

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)

**2021**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input checked="" 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	<b>C</b> Name of organization <b>UNITED CHARITABLE</b>		<b>D</b> Employer identification number <b>20-4286082</b>
	Doing business as		<b>E</b> Telephone number <b>571-620-3000</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>31,138,657.</b>
	<b>44921 GEORGE WASHINGTON BLVD</b>	<b>230</b>	
City or town, state or province, country, and ZIP or foreign postal code <b>ASHBURN, VA 20147</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>JULIA HEALEY</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? Yes No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions	
<b>J</b> Website: ▶ <b>WWW.UNITEDCHARITABLE.ORG</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: <b>2005</b>	<b>M</b> State of legal domicile: <b>VA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ADMINISTER DONOR-ADVISED FUNDS AND FISCALLY SPONSORED PROGRAMS.</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>5</b> <b>46</b>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>925</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>8,225,627.</b> <b>Prior Year</b> <b>17,834,363.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>248,738.</b> <b>248,738.</b> <b>351,149.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>6,903,907.</b> <b>6,903,907.</b> <b>3,020,808.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>289,365.</b> <b>289,365.</b> <b>978,885.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>15,667,637.</b> <b>15,667,637.</b> <b>22,185,205.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>3,863,991.</b> <b>3,863,991.</b> <b>5,983,125.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>1,145,237.</b> <b>1,145,237.</b> <b>1,998,997.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>133,127.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1,695,246.</b> <b>1,695,246.</b> <b>3,070,900.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>6,704,474.</b> <b>6,704,474.</b> <b>11,053,022.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>8,963,163.</b> <b>8,963,163.</b> <b>11,132,183.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>198,547,791.</b> <b>Beginning of Current Year</b> <b>209,799,923.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>348,582.</b> <b>348,582.</b> <b>265,357.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>198,199,209.</b> <b>198,199,209.</b> <b>209,534,566.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>JULIA HEALEY, CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>EDWARD T. YODER, CPA</b>	Preparer's signature <b>EDWARD T. YODER, CPA</b>	Date <b>11/17/22</b>	Check if self-employed <input checked="" type="checkbox"/>	PTIN <b>P00239134</b>
	Firm's name ▶ <b>PBMARES, LLP</b>	Firm's EIN ▶ <b>54-0737372</b>	Phone no. <b>540 434-5975</b>		
Firm's address ▶ <b>558 SOUTH MAIN STREET</b> <b>HARRISONBURG, VA 22801</b>					

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

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

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

4a (Code: ) (Expenses \$ 1,779,037. including grants of \$ ) (Revenue \$ 30,000. ) THE FOUNDATION AGAINST INTOLERANCE AND RACISM (FAIR) IS A NON-PARTISAN ORGANIZATION DEDICATED TO ADVANCING CIVIL RIGHTS AND LIBERTIES FOR ALL AMERICANS, AND PROMOTING A COMMON CULTURE BASED ON FAIRNESS, UNDERSTANDING AND HUMANITY. CHARITABLE ACTIVITIES TO CARRY OUT THEIR MISSION INCLUDE DEFENDING CIVIL LIBERTIES AND RIGHTS THAT ARE GUARANTEED TO EACH INDIVIDUAL REGARDLESS OF SKIN COLOR, ACESTRY, OR OTHER IMMUTABLE CHARACTERISTICS. THEIR FUNDRAISING TECHNIQUES CONSIST OF DONATIONS FROM SUPPORTING INDIVIDUALS, CAMPAIGNS, EVENTS, PRIVATE GRANTS, AND DONOR ADVISED FUNDS.

4b (Code: ) (Expenses \$ 383,536. including grants of \$ 42,148. ) (Revenue \$ ) WATCHLIST ON CHILDREN AND ARMED CONFLICT IS A FISCALLY SPONSORED PROGRAM THAT STRIVES TO END VIOLATIONS AGAINST CHILDREN IN ARMED CONFLICTS AND GUARANTEE CHILDREN THEIR RIGHTS. THE PROGRAM DEDICATES ITSELF TO PROTECTING THE SECURITY AND RIGHTS OF CHILDREN GLOBALLY. AS A GLOBAL NETWORK, WATCHLIST BUILDS PARTNERSHIPS AMONG LOCAL, NATIONAL, AND INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS, ENHANCING MUTUAL CAPACITIES AND STRENGTHS. WORKING TOGETHER, THE PROGRAM AND ITS PARTNERS COLLECT AND DISSEMINATE INFORMATION ON VIOLATIONS AGAINST CHILDREN IN CONFLICT ZONES IN ORDER TO INFLUENCE KEY DECISION-MAKERS TO CREATE AND IMPLEMENT PROGRAMS AND POLICIES THAT EFFECTIVELY PROTECT CHILDREN.

4c (Code: ) (Expenses \$ 167,333. including grants of \$ 46,000. ) (Revenue \$ ) DEARTOMORROW'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 UN 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 7,007,116. including grants of \$ 5,894,977. ) (Revenue \$ 321,149. )

4e Total program service expenses 9,337,022.

**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> ? See instructions	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 <b>Section 501(c)(3) organizations.</b> 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 Rev. Proc. 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> See instructions		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
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</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> .....	<b>35b</b> X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	134
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 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... 10; 1b Enter the number of voting members included... 9; 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 on 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 on 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; 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 44921 GEORGE WASHINGTON BLVD, 230, ASHBURN, VA 20147

