROADWAY MERRILLVILLE, IN 46410	35-1528285	501(C)3	5,000.	0.			COMMUNITY DEVELOPMENT
HEALING, HEALTH, AND HOPE 8053 CLEVELAND PL MERRILLVILLE, IN 46410	20-1195716	501(C)3	5,000.	0.			INTERNATIONAL - MEDICAL/MENTAL HEALTH
HEART CRY CHURCH 9339 W HUNT HWY QUEEN CREEK, AZ 85142	56-2458132	501(C)3	5,000.	0.			RELIGIOUS/MINISTRY
MINT MUSEUM OF ART, INC. 500 SOUTH TRYON STREET CHARLOTTE, NC 28202	56-0670666	501(C)3	5,000.	0.			ARTS & CULTURE
PPS & FOCUS GROUP MINISTRIES INC P.O. BOX 27274 KNOXVILLE, TN 37927-7274	62-1686129	501(C)3	5,000.	0.			MINISTRY
REVIVE AND RESTORE MINISTRIES 9725 IRISHMANS RUN LANE ZIONSVILLE, IN 46077	27-3544625	501(C)3	5,000.	0.			RELIGIOUS/MINISTRY
SAINT FRANCIS HOME 65 W CLOPTON STREET RICHMOND, VA 23225	54-0917181	501(C)3	5,000.	0.			HUMAN SERVICES
ST THOMAS THE APOSTLE PARISH ANN ARBOR - 530 ELIZABETH STREET - ANN ARBOR, MI 48104	38-1359587	501(C)3	5,000.	0.			RELIGIOUS/MINISTRY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOSEPH'S VILLA 8000 BROOK ROAD RICHMOND, VA 23227	54-0505950	501(C)3	5,000.	0.			HUMAN SERVICES
STARDUST ANIMAL SANCTUARY 3106 EAST SOLON ROAD RICHMOND, IL 60071	26-2812383	501(C)3	5,000.	0.			ANIMAL WELFARE
SURRY ANIMAL RESCUE 213 TURKEY TROT LANE SPARTA, NC 28675	83-0397099	501(C)3	5,000.	0.			N/A
TEAM GUTS 1008 ORCHARD STREET FERNDAL, MI 48220	46-1756544	501(C)3	5,000.	0.			DISABILITIES
TEXAS HERITAGE MUSIC FOUNDATION PO BOX 2435 FREDERICKSBURG, TX 78624	74-2495227	501(C)3	5,000.	0.			EDUCATION
THE GOLDEN HUB COMMUNITY CENTER 1009 N LINCOLN ST FREDERICKSBURG, TX 78624	74-1930212	501(C)3	5,000.	0.			COMMUNITY DEVELOPMENT
UGANDA AIDS ORPHAN CHILDREN'S FOUNDATION - P. O. BOX 64485 - LOS ANGELES, CA 90064	04-3745649	501(C)3	5,000.	0.			YOUTH DEVELOPMENT
URBAN HABITAT CHICAGO 1215 W LUNT 1G CHICAGO, IL 60626	20-3297833	501(C)3	5,000.	0.			HOUSING/SHELTER
WASHTENAW ALANO CLUB 995 NORTH MAPLE ROAD ANN ARBOR, MI 48103	23-7069580	501(C)3	5,000.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	14	19,500.	0.		
GENERAL	9	20,662.	0.		
COVID-19 EMERGENCY RELIEF	452	106,445.	0.		

