

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization UNITED CHARITABLE D Employer identification number 20-4286082 E Telephone number 571-620-3000 F Name and address of principal officer: JULIA HEALEY SAME AS C ABOVE

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

J Website: WWW.UNITEDCHARITABLE.ORG H(c) Group exemption number

K Form of organization: [X] Corporation [] Trust [] Association [] Other L Year of formation: 2005 M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: ADMINISTER DONOR-ADVISED FUNDS AND FISCALLY SPONSORED PROGRAMS. 2 Check this box [] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 47 6 Total number of volunteers (estimate if necessary) 6 1500 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.

Table with 3 columns: Revenue, Prior Year, Current Year. Rows 8-12: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue.

Table with 3 columns: Expenses, Prior Year, Current Year. Rows 13-19: Grants and similar amounts paid, Benefits paid to or for members, Salaries, other compensation, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses.

Table with 3 columns: Net Assets or Fund Balances, Beginning of Current Year, End of Year. Rows 20-22: Total assets, Total liabilities, Net assets or fund balances.

Part II Signature Block

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

Sign Here Signature of officer JULIA HEALEY, CEO Date 11/14/2023

Paid Preparer Use Only Print/Type preparer's name EDWARD T. YODER, CPA Preparer's signature EDWARD T. YODER, CPA Date 11/14/23 Check if self-employed [X] PTIN P00239134 Firm's name PBMARES, LLP Firm's EIN 54-0737372 Firm's address 558 SOUTH MAIN STREET HARRISONBURG, VA 22801 Phone no. 540 434-5975

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 \$ 3,139,603. including grants of \$ 33,000.) (Revenue \$ 51,336.) 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, ANCESTRY, OR OTHER IMMUTABLE CHARACTERISTICS. FUNDRAISING TECHNIQUES CONSIST OF DONATIONS FROM SUPPORTING INDIVIDUALS, CAMPAIGNS, EVENTS, PRIVATE GRANTS, AND DONOR ADVISED FUNDS.

4b (Code:) (Expenses \$ 413,971. including grants of \$ 390,750.) (Revenue \$) CHEESECAKE FACTORY EMPLOYEE HELP FUND, LIKE MOST CHARITABLE PROGRAMS, FOCUSES ON STRENGTHENING A COMMUNITY. THE COMMUNITY OF FOCUS FOR HELP FUND IS THE EMPLOYEE OF CHEESECAKE FACTORY. HELP FUND IS STRUCTURED AS A CORPORATE PROGRAM THAT PROVIDES RELIEF GRANTS TO CHEESECAKE FACTORY EMPLOYEES THAT ARE DEEMED ELIGIBLE DUE TO THEIR UNEXPECTED LIFE ALTERING OCCURRENCES. FUNDING CONSISTS OF CORPORATE SUPPORT AND OUTSIDE SUPPORT.

4c (Code:) (Expenses \$ 300,154. including grants of \$ 59,900.) (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 THE PARTICIPANT'S SOCIAL NETWORKS. DEARTOMORROW ALSO PARTICIPATES IN GLOBAL EVENTS HELD BY THE UN AND OTHER INTERNATIONAL ORGANIZATIONS. FUNDRAISING TECHNIQUES FOCUS ON DONATIONS FROM INDIVIDUALS, CAMPAIGNS, PRIVATE GRANTS, AS WELL AS LARGE INTERNATIONAL GRANTS FROM ORGANIZATIONS THAT STRONGLY SUPPORT THE MISSION.

4d Other program services (Describe on Schedule O.) (Expenses \$ 36,499,001. including grants of \$ 35,183,759.) (Revenue \$)