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				167,379.	0.	26,770.
(2) STACY L SUMMITT CONTROLLER	40.00			X				111,622.	0.	23,643.
(3) BRUCE MCCLINTOCK CHAIRMAN	1.00	X		X				0.	0.	0.
(4) GEOFF BROWN VICE CHAIRMAN (THROUGH MARCH 2021)	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) AEJAZ DAR DIRECTOR	1.00	X						0.	0.	0.
(9) RENUKA RACHA DIRECTOR	1.00	X						0.	0.	0.
(10) RYAN RAMIREZ DIRECTOR	1.00	X						0.	0.	0.
(11) JULIAN MARTINEZ DIRECTOR	1.00	X						0.	0.	0.
(12) BLAQUE LYN HASTON DIRECTOR EMERITUS	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
<b>1b Subtotal</b> .....							279,001.	0.	50,413.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							279,001.	0.	50,413.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **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	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>	188,262.			
	<b>d</b>	Related organizations	<b>1d</b>	334,683.			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	455,128.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	16,856,290.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 9,750,720.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		17,834,363.			
	Program Service Revenue	<b>2 a</b>	PROGRAM FEES	<b>Business Code</b>			
			900099	351,149.	351,149.		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>g</b>		<b>Total.</b> Add lines 2a-2f		351,149.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		987,541.		987,541.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				10,815,652.			
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	8,782,385.			
	<b>c</b>	Gain or (loss)	<b>7c</b>	2,033,267.			
<b>d</b>	Net gain or (loss)		2,033,267.		2033267.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 188,262. of contributions reported on line 1c). See Part IV, line 18						
			110,808.				
<b>b</b>	Less: direct expenses	<b>8b</b>	171,067.				
<b>c</b>	Net income or (loss) from fundraising events		-60,259.		-60,259.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>b</b>	Less: cost of goods sold	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	LIFE INSURANCE PROCEEDS	<b>Business Code</b>				
			900099	1,039,144.		1039144.	
	<b>b</b>						
	<b>c</b>						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		1,039,144.			
<b>12</b>	<b>Total revenue.</b> See instructions		22,185,205.	351,149.	0.	3999693.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,538,113.	5,538,113.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	41,592.	41,592.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	403,420.	403,420.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	329,413.		296,473.	32,940.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,417,453.	995,381.	352,481.	69,591.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,957.	28,819.	3,913.	2,225.
<b>9</b> Other employee benefits	85,039.	71,167.	8,425.	5,447.
<b>10</b> Payroll taxes	132,135.	80,433.	43,338.	8,364.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	278,056.	204,515.	73,541.	
<b>c</b> Accounting	78,112.		78,112.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	225,847.		225,847.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	306,642.	306,421.		221.
<b>13</b> Office expenses	63,677.	51,189.	7,170.	5,318.
<b>14</b> Information technology	134,511.	27,855.	106,656.	
<b>15</b> Royalties				
<b>16</b> Occupancy	170,790.	71,753.	98,146.	891.
<b>17</b> Travel	120,205.	105,130.	6,945.	8,130.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	6,504.	6,112.	392.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	5,119.	4,021.	1,098.	
<b>23</b> Insurance	113,404.	45,161.	68,243.	
<b>24</b> 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.)				
<b>a CONTRACT LABOR</b>	1,224,192.	1,102,686.	121,506.	
<b>b PROGRAM RELATED SUPPLIE</b>	136,979.	136,979.		
<b>c MISCELLANEOUS EXPENSES</b>	70,822.	24,839.	45,983.	
<b>d BANK &amp; INVESTMENT FEES</b>	58,053.	29,728.	28,325.	
<b>e All other expenses</b>	77,987.	61,708.	16,279.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	11,053,022.	9,337,022.	1,582,873.	133,127.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,329,959.	<b>1</b>	4,606,301.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	101,790.
	<b>4</b> Accounts receivable, net .....	314,905.	<b>4</b>	425,919.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	55,878.	<b>9</b>	34,955.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 31,532.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 25,799.		
	<b>11</b> Investments - publicly traded securities .....	22,929,467.	<b>11</b>	28,859,883.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	168,291,940.	<b>12</b>	170,159,104.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,614,790.	<b>15</b>	5,606,238.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	198,547,791.	<b>16</b>	209,799,923.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	155,865.	<b>17</b>	265,357.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	12,084.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	180,633.	<b>24</b>	0.
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	348,582.	<b>26</b>	265,357.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,517,972.	<b>27</b>	12,750,343.
	<b>28</b> Net assets with donor restrictions .....	194,681,237.	<b>28</b>	196,784,223.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	198,199,209.	<b>32</b>	209,534,566.
	<b>33</b> Total liabilities and net assets/fund balances .....	198,547,791.	<b>33</b>	209,799,923.

**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	22,185,205.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,053,022.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,132,183.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	198,199,209.
5	Net unrealized gains (losses) on investments	5	-254,959.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	458,133.
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	209,534,566.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
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?		X
3b	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		

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

<b>Name of the organization</b> <p style="text-align:center">UNITED CHARITABLE</p>	<b>Employer identification number</b> <p style="text-align:center">20-4286082</p>
---	--

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

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

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

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

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	24798658.	75475310.	25695500.	8225627.	17083907.	151279002
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	24798658.	75475310.	25695500.	8225627.	17083907.	151279002
<b>5</b> 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) .....						21858685.
<b>6 Public support.</b> Subtract line 5 from line 4.						129420317

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	24798658.	75475310.	25695500.	8225627.	17083907.	151279002
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1063724.	1281942.	4080769.	6521019.	1737997.	14685451.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						165964453
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	77.98 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	80.61 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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>b</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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**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 input.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

UNITED CHARITABLE

Employer identification number

20-4286082

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

Name of organization  <b>UNITED CHARITABLE</b>	Employer identification number  <b>20-4286082</b>
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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>1,808,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,324,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>403,300.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	LLC INTEREST _____ _____ _____	\$ 1,808,000.	12/01/21
5	LLC INTEREST _____ _____ _____	\$ 403,300.	10/26/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>UNITED CHARITABLE</b>	Employer identification number  <b>20-4286082</b>
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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

2021

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public service. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

**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		31,532.	25,799.	5,733.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,733.

**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 .....	170,159,104.	END-OF-YEAR MARKET VALUE
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	170,159,104.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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	21,852,512.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-254,959.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	148,113.	
e	Add lines 2a through 2d	2e		-106,846.
3	Subtract line 2e from line 1		3	21,959,358.
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	225,847.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		225,847.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	22,185,205.

**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	10,975,288.
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	148,113.	
e	Add lines 2a through 2d	2e		148,113.
3	Subtract line 2e from line 1		3	10,827,175.
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	225,847.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		225,847.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,053,022.

**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 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 148,113.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 148,113.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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 - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			GRANTS		65,000.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,			GRANTS		143,850.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES			GRANTS		26,000.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,			GRANTS		18,000.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,			GRANTS		44,527.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,			GRANTS		73,543.
EUROPE (INCLUDING ICELAND & GREENLAND)			GRANTS		32,500.
<b>3 a</b> Subtotal .....	0	0			403,420.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			403,420.

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

Schedule F (Form 990) 2021

**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)
		EAST ASIA AND THE PACIFIC		120,850.	WIRE	0.	YOUTH	FMV
		CENTRAL AMERICA CARRIBBEAN		42,000.	WIRE	0.	EDUCATION	FMV
		SOUTH ASIA		40,527.	WIRE	0.	YOUTH	FMV
		SUB-SAHARAN AFRICA		40,123.	WIRE	0.	YOUTH	FMV
		CENTRAL AMERICA CARRIBBEAN		23,000.	WIRE	0.	EDUCATION	FMV
		EUROPE (INCLUDING ICELAND AND GREENLAND)		17,000.	WIRE	0.	COMMUNITY DEVELOPMENT	FMV
		NORTH AMERICA		15,000.	WIRE	0.	YOUTH	FMV
		NORTH AMERICA		10,000.	WIRE	0.	YOUTH	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 ..... **18**

3 Enter total number of other organizations or entities ..... **18**

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)
		EAST ASIA AND THE PACIFIC		10,000.	WIRE	0.	YOUTH	FMV
		EUROPE (INCLUDING ICELAND AND GREENLAND)		10,000.	WIRE	0.	YOUTH	FMV
		SUB-SAHARAN AFRICA		7,600.	WIRE	0.	YOUTH	FMV
		EUROPE (INCLUDING ICELAND AND GREENLAND)		5,500.	WIRE	0.	YOUTH	FMV
		SUB-SAHARAN AFRICA		5,500.	WIRE	0.	YOUTH	FMV
		SUB-SAHARAN AFRICA		5,300.	WIRE	0.	COMMUNITY DEVELOPMENT	FMV