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

PART I, LINE 2:

UNITED CHARITABLE HAS ESTABLISHED GUIDELINES WHICH MUST BE FOLLOWED WHEN GIFTS ARE MADE TO CHARITABLE ORGANIZATIONS IN THE UNITED STATES. FOR GIFTS TO RECOGNIZED 501(C)(3) PUBLIC CHARITIES, UNITED CHARITABLE REQUIRES A COPY OF THE IRS DETERMINATION LETTER OR TIN OF THE ORGANIZATION, AND/OR PARENT IF NECESSARY. FOR CHURCHES, SYNAGOGUES, MOSQUEST AND OTHER RELIGIOUS ORGANIZATIONS, UNITED CHARITABLE HAS A WHOLE SEPARATE SET OF CRITERIA, PARTICULARLY IF THE RELIGIOUS ORGANIZATION IS NOT A 501(C)(3). FOR GRANTS TO FEDERAL, STATE, COUNTY OR CITY GOVERNMENTS OR GOVERNMENTAL ENTITIES,

Part IV Supplemental Information

UNITED CHARITABLE REQUIRES WRITTEN CONFIRMATION THAT THE GRANTEE IS A GOVERNMENTAL ENTITY. FOR ALL OTHER GRANT RECIPIENTS, SUCH AS SOCIAL WELFARE ORGANIZATIONS, VETERAN ORGANIZATIONS, FRATERNAL ORGANIZATIONS, ETC., UNITED CHARITABLE REQUIRES APPLICATION FOR THE GRANT WITH APPROVAL ON A CASE BY CASE BASIS WITH VARIOUS CRITERIA HAVING TO BE MET.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED CHARITABLE

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

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

- a** Receive a severance payment or change-of-control payment?
- 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		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JULIA HEALEY CEO, SECRETARY OF BOARD	(i)	157,300.	5,000.	0.	8,250.	16,930.	187,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNITED CHARITABLE** Employer identification number **20-4286082**

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	38	2,266,875.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	4	1,564,113.	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 ▶ (PROGRAM SUPPL)	X	3	15,177.	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 V, 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

UNITED CHARITABLE

Employer identification number

20-4286082

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

AWESOME WISHES" TO CHILDREN IN NEED, AND MUCH MORE. WICKED AWESOME
WISHES OBTAINS ITS FUNDING PRIMARILY THROUGH INDIVIDUAL DONATIONS,
CORPORATE SPONSORSHIPS, AND COMMUNITY FUNDRAISERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

UNITED CHARITABLE PROGRAMS PERFORM A WIDE VARIETY OF SERVICES TO THE
COMMUNITY. 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,
EACH OF UNITED CHARITABLE'S PROGRAMS HAS 10-25 VOLUNTEERS THAT ASSIST
THEM THROUGHOUT THE YEAR WITH A TOTAL OF 927 VOLUNTEERS FOR ALL OF UC
IN 2020. 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 UNITED CHARITABLE'S TOP PERFORMING PROGRAMS CONDUCT
FUNDRAISERS, INCLUDING SEVERAL WITH WELL-ESTABLISHED GOLF TOURNAMENTS
AND GALAS. ON AVERAGE, UNITED CHARITABLE PROGRAMS HAVE AROUND TEN OR
MORE YEARS EXPERIENCE OPERATING WITHIN A FISCAL SPONSOR.
EXPENSES \$ 4,733,420. INCL GRANTS OF \$ 3,717,895. REVENUE \$ 232,476.

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

THE FORM 990 IS REVIEWED BY THE CEO, TREASURER, AND THE AUDIT COMMITTEE.

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

REVIEW OF RELATIONSHIPS IS PERFORMED ON A REGULAR BASIS.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization UNITED CHARITABLE	Employer identification number 20-4286082
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FORM 990, PART VI, SECTION B, LINE 15:

REVIEW AND DETERMINATION OF ALL SALARIES BY THE DISINTERESTED COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS USING A CORPORATE SALARY SURVEY AS GUIDANCE.

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

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

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

DOCUMENTS ARE AVAILABLE ON WEBSITE OR UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

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

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
NATIONAL HERITAGE FOUNDATION, INC. - 58-2085326, 8201 GREENSBORO DRIVE, SUITE 702, MCLEAN, VA 22102	SUPPORTING ORGANIZATION	GEORGIA	501(C)(3)	LINE 12A, I	UNITED CHARITABLE	X	

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	

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

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	67,446.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.