4e Total program service expenses 40,352,729.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 218	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 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; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, IL, KS, KY, MD, MA, MI, MS
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 571-620-3000
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, box 6 of 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			192,941.	0.	26,881.	
(2) HANNIBAL NAVIES VP - ATHLETES CHARITABLE	40.00				X		153,500.	0.	23,724.	
(3) STACY L SUMMITT CONTROLLER	40.00			X			120,155.	0.	19,406.	
(4) ROBERT EVANS FAIR - DIRECTOR	40.00				X		101,346.	0.	10,572.	
(5) JOAN TOWNSEND CHAIRMAN	1.00	X		X			0.	0.	0.	
(6) AEJAZ DAR TREASURER	1.00	X		X			0.	0.	0.	
(7) MATTEO SABATTINI (THRU SEPT) TREASURER	1.00	X		X			0.	0.	0.	
(8) RYAN RAMIREZ DIRECTOR	1.00	X					0.	0.	0.	
(9) MONICA GRAY DIRECTOR	1.00	X					0.	0.	0.	
(10) DENNIS KELLY DIRECTOR	1.00	X					0.	0.	0.	
(11) RENUKA RACHA DIRECTOR	1.00	X					0.	0.	0.	
(12) JULIAN MARTINEZ DIRECTOR	1.00	X					0.	0.	0.	
(13) RYAN MCNEIL DIRECTOR	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			
1b Subtotal							567,942.	0.	80,583.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							567,942.	0.	80,583.	

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 **4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MATVII TSYMBAL 190 CHRESCHATYK STREET, , UKRAINE	ANIMATION AND VIDEO SERVICES	105,842.

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 **1**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	604,045.			
	d	Related organizations	1d	16,356.			
	e	Government grants (contributions)	1e	268,857.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	14,592,839.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 8,078,781.			
	h	Total. Add lines 1a-1f		15,482,097.			
Program Service Revenue	2 a	PROGRAM FEES	Business Code				
			900099	513,469.	513,469.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		513,469.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		-3,120,760.		-3120760.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					8,971,696.		
	b	Less: cost or other basis and sales expenses	7b	7,133,012.			
	c	Gain or (loss)	7c	1,838,684.			
	d	Net gain or (loss)		1,838,684.		1838684.	
8 a	Gross income from fundraising events (not including \$ 604,045. of contributions reported on line 1c). See Part IV, line 18	8a		271,935.			
				817,599.			
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events		-545,664.		-545,664.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		14,167,826.	513,469.	0.	-1827740.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	34,692,716.	34,692,716.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	536,418.	536,418.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	438,275.	438,275.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	343,728.		309,355.	34,373.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,190,645.	1,532,611.	511,139.	146,895.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,028.	45,927.	23,761.	5,340.
9 Other employee benefits	163,431.	118,792.	33,890.	10,749.
10 Payroll taxes	197,132.	128,775.	55,878.	12,479.
11 Fees for services (nonemployees):				
a Management				
b Legal	326,127.	247,451.	78,676.	
c Accounting	67,645.		67,645.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	252,362.		252,362.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	340,346.	340,108.		238.
13 Office expenses	69,319.	59,799.	6,054.	3,466.
14 Information technology	125,910.	60,009.	65,901.	
15 Royalties				
16 Occupancy	155,236.	73,996.	80,092.	1,148.
17 Travel	237,338.	178,750.	35,931.	22,657.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,423.	24,159.	2,264.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,823.		1,823.	
23 Insurance	115,556.	52,690.	62,866.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CONTRACT LABOR	1,570,390.	1,570,390.		
b MISCELLANEOUS EXPENSES	259,689.	39,549.	220,140.	
c PROGRAM RELATED SUPPLIE	124,698.	124,698.		
d BANK & INVESTMENT FEES	69,323.	37,335.	31,988.	
e All other expenses	99,682.	50,281.	49,401.	
25 Total functional expenses. Add lines 1 through 24e	42,479,240.	40,352,729.	1,889,166.	237,345.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,606,301.	1	2,002,558.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	101,790.	3	269,291.
	4 Accounts receivable, net	425,919.	4	17,488.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	34,955.	9	76,163.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,532.		
	b Less: accumulated depreciation	10b 27,622.	10c	3,910.
	11 Investments - publicly traded securities	28,859,883.	11	27,523,202.
	12 Investments - other securities. See Part IV, line 11	170,159,104.	12	148,729,885.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,606,238.	15	4,763,393.
16 Total assets. Add lines 1 through 15 (must equal line 33)	209,799,923.	16	183,385,890.	
Liabilities	17 Accounts payable and accrued expenses	265,357.	17	356,517.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	299,172.
	26 Total liabilities. Add lines 17 through 25	265,357.	26	655,689.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,750,343.	27	10,492,925.
	28 Net assets with donor restrictions	196,784,223.	28	172,237,276.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	209,534,566.	32	182,730,201.
	33 Total liabilities and net assets/fund balances	209,799,923.	33	183,385,890.