**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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.

**SCHEDULE G  
(Form 990)**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		THF GOLF TOURNAMENT	SNEAKER BALL	4		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	148,118.	74,271.	60,901.	283,290.
	2	Less: Contributions	100,088.	58,674.	19,460.	178,222.
	3	Gross income (line 1 minus line 2)	48,030.	15,597.	41,441.	105,068.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	1,289.		2,254.	3,543.
	6	Rent/facility costs	53,995.	16,995.	12,692.	83,682.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	16,235.	26,375.	15,339.	57,949.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				145,174.
11	Net income summary. Subtract line 10 from line 3, column (d)				-40,106.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
CHRISTIAN COMMUNITY FOUNDATION, INC. DBA WATERSTONE - 10807 NEW ALLEGIANCE DR., SUITE 240 - COLORADO SPRINGS, CO 80921	75-1750059	501(C)(3)	2,051,918.	0.			TRANSFER LLC INTEREST TO ANOTHER 501C3
NATIONAL LEGAL FOUNDATION P.O. BOX 64427 VIRGINIA BEACH, VA 23467	54-1325665	501(C)(3)	187,000.	0.			RELIGIOUS LIBERTY LEGAL WORK
IMPACT INVESTING CHARITABLE FOUNDATION - P.O. BOX 25277 - OVERLAND PARK, KS 66225-5277	47-3574130	501(C)(3)	104,000.	0.			SUPPORT MISSION OF IMPACT INVESTING CHARITABLE FOUNDATION
CHANGE A LIFE FOUNDATION 1602 VILLAGE MARKET BLVD SE, SUITE LEESBURG, VA 20175	30-0058798	501(C)(3)	100,000.	0.			DISPLACED AFGANS ARRIVING AT DULLES SUPPORT
NORTHWELL HEALTH FOUNDATION 2000 MARCUS AVENUE NEW HYDE PARK, NY 11042	11-2965575	501(C)(3)	90,000.	0.			FOR PEDIATRIC CARDIOLOGY DIVISION
K'S ANGELS 5917 QUINTA REAL CT EL PASO, TX 79912	81-2313978	501(C)(3)	72,900.	0.			TRANSFER LLC INTEREST TO ANOTHER 501C3

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 178.**
- 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) 2021

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**



**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	65,100.	0.			HUMARNITARIAN MEDICAL AID
RESTORING THE WELLS P.O. BOX 2426 LEESBURG, VA 20177	47-3659333	501(C)(3)	63,000.	0.			MINISTRY
RESET180 1930 ISAAC NEWTON SQUARE, SUITE 203 RESTON, VA 20190	47-1749414	501(C)(3)	60,000.	0.			GENERAL SUPPORT
COMMUNITY CHRISTIAN SERVICE AGENCY, INC. - 4167 RAPPAHANNOCK AVE - SAN DIEGO, CA 92117	95-2830702	501(C)(3)	60,000.	0.			SUPPORT HUMAN SERVICES
DODGERTOWN ELEMENTARY SCHOOL 4350 43RD AVE VERO BEACH, FL 32967	59-6000673	501(C)(3)	60,000.	0.			SMARTLAB FOR THE MEDIA CENTER
ST. JOHN PAULL II CATHOLIC CHURCH PARISH - 1607 N WEST ST - CARROLL, IA 51401	83-0767594	501(C)(3)	59,980.	0.			RELIGIOUS
SUSAN G. KOMEN BREAST CANCER FOUNDATION - 13770 NOEL ROAD SUITE 801889 - DALLAS, TX 75380	75-1835298	501(C)(3)	50,500.	0.			CANCER RESEARCH
ST. VINCENT DE PAUL SOCIETY 3001 E. 30TH STREET INDIANAPOLIS, IN 46218	37-1507632	501(C)(3)	40,000.	0.			ENABLE THEM TO CONTINUE SERVING THE POOR IN INDIANAPOLIS.
MASTER'S ACADEMY OF VERO BEACH 1105 58TH AVE VERO BEACH, FL 32966	04-3770235	501(C)(3)	35,195.	0.			MASTER'S VO-TECH HIGH SCHOOL - ACE SOFTWARE SET UP AND CONTRACT SUPPORT, PACES CURRICULUM, FIRST

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FORCEY BIBLE CHURCH 2130 E. RANDOLPH ROAD SILVER SPRING, MD 20904	53-0178404	501(C)(3)	35,000.	0.			PASTOR AND STAFF APPRECIATION GIFT
ST JUDE CHILDRENS RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	32,250.	0.			TO PROVIDE CARE FOR THOSE WHO NEED IT MOST
NATIONAL COMMUNITY CHURCH 205 F ST NE WASHINGTON, DC 20002	52-2016840	501(C)(3)	30,150.	0.			GENERAL USE -CAPITAL HILL
CROWN POINT COMMUNITY FOUNDATION INC - 115 S COURT STREET - CROWN POINT, IN 46307	31-0247014	501(C)(3)	30,050.	0.			GENERAL SUPPORT
CHILDREN'S COMMUNITY SCHOOL 211 PARKWAY DRIVE MOUNT HOREB, WI 53572	39-1247212	501(C)(3)	30,000.	0.			FOR CAPITAL CAMPAIGN TO BUILD A NEW SCHOOL BUILDING.
SCHOOLCRAFT COLLEGE FOUNDATION 18600 HAGGERTY ROAD LIVONIA, MI 48152	23-7013727	501(C)(3)	26,000.	0.			2021-2022 DEI STARS PROGRAM SUPPORT - YEAR 2
ACROSS NATIONS P.O. BOX 9090 WINDOW ROCK, AZ 86515	85-6007207	501(C)(3)	24,840.	0.			STEVE AND SHARON MAUS FUND
ZIONSVILLE PRESBYTERIAN CHURCH 4775 W 116TH ST. ZIONSVILLE, IN 46077	35-1617555	501(C)(3)	23,000.	0.			NOAH'S ARC, FOOD PANTRY, ZPC GENERAL OPERATING
AMERICAN ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT ST STE 1700 - PHILADELPHIA, PA 19106	23-6251648	501(C)(3)	23,000.	0.			CANCER RESEARCH

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THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS - 50 EAST NORTH TEMPLE, FLOOR 22 - SALT LAKE CITY, UT 84150	87-0234341	501(C)(3)	22,275.	0.			SUPPORT RELIGIOUS ACTIVITIES OF THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS
ST MICHAEL THE ARCHANGEL ORTHODOX CHURCH - 26355 WEST CHICAGO ROAD - REDFORD, MI 48239	38-6066692	501(C)(3)	22,099.	0.			MUNACO SUNDAY SUPPORT
REGENTS OF THE UNIVERSITY OF MICHIGAN - 1000 WALL STREET - ANN ARBOR, MI 48105	38-6006309	501(C)(3)	21,500.	0.			CHILD AND FAMILY LIFE
DUCKS UNLIMITED INC. ONE WATERFOWL WAY MEMPHIS, TN 38120	13-5643799	501(C)(3)	21,300.	0.			WETLAND CONSERVATION
ST JAMES OF NOVI 46325 TEN MILE ROAD NOVI, MI 48374	38-2889083	501(C)(3)	20,300.	0.			UPGRADE CHURCH AND SCHOOL INFORMATION TECHNOLOGY OR OTHER AS DEEMED APPROPRIATE BY FR. ED.
TEXAS HERITAGE MUSIC FOUNDATION P.O. BOX 2435 FREDERICKSBURG, TX 78624	74-2495227	501(C)(3)	20,000.	0.			PROMOTE AND ASSIST THE ELDERLY WITH MUSIC THAT TOUCHES THE HEART
THE FIRST TEE OF GREATER WASHINGTON, DC - 2020 PENNSYLVANIA AVE. NW #106 - WASHINGTON, DC 20006	52-2195691	501(C)(3)	20,000.	0.			FUND THE DC CHAPTER OPERATIONS
AUTISM SPEAKS INC 1060 STATE RD, 2ND FL PRINCETON, NJ 08540	20-2329938	501(C)(3)	20,000.	0.			TO SUPPORT AUTISM PROGRAMS AND ACTIVITIES WITHIN THE STATE OF ALABAMA
FAITH RXD 10488 W CENTENNIAL RD, SUITE 517 LITTLETON, CO 80127	45-0706628	501(C)(3)	20,000.	0.			MINISTRY

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WISHEK PUBLIC SCHOOL 200 SOUTH BADGER ST WISHEK, ND 58495	45-6000965	501(C)(3)	20,000.	0.			DONATION FOR STAGE LIGHTS AND MUSICAL EQUIPMENT.
TREE OF LIFE CHRISTIAN SCHOOLS 935 NORTHRIDGE RD COLUMBUS, OH 43224	31-0935850	501(C)(3)	20,000.	0.			CHRISTIAN EDUCATION
BOOST OTHERS 480 MALCOLM RD NW VIENNA, VA 22180	84-3112493	501(C)(3)	20,000.	0.			HAITI MISSIONS WORK
MANIFESTED GOODNESS, INC 4387 W. SWAMP RD SUITE 201 DOYLESTOWN, PA 18902	84-4547858	501(C)(3)	19,160.	0.			DIGITAL MEDIA
FELLSMERE ELEMENTARY SCHOOL 50 N CYPRESS ST FELLSMERE, FL 32948	59-6000673	501(C)(3)	19,158.	0.			TECHNOLOGY FOR THE DUAL LANGUAGE PROGRAM
EKAL VIDYALAYA FOUNDATION OF USA 100 WEST OAKS MALL HOUSTON, TX 77082	77-0554248	501(C)(3)	18,250.	0.			SCHOOL SPONSORSHIPS IN TRIBAL & RURAL AREAS
CONGREGATION BETH ISRAEL 3901 SHOAL CREEK BLVD AUSTIN, TX 78756	74-2827868	501(C)(3)	18,198.	0.			2021 GALA SPONSORSHIP
CHEYANNA'S CHAMPIONS 4 CHILDREN 11701 BEE CAVES ROAD SUITE 211 AUSTIN, TX 78738	45-3772547	501(C)(3)	18,050.	0.			GENERAL SUPPORT
ST. LINUS CATHOLIC CHURCH 6466 EVANGELINE DEARBORN HEIGHTS, MI 48127	38-1550062	501(C)(3)	18,045.	0.			GENERAL SUPPORT

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SARASOTA MEMORIAL HEALTHCARE FOUNDATION - 1515 SOUTH OSPREY AVE SUITE B-4 - SARASOTA, FL 34239	51-0188568	501(C)(3)	17,050.	0.			GENERAL SUPPORT
ORANGE COUNTY SCHOOL OF THE ARTS FOUNDATION - 1010 NORTH MAIN STREET - SANTA ANA, CA 92701	33-0377341	501(C)(3)	16,000.	0.			MALIA & MICHAELA MARCHANT, CCD CONSERVATORY
MCLEAN BIBLE CHURCH 8925 LEESBURG PIKE VIENNA, VA 22182	54-0763526	501(C)(3)	15,600.	0.			TO FURTHER GOD'S WORK IN THE DMV
DIVINE GRACE LUTHERAN CHURCH 3000 S LAPEER RD LAKE ORION, MI 48359	38-2104115	501(C)(3)	15,320.	0.			RELIGIOUS
NOVI COMMUNITY SCHOOL DISTRICT 25345 TAFT ROAD NOVI, MI 48374	38-6003067	501(C)(3)	15,001.	0.			DONATION
SADDLEBACK VALLEY COMMUNITY CHURCH 1 SADDLEBACK PARKWAY - GIVING OPERA LAKE FOREST, CA 92630	95-3689195	501(C)(3)	15,000.	0.			TO HELP MINISTRY
THE HUN SCHOOL OF PRINCETON 176 EDGERSTOUNE ROAD PRINCETON, NJ 08540	21-0639868	501(C)(3)	15,000.	0.			HUN FUND
YOUTH FOR CHRIST USA, INC. P.O. BOX 4478 ENGLEWOOD, CO 80155	36-2193619	501(C)(3)	15,000.	0.			HELP SCHOOL
MOUNT SINAI MEDICAL CENTER FOUNDATION - 4300 ALTON ROAD, ASCHER BLDG. SUITE 100 - MIAMI BEACH, FL 33140	59-1711400	501(C)(3)	15,000.	0.			SOCIETY OF MOUNT SINAI

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LEAH'S SISTERS P.O BOX 171234 IRVING, TX 75017-1234	75-2940983	501(C)(3)	14,400.	0.			SOUTHEAST ASIA HUMANITARIAN AID
PARADIGM FOUNDATION 11230 WAPLES MILL RD SUITE 140 FAIRFAX, VA 22030	46-4779420	501(C)(3)	14,000.	0.			GENERAL SUPPORT
HIS EYE IS ON THE SPARROW 5068 PLYMOUTH ROAD ANN ARBOR, MI 48105	38-3561847	501(C)(3)	13,200.	0.			PROMOTES CHRISTIAN SPIRITUAL WORKS OF MERCY TO AID IN SPREADING THE GOSPEL OF CHRIST AND FEEDING CHILDREN AND WIDOWS
JUDSON BAPTIST CHURCH OF WALKER LOUISIANA - 32470 WALKER NORTH RD - WALKER, LA 70785	72-1023553	501(C)(3)	13,200.	0.			
UNIVERSITY OF DETROIT JESUIT HIGH SCHOOL AND ACADEMY - 8400 S. CAMBRIDGE AVENUE - DETROIT, MI 48221	38-1360587	501(C)(3)	13,000.	0.			ENDOWMENT FUND
LUTHERAN CHURCH OF THE ABIDING PRESENCE - 6304 LEE CHAPEL ROAD - BURKE, VA 22015	54-1261733	501(C)(3)	13,000.	0.			RELIGIOUS
MEHER SPIRITUAL CENTER, INC 10200 N KINGS HWY MYRTLE BEACH, SC 29572	57-0422620	501(C)(3)	12,700.	0.			MAINTAIN A SPIRITUAL RETREAT FOR REST, MEDITATION, AND RENEWAL OF SPIRITUAL LIFE
R.I.S.E. UP FOUNDATION 1413 BURR OAK CT MCHENRY, IL 60050	84-3395962	501(C)(3)	12,500.	0.			FOR THE PURPOSE OF PROVIDING FUNDING FOR PROJECTS SPECIFICALLY FOCUSED ON ENHANCING THE
SHALOM AUSTIN 7300 HART LANE AUSTIN, TX 78731	74-1469465	501(C)(3)	12,250.	0.			2020 ANNUAL CAMPAGIN