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	14,167,826.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,479,240.
3	Revenue less expenses. Subtract line 2 from line 1	3	-28,311,414.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	209,534,566.
5	Net unrealized gains (losses) on investments	5	-6,709,612.
6	Donated services and use of facilities	6	5,307.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	8,211,354.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	182,730,201.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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 (2022)

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	75475310.	25695500.	8225627.	17083907.	17108852.	143589196
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	75475310.	25695500.	8225627.	17083907.	17108852.	143589196
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4837543.
6 Public support. Subtract line 5 from line 4.						138751653

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	75475310.	25695500.	8225627.	17083907.	17108852.	143589196
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1281942.	4080769.	6521019.	1737997.	657,802.	14279529.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						157868725
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	87.89	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	77.98	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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.)

Multiple horizontal lines for supplemental information.

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 for the latest information.

OMB No. 1545-0047

2022

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 UNITED CHARITABLE	Employer identification number 20-4286082
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>784,850.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>400,000.</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>399,300.</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>359,216.</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>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>320,068.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>3,815,800.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	LLC INTEREST _____ _____ _____	\$ 3,815,800.	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	432	
2 Aggregate value of contributions to (during year)	9,126,686.	
3 Aggregate value of grants from (during year)	4,276,792.	
4 Aggregate value at end of year	174,880,815.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

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

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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.	27,622.	3,910.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,910.

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	148,729,885.	END-OF-YEAR MARKET VALUE
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	148,729,885.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE	299,172.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	299,172.

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	7,980,625.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-6,709,612.	
b	Donated services and use of facilities	2b	5,307.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	769,466.	
e	Add lines 2a through 2d	2e		-5,934,839.
3	Subtract line 2e from line 1		3	13,915,464.
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	252,362.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		252,362.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	14,167,826.

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	42,996,759.
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	769,881.	
e	Add lines 2a through 2d	2e		769,881.
3	Subtract line 2e from line 1		3	42,226,878.
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	252,362.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		252,362.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	42,479,240.

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	817,599.
OTHER EXPENSES	-48,133.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	769,466.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	817,599.
OTHER EXPENSES	-47,718.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	769,881.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2022

Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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,	0		GRANTS		50,200.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0		GRANTS		115,089.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0		GRANTS		15,000.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0		GRANTS		38,050.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0		GRANTS		23,700.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0		GRANTS		12,236.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0		GRANTS		8,000.
MIDDLE EAST AND NORTH AMERICA	0		GRANTS		25,000.
3 a Subtotal	0	0			287,275.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			287,275.

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

Schedule F (Form 990) 2022

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA CARRIBBEAN	SUPPORT EDUCATION IN THE LAKE ATITLAN REGION OF GUATEMALA AND THESE FUNDS WILL	36,200.	WIRE	0.		FMV
		SOUTH ASIA	TO HELP IN RUNNING THE NON-PROFIT FREE EDUCATIONAL SCHOOL - 100% TUITION-FREE	23,700.	WIRE	0.		FMV
		CENTRAL AMERICA CARRIBBEAN	TO CONTINUE FUNDING THE SCHOOL AND ITS EXPENSES.	14,000.	WIRE	0.		FMV
		EUROPE (INCLUDING ICELAND AND GREENLAND)	THIS IS GRANTED TO SUPPORT THE ORGANIZATION AND ITS DIRECTOR PATIENCE	8,000.	WIRE	0.		FMV
		NORTH AMERICA	TO ASSIST CHILDREN IN MEXICO THAT DO NOT HAVE THE RESOURCES TO LIVE AND ADAPT TO	15,000.	WIRE	0.		FMV
		SUB-SAHARAN AFRICA	GREAT CHILD CLASSES	7,000.	WIRE	0.		FMV
		EAST ASIA AND THE PACIFIC	HUMANITARIAN EFFORTS TO LESSEN POVERTY OF UNDERPRIVELEGED CHILDREN IN THE	113,089.	WIRE	0.		FMV
		SOUTH AMERICA	TO BENEFIT STUDENTS FROM ANILMAYO EDUCATIONAL INSTITUTION OF THE	10,050.	WIRE	0.		FMV