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PREGNANCY CARE CENTER OF MHC 314 FAIRY STREET EXT STE E MARTINSVILLE, VA 24112	26-4148243	501(C)(3)	12,200.	0.			GENERAL SUPPORT
UNIVERSITY OF THE NATIONS KONA INC 75-5851 KUAKINI HWY #433 KAILUA-KONA, HI 96740	99-0240539	501(C)(3)	12,000.	0.			NIKOLAS & EMILY LEHNERT #6379
SAINT GREGORY THE GREAT CATHOLIC CHURCH - 31 SAINT GREGORY DRIVE - OKATIE, SC 29909	57-1071592	501(C)(3)	12,000.	0.			CHURCH SUPPORT
VERITAS IMPACT PARTNERS 809 N CUERNAVACA DRIVE AUSIN, TX 78733	83-1734762	501(C)(3)	12,000.	0.			GENERAL DONATION
TEMPLE RODEF SHALOM 2100 WESTMORELAND STREET FALLS CHURCH, VA 22043	54-0733866	501(C)(3)	11,861.	0.			GENERAL CHARITY - RELIGIOUS
EASTERN FLORIDA STATE COLLEGE FOUNDATION - 3865 NORTH WICKHAM ROAD BUILDING 10-110 - MELBOURNE, FL 32935	59-1747177	501(C)(3)	11,604.	0.			CLARA MARGARITA ACEVEDO SCHOLARSHIP
YOUTH ON THEIR OWN 1660 N. ALVERNON WAY TUCSON, AZ 85712	86-0644388	501(C)(3)	11,500.	0.			TO SUPPORT THE HIGH SCHOOL GRADUATION AND CONTINUED SUCCESS OF HOMELESS YOUTH BY
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	11,300.	0.			ADL AUSTIN
CHARITY WATER 40 WORTH STREET SUITE 829 NEW YORK, NY 10013	22-3936753	501(C)(3)	11,200.	0.			FUND ONE WATER PROJECT

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PREGNANCY RESOURCE CENTER 1830 HACIENDA DRIVE STE 8 VISTA, CA 92081	33-0809605	501(C)(3)	11,000.	0.			GENERAL FUND - TO SUPPORT EVIDENCE-BASED MEDICAL SERVICES AND EDUCATION IN THE AREAS OF SEXUAL AND
CHABAD OF AUSTIN INC 4205 VENADO DR 20 AUSTIN, TX 78731	45-2763577	501(C)(3)	11,000.	0.			GENERAL DONATION FOR CHABAD YOUNG JEWISH PROFESSIONALS OF AUSTIN
MOSS, HATTIE M. 536 SPRUCE STREET RIVERSIDE, CA 92507	25-6485061	501(C)(3)	10,800.	0.			GENERAL - HATTIE MOSS - MONTHLY GRANT FOR FINANCIALLY NEEDY
SEACOAST COMMUNITY CHURCH 1050 REGAL ROAD ENCINITAS, CA 92024	33-0335463	501(C)(3)	10,750.	0.			OPERATIONS
WORLD MISSIONS ADVANCE INC P.O. BOX 764408 DALLAS, TX 75376	01-0596752	501(C)(3)	10,500.	0.			RELIGION RELATED, SPIRITUAL DEVELOPMENT
OZONE HOUSE 1600 N. HURON RIVER DRIVE YPSILANTI, MI 48197	38-1916505	501(C)(3)	10,100.	0.			FOR USE IN OZONE HOUSE OPERATIONS
JB CARING HEARTS P.O. BOX 100013 ALTON, UT 84710	83-3209617	501(C)(3)	10,070.	0.			TO PROVIDE CHICKEN FEED TO UGANDA TO FEED LOCAL VILLAGES
ASSOCIATION OF GRADUATES OF THE UNITED STATES MILITARY ACADEMY - 698 MILLS ROAD HERBERY ALUMNI CENTER - WEST POINT, NY 10996	14-1260763	501(C)(3)	10,000.	0.			VETERANS/MILITARY SERVICE - A CLUB SUPPORT
THE VIRGINIA HOME 1100 HAMPTON STREET RICHMOND, VA 23220	54-0577900	501(C)(3)	10,000.	0.			MEMORIAL CONTRIBUTION

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ST. JOSEPH'S VILLA 8000 BROOK ROAD RICHMOND, VA 23227	54-0505950	501(C)(3)	10,000.	0.			MEMORIAL CONTRIBUTION
AFRICA INLAND MISSION INTERNATIONAL INCORPORATED - P O BOX 3611 - PEACHTREE CITY, GA 30269	11-1873101	501(C)(3)	10,000.	0.			MORAD MINISTRY
ALL STARS PROJECT INC. 543 42ND STREET NEW YORK, NY 10036	13-3148295	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNIVERSITY OF NOTRE DAME 724 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	10,000.	0.			SORIN SOCIETY
UNIVERSITY OF VERMONT ATTN: SONYA STERN, 217 WATERMAN BUILDING, 85 SOUTH PROSPECT STREET - BURLING	03-0179440	501(C)(3)	10,000.	0.			SUB-GRANT TO THE UNIVERSITY OF VERMONT FOR PROFESSOR TRISHA SHRUM AND TEAM TO CARRY OUT A
BIRTH CHOICE OF SAN MARCOS 365 S. RANCHO SANTA FE ROAD, STE 20 SAN MARCOS, CA 92078	33-0250034	501(C)(3)	10,000.	0.			GENERAL SUPPORT
KINGDOM LIFE MINISTRIES 1202 WARE ST SW VIENNA, VA 22180	83-0595252	501(C)(3)	10,000.	0.			TITHE
FOUNDATION OF CALIFORNIA STATE UNIVERSITY MONTEREY BAY - 100 CAMPUS CENTER - SEASIDE, CA 93955-8001	80-0494808	501(C)(3)	10,000.	0.			EDUCATION
CHURCH AT THE FALLS - THE FALLS CHURCH - 6565 ARLINGTON BLVD. SUITE 300 - FALLS CHURCH, VA 22042	47-1006296	501(C)(3)	10,000.	0.			FOR USE BY THE FCA AS THEY SEE FIT.

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COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR. BLVD DETROIT, MI 48208	38-3351777	501(C)(3)	10,000.	0.			SUPPORT THE OPERATIONS OF COVENANT HOUSE IN MICHIGAN
DC FOR JESUS 1544 SPRING HILL RD #11063 MCLEAN, VA 22102	46-1001755	501(C)(3)	10,000.	0.			KINGDOM EXPANSION
IMPACT CAMPUS MINISTRIES P.O. BOX 8492 MOSCOW, ID 83843	27-2480141	501(C)(3)	10,000.	0.			BEMA
SANCTITY OF LIFE MINISTRIES 3919 OLD LEE HIGHWAY, SUITE 81B FAIRFAX, VA 22030	54-1377782	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CROSSROADS YOUNG MENS CHRISTIAN ASSOCIATION INC - 100 W BURRELL DR - CROWN POINT, IN 46307-9040	35-1369437	501(C)(3)	10,000.	0.			ANNUAL FUND
YMCA OF SUMTER 510 MILLER RD SUMTER, SC 29150	57-0314417	501(C)(3)	10,000.	0.			WHERE IT'S NEEDED MOST - TO SUPPORT A PROGRAM THAT PLACES CHRISTIAN PRINCIPLES INTO PRACTICE
SAN DIEGO LESBIAN GAY BISEXUAL AND TRANSGENDER COMMUNITY CENTER - P.O. BOX 3357 - SAN DIEGO, CA 92163	23-7332048	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HIRSHBERG FOUNDATION FOR PANCREATIC CANCER RESEARCH - 2990 S SEPULVEDA BLVD, SUITE 300C - LOS ANGELES, CA 90064	95-4640311	501(C)(3)	10,000.	0.			TOUR DE PIER - PK SPIN CLASS
EQUINE RESCUE OF AIKEN 532 GLENWOOD DRIVE AIKEN, SC 29803	20-5162723	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN

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CHRIST UNITED METHODIST CHURCH 7600 OX ROAD FAIRFAX STATION, VA 22039	54-1421924	501(C)(3)	10,000.	0.			GENERAL FUND
ALPHA USA 1635 EMERSON LANE NAPERVILLE, IL 60540	13-3962840	501(C)(3)	10,000.	0.			DMV -
BATEMAN, WINONA 1202 TULIP LANE MISSOULA, MT 59802	50-2744124	501(C)(3)	10,000.	0.			1099 NEC - BOX 3 - GENERAL - WINONA BATEMAN - FELLOWSHIP AWARD WINNER
URBAN COMMUNICATIONS GROUP 26311 WOODWARD AVE HUNTINGTON WOODS, MI 48070	38-2277159	501(C)(3)	10,000.	0.			TO SUPPORT THE FILM ENTITLED, "CHOMOSOMALLY ENHANCED: WHAT IS YOUR SUPERPOWER?"
EASTER SEALS - MICHIGAN INC 2399 E. WALTON BLVD AUBURN HILLS, MI 48326	38-1402860	501(C)(3)	10,000.	0.			MIRACLE LEAGUE BASEBALL
CRU / CAMPUS CRUSADE FOR CHRIST P.O. BOX 628222 ORLANDO, FL 32862	95-6006173	501(C)(3)	9,700.	0.			SCOTT AND ANDI MITCHELL (0428951)
RIPE FOR HARVEST WORLD OUTREACH P.O. BOX 487 MONUMENT, CO 80132	20-2322235	501(C)(3)	9,000.	0.			TO BUILD HOMES FOR 3 FAMILIES: JOSUE/NORMA, CESAR/MIRTHA, LUIS/JUSTINA
INDEPENDENT MISSIONARY NETWORK (IMN) - 2206 PENNSYLVANIA ST. - PORTAGE, IN 46368	46-1465912	501(C)(3)	9,000.	0.			ELECTRICITY FOR LOARCA FAMILY IN SAN SEBASTIN LEMOA, QUICH, GUATEMALA
HOOPS FOR HOPE 115 ASHWORTH DRIVE DURHAM, NC 27707	85-2330365	501(C)(3)	8,456.	0.			TO SUPPORT BASKETBALL CAMPS AND CLINICS PROVIDED TO LOCAL YOUTH WITH HOPES OF MAKING A

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WAYNE STATE UNIVERSITY P.O. BOX 674602 DETROIT, MI 48267-4602	38-3555142	501(C)(3)	8,161.	0.			WAYNE STATE THEATER
SPELMAN COLLEGE 350 SPELMAN LANE, BOX 1303 ATLANTA, GA 30314	58-0566243	501(C)(3)	8,080.	0.			FINANCIAL ASSISTANCE TO STUDENTS
WHYY, INC. 150 N. SIXTH ST. PHILADELPHIA, PA 19106	23-1438083	501(C)(3)	8,000.	0.			ADOPT A SCHOOL
THE SCHOOL DISTRICT OF INDIAN RIVER COUNTY - 6500 57TH STREET - VERO BEACH, FL 32967	59-6000673	501(C)(3)	8,000.	0.			EVENTS SPONSORSHIP FOR PRINCIPALS, ASSISTANT PRINCIPALS, AND RETIREES
JEWS FOR JESUS 60 HAIGHT STREET SAN FRANCISCO, CA 94102	94-2222464	501(C)(3)	8,000.	0.			CONVINCING JEWS THAT JESUS IS THE MESSIAH
COLONIAL OAKS BAPTIST CHURCH 6901 BEE RIDGE RD SARASOTA, FL 34241	59-2583277	501(C)(3)	7,905.	0.			RELIGIOUS/MINISTRY
SHINING HOPE FARMS 4423 CARRIAGE DRIVE CIRCLE CHARLOTTE, NC 28205	30-0067482	501(C)(3)	7,740.	0.			TO SPONSOR 3 HORSES - LEO, TOTO AND GAMBLER. WE ARE EXCITED TO HELP SPECIAL NEEDS CHILDREN
BOYS AND GIRLS CLUBS OF THE TEXAS HILL COUNTRY - 808 N LLANO - FREDERICKSBURG, TX 78624	74-2758055	501(C)(3)	7,500.	0.			VALERO
FISHER HOUSE FOUNDATION, INC. 12300 TWINBROOK PKWY SUITE 410 ROCKVILLE, MD 20852	11-3158401	501(C)(3)	7,500.	0.			GENERAL FUND -WHERE NEEDED

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALERO ENERGY FOUNDATION P.O. BOX 696000 SAN ANTONIO, TX 78269	74-2904514	501(C)(3)	7,500.	0.			BOYS & GIRLS CLUB OF THE HILL COUNTRY
ST PETER LUTHERAN CHURCH 17051 24 MILE ROAD MACOMB, MI 48042	38-1711440	501(C)(3)	7,500.	0.			RELIGIOUS, EDUCATION, COMMUNITY SUPPORT
UNITED GOLFERS ASSOCIATION 4642 RIVER GEM AVE. WINDERMERE, FL 34786	85-1593699	501(C)(3)	7,359.	0.			TO CONTINUE THE MISSION OF STRENGTHENING THE BLACK COMMUNITY IN THE SPORT OF GOLF THROUGH NEW
THE NEW HORIZONS FOUNDATION INC 5550 TECH CENTER DRIVE SUITE 303 COLORADO SPRINGS, CO 80919	84-1123082	501(C)(3)	7,200.	0.			GENERAL SUPPORT
FELLOWSHIP FOUNDATION INC 7501 WISCONSIN AVE SUITE 400E BETHESDA, MD 20814	53-0204604	501(C)(3)	7,000.	0.			FOR LATIGO TO BUILD A HOME FOR FLORENCE IN UGANDA - BEGUN IN JUNE 2021
ST. THOMAS THE APOSTLE CHURCH 7135 FAIRWAY DR. CRYSTAL LAKE, IL 60014	36-2361102	501(C)(3)	7,000.	0.			GENERAL SUPPORT
WASHTENAW ALANO CLUB 995 NORTH MAPLE ROAD ANN ARBOR, MI 48103	23-7069580	501(C)(3)	7,000.	0.			MARCH MATCH
GLEANERS COMMUNITY FOOD BANK INC 2131 BEAUFAIT DETROIT, MI 48207	38-2156255	501(C)(3)	6,870.	0.			TO FEED THOSE WHO NEED IT MOST IN THESE TIMES
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 2829 UNIVERSITY AVENUE SE, STE 900 - MINNEAPOLIS, MN 55414	13-5661935	501(C)(3)	6,655.	0.			GENERAL SUPPORT (GRACE MOM)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION (AHA) 300 S. RIVERSIDE PLAZA, SUITE 1200 CHICAGO, IL 60606	13-5613797	501(C)(3)	6,555.	0.			RESEARCH AND EDUCATION OF AFRICAN AMERICANS AND HEART DISEASE
GRACE CENTERS OF HOPE 35 E. HURON STREET PONTIAC, MI 48342	38-6094602	501(C)(3)	6,500.	0.			HELP PEOPLE
CROSS CATHOLIC OUTREACH P.O. BOX 97168 WASHINGTON, DC 20090-7168	65-1156061	501(C)(3)	6,400.	0.			TO SUPPORT THE WORK OF CROSS CATHOLIC OUTREACH
MICHIGAN STATE UNIVERSITY 404 WILSON ROAD RM 212 EAST LANSING, MI 48824	38-6005984	501(C)(3)	6,105.	0.			PUBLIC RADIO
WOUNDED WARRIOR PROJECT INC. P.O. BOX 758516 TOPEKA, KS 66675-8516	20-2370934	501(C)(3)	6,100.	0.			SUPPORT A WOUNDED WARRIOR
PURDUE RESEARCH FOUNDATION 403 WEST WOOD STREET WEST LAFAYETTE, IN 47907	35-1052049	501(C)(3)	6,094.	0.			HHS & SCHOOL OF AGRICULTURE
DETROIT RESCUE MISSION MINISTRIES GENESIS HOUSE I, II, III & OASIS - 150 STIMSON ST - DETROIT, MI 48201	38-1459371	501(C)(3)	6,000.	0.			GENERAL SUPPORT: WHERE NEED IS GREATEST
YOUNG LIFE P.O. BOX 5116 LAYTONSVILLE, MD 20904	84-0385934	501(C)(3)	6,000.	0.			TRAVEL EXPENSES
CHILD PROTECTION CENTER, INC 720 SOUTH ORANGE AVE. SARASOTA, FL 34236	59-2113850	501(C)(3)	6,000.	0.			GENERAL SUPPORT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR THE HIGHER GOOD INC 101 CORP.O.RATE LAKE DR, STE A COLUMBIA, MO 65203	74-3104767	501(C)(3)	6,000.	0.			FOR JONATHAN RIVAS TO BUILD A HOME IN VALLE DE ANGELES, HONDURAS FOR JOSE GONZALES & LEILA
SOCAL ATHLETICS, INC. 1482 LA MIRADA DRIVE SAN MARCOS, CA 92078	74-3081162	501(C)(3)	6,000.	0.			GIRLS VOLLEYBALL
DETROIT SPORTS MEDIA ASSOCIATION 7312 STREAMWOOD DR. YPSILANTI, MI 48197	45-5166218	501(C)(3)	6,000.	0.			SPONSORED SCHOLARSHIP GIVE AWAY TO SUPPORT PARTNERING ORG EVENT AND THEIR MISSION OF INNER
ST. LUKE'S EPISCOPAL 435 PEACHTREE ST NE ATLANTA, GA 30308	58-0673640	501(C)(3)	5,800.	0.			COVID PLEDGE OVER & ABOVE
THE LEARNING CLUB OF TOLEDO 5800 MONROE ST STE F5 SYLVANIA, OH 43560	34-1721196	501(C)(3)	5,770.	0.			TOSUPPORT/ADVANCEAVAILABILITYOFLEARNINGCLUBPROGRAMS
ADAT SHALOM SYNAGOGUE 29901 MIDDLEBELT ROAD FARMINGTON HILLS, MI 48334	38-1437934	501(C)(3)	5,750.	0.			YEARLY DUES
ALSAC/ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	35-1044585	501(C)(3)	5,710.	0.			HEALTH/MEDICAL SUPPORT
MEHER FUND INC. 420 DALRYMPLE ROAD ATLANTA, GA 30328-1348	57-0814333	501(C)(3)	5,700.	0.			GENERAL PURPOSE
COMMUNITY FOUNDATION OF BOONE COUNTY, INC - 102 N. LEBANON STREET SUITE 200 - LEBANON, IN 46052	35-1829585	501(C)(3)	5,650.	0.			VAWTER FUND LIFE INSURANCE

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVINCE OF ST JOSEPH OF THE CAPUCHIN ORDER - 1820 MT. ELLIOTT ST - DETROIT, MI 48207	38-1525161	501(C)(3)	5,620.	0.			RELATED CHRISTMAS GIFT - RELIGIOUS
FAMILIES FOR DEPRESSION AWARENESS 391 TOTTEN P.O.ND ROAD, SUITE 101 WALTHAM, MA 02451	04-3546730	501(C)(3)	5,555.	0.			GENERAL SUPPORT (TERRY)
OVARIAN CANCER COALITION OF GREATER WASHINGTON - P.O. BOX 12504 - ARLINGTON, VA 22219	54-2004729	501(C)(3)	5,555.	0.			GENERAL SUPPORT (VITA)
AMERICAN LUNG ASSOCIATION 55 WEST WACKER DRIVE, SUITE 1150 CHICAGO, IL 60601	13-1632524	501(C)(3)	5,555.	0.			GENERAL SUPPORT (MOM/BETTY/DON)
NATIONAL KIDNEY FOUNDATION OF MICHIGAN, INC. - 1169 OAK VALLEY DRIVE - ANN ARBOR, MI 48108	38-1559941	501(C)(3)	5,550.	0.			GENERAL SUPPORT (TERRY)
SAMUEL OMOGO FOUNDATION 1751 28TH STREET SW WYOMING, MI 49519	45-4872020	501(C)(3)	5,500.	0.			TO HELP THE ORGANIZATION WITH THEIR EFFORTS TO PROVIDE EMERGENCY ASSISTANCE TO THE PEOPLE
JILL'S HOUSE, INC 9011 LEESBURG PIKE VIENNA, VA 22182	37-1465256	501(C)(3)	5,500.	0.			TO SERVE FAMILIES RAISING CHILDREN WITH INTELLECTUAL DISABILITIES
PINEY CREEK UNITED METHODIST CHURCH - 213 TURKEY TROT LANE - SPARTA, NC 28675	56-1210563	501(C)(3)	5,500.	0.			FEED PEOPLE IN NEED AND BRING COMFORT TO THEM
PAYTONS PLAY IT FORWARD FOUNDATION 5800 AIRLINE DR METAIRIE, LA 70003	26-1983762	501(C)(3)	5,423.	0.			YOUTH 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL COUNCIL OF JEWISH WOMEN / MI - 26400 LASHER RD STE 306 - SOUTHFIELD, MI 48033	38-1358385	501(C)(3)	5,250.	0.			IMPROVING THE LIVES OF WOMEN, CHILDREN, FAMILIES
SHIRDI SAI DARBAR 255 SAN GERONIMO WAY SUNNYVALE, CA 94085	27-3235464	501(C)(3)	5,002.	0.			TEMPLE CONSTRUCTION COSTS

**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
SUB-GRANTS	4	16,000.	0.		
GENERAL	11	19,992.	0.		
SCHOLARSHIPS	4	5,600.	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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: MASTER'S ACADEMY OF VERO BEACH

(H) PURPOSE OF GRANT OR ASSISTANCE: MASTER'S VO-TECH HIGH SCHOOL - ACE SOFTWARE SET UP AND CONTRACT SUPPORT, PACES CURRICULUM, FIRST YEAR RENT AND SCHOOL SUPPLIES.

NAME OF ORGANIZATION OR GOVERNMENT: R.I.S.E. UP FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PURPOSE OF PROVIDING FUNDING FOR PROJECTS SPECIFICALLY FOCUSED ON ENHANCING THE QUALITY OF LIFE FOR CHILDREN AND THEIR FAMILIES IN MCHENRY, ILLINOIS.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH ON THEIR OWN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE HIGH SCHOOL GRADUATION AND CONTINUED SUCCESS OF HOMELESS YOUTH BY PROVIDING FINANCIAL ASSISTANCE, BASIC HUMAN NEEDS, AND GUIDANCE

NAME OF ORGANIZATION OR GOVERNMENT: PREGNANCY RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL FUND - TO SUPPORT EVIDENCE-BASED MEDICAL SERVICES AND EDUCATION IN THE AREAS OF SEXUAL AND REPRODUCTIVE HEALTH

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF VERMONT

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SUB-GRANT TO THE UNIVERSITY OF VERMONT FOR PROFESSOR TRISHA SHRUM AND TEAM TO CARRY OUT A LITERATURE REVIEW OF THE RELATIONSHIP BETWEEN PARENTING AND CLIMATE ACTIVISM.

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF SUMTER

(H) PURPOSE OF GRANT OR ASSISTANCE: WHERE IT'S NEEDED MOST - TO SUPPORT A PROGRAM THAT PLACES CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH ELEMENTS THAT BUILD A HEALTHY BODY, MIND, AND SPIRIT FOR THE ENTIRE POPULATION OF SUMTER COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: HOOPS FOR HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT BASKETBALL CAMPS AND CLINICS PROVIDED TO LOCAL YOUTH WITH HOPES OF MAKING A POSITIVE IMPACT ON THEIR YOUNG LIVES.

NAME OF ORGANIZATION OR GOVERNMENT: SHINING HOPE FARMS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SPONSOR 3 HORSES - LEO, TOTO AND GAMBLER. WE ARE EXCITED TO HELP SPECIAL NEEDS CHILDREN WITH HIPPO THERAPY & EQUINE THERAPY.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED GOLFERS ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE THE MISSION OF STRENGTHENING THE BLACK COMMUNITY IN THE SPORT OF GOLF THROUGH NEW 501C3.

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATION FOR THE HIGHER GOOD INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR JONATHAN RIVAS TO BUILD A HOME IN VALLE DE ANGELES, HONDURAS FOR JOSE GONZALES & LEILA VALLECILLO AND THEIR FOUR CHILDREN.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: DETROIT SPORTS MEDIA ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORED SCHOLARSHIP GIVE AWAY TO SUPPORT PARTNERING ORG EVENT AND THEIR MISSION OF INNER CITY KIDS GETTING COLLEGE ASSISTANCE.

NAME OF ORGANIZATION OR GOVERNMENT: SAMUEL OMOGO FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP THE ORGANIZATION WITH THEIR EFFORTS TO PROVIDE EMERGENCY ASSISTANCE TO THE PEOPLE OF NIGERIA.

NAME OF ORGANIZATION OR GOVERNMENT: LEACHMAN MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TO EQUIP, TO ENCOURAGE, AND TO INSPIRE IN THE SPIRIT AND TRUTH OF JESUS CHRIST. TO PROVIDE COUNSELING, TEACHING, HELP & SERVICES TO THOSE IN NEED, WEDDINGS, FUNERALS, AND YOUTH TRAINING

NAME OF ORGANIZATION OR GOVERNMENT: STARDUST ANIMAL SANCTUARY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT- FOR EMERGENCY SERVICES TO HELP ANIMALS IN NEED OR ANY OTHER PURPOSE DEEMED NECESSARY

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED CHARITABLE**

Employer identification number

**20-4286082**

**Part I 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
<b>1b</b>		
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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)	167,379.	0.	0.	8,491.	18,279.	194,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

Multiple horizontal lines for supplemental information.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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](http://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	65	5,007,946.	FAIR MARKET VALUE
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....	X	3	3,991,982.	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	2	336.	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.		

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

UNITED CHARITABLE

Employer identification number

20-4286082

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

UC PROGRAMS PERFORM A WIDE VARIETY OF SERVICES TO THE COMMUNITY. THE MAJORITY OF THEM HAVE WELL-DEVELOPED WEBSITES, AS WELL AS ONLINE FUNDRAISING AND SOCIAL MEDIA PRESENCE. OUR TOP PERFORMING PROGRAMS FALL INTO THE FOLLOWING CATEGORIES: CHILDREN/YOUTH, EDUCATION, FAITH-BASED MINISTRIES, COMMUNITY DEVELOPMENT, ENVIRONMENT, SOCIAL JUSTICE, AND HEALTH. ON AVERAGE, EACH UC PROGRAM HAS AT LEAST TEN VOLUNTEERS THAT ASSIST THEM THROUGHOUT THE YEAR, WITH A TOTAL OF 925 VOLUNTEERS FOR ALL OF UC IN 2021. OUR PROGRAMS HAVE ADVISORY COMMITTEES CONSISTING OF AT LEAST THREE INDIVIDUALS THAT MEET AN AVERAGE OF 4 TIMES A YEAR, AND MOST PROGRAMS ARE LOCATED NEAR LARGE METROPOLITAN AREAS. THE MAJORITY OF UC'S TOP-PERFORMING PROGRAMS CONDUCT FUNDRAISERS, INCLUDING SEVERAL WITH WELL-ESTABLISHED GOLF TOURNAMENTS AND GALAS. ON AVERAGE, UC PROGRAMS HAVE AROUND TEN OR MORE YEARS OF EXPERIENCE OPERATING UNDERNEATH A FISCAL SPONSOR.

EXPENSES \$ 7,007,116. INCL GRANTS OF \$ 5,894,977. REVENUE \$ 321,149.

**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.

**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

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

Schedule O (Form 990) 2021

Name of the organization <b>UNITED CHARITABLE</b>	Employer identification number <b>20-4286082</b>
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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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, 44921 GEORGE WASHINGTON BLVD STE 230, ASHBURN, VA 20147	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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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	334,683.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.



**Part VII** Supplemental Information

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

Multiple horizontal lines for providing supplemental information.