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

3 Enter total number of other organizations or entities **0**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	WE PROVIDE A GRANT EVERY YEAR TO PAY FOR THE EDUCATIONAL EXPENSES AND SPECIFIC	2,000.	WIRE	0.		FMV
		MIDDLE EAST AND NORTH AMERICA	PROMOTING QUALITY OF LIFE AND ENVIRONMENT IN ISRAEL AND EMPOWERING THE	5,000.	WIRE	0.		FMV
		MIDDLE EAST AND NORTH AMERICA	SUPPORTING COMMUNITY DEVELOPMENT AND CHILDREN'S MINISTRY IN JORDAN	20,000.	WIRE	0.		FMV
		SUB-SAHARAN AFRICA	THIS IS GRANTED TO SUPPORT THE ORGANIZATION AND ITS DIRECTOR PATIENCE	5,236.	WIRE	0.		FMV
		SOUTH AMERICA	"TO SUPPORT COALICO'S WORK TO MONITOR, REPORT, AND RESPOND TO GRAVE VIOLATIONS	28,000.	WIRE	0.		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)
SCHOLARSHIPS FOR EDUCATION	EAST ASIA AND THE PACIFIC	6	48,000.	WIRE	0.		
SCHOLARSHIPS FOR EDUCATION	EUROPE (INCLUDING ICELAND & GREENLAND)	4	34,000.	WIRE	0.		
SCHOLARSHIPS FOR EDUCATION	NORTH AMERICA	3	21,000.	WIRE	0.		
SCHOLARSHIPS FOR EDUCATION	SOUTH AMERICA	2	8,000.	WIRE	0.		
SCHOLARSHIPS FOR EDUCATION	SOUTH ASIA	2	8,000.	WIRE	0.		
SCHOLARSHIPS FOR EDUCATION	SUB-SAHARAN AFRICA	6	30,000.	WIRE	0.		

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2:

UNITED CHARITABLE HAS ESTABLISHED GUIDELINES WHICH MUST BE FOLLOWED WHEN GIFTS ARE MADE TO CHARITABLE ORGANIZATIONS OUTSIDE THE UNITED STATES. FOR GRANTS TO INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS (NGO), UNITED CHARITABLE USES A COMBINATION OF EXPENDITURE RESPONSIBILITY AND CHARITABLE EQUIVALENCY TO DETERMINE THE GRANT WORTHINESS OF A FOREIGN ORGANIZATION. THERE IS A PROCESS OF PREAPPROVAL OF THE ORGANIZATION AS WELL AS APPROVAL FOR PLANNED USE OF FUNDS. AMONG THE REQUIREMENTS IS CONFIRMING THAT THE GRANT WILL NOT VIOLATE GOVERNMENT ORDERS REGARDING FINANCIAL TERRORIST ORGANIZATIONS; REGISTRATION DOCUMENTATION SHOWING THAT THE NGO IS APPROPRIATELY REGISTERED AS A CHARITABLE ORGANIZATION IN ITS HOME COUNTRY; RECEIVING DOCUMENTATION ON ORGANIZATIONS MISSION, KEY STAFF AND ACTIVITIES; AND RECEIVING REPORTS FROM THE NGO OF EXPENDITURE OF DONATED FUNDS.

PART II, COLUMN (D):

REGION: CENTRAL AMERICA CARRIBBEAN

(D) PURPOSE OF GRANT: SUPPORT EDUCATION IN THE LAKE ATITLAN REGION OF GUATEMALA AND THESE FUNDS WILL BE USED DIRECTLY BY A SCHOOL IN THAT REGION THAT PROVIDES SCHOLARSHIPS TO POOR INDIGENOUS CHILDREN.

REGION: EUROPE (INCLUDING ICELAND AND GREENLAND)

(D) PURPOSE OF GRANT: THIS IS GRANTED TO SUPPORT THE ORGANIZATION AND ITS DIRECTOR PATIENCE AGYEKUM FOR HIS FELLOWSHIP APPLICATION

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: TO ASSIST CHILDREN IN MEXICO THAT DO NOT HAVE THE

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.

RESOURCES TO LIVE AND ADAPT TO SOCIETY.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: HUMANITARIAN EFFORTS TO LESSEN POVERTY OF UNDERPRIVELEGED CHILDREN IN THE PHILLIPPINES

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO BENEFIT STUDENTS FROM ANILMAYO EDUCATIONAL INSTITUTION OF THE CALLATIAK INDIGENOUS COMMUNITY WITH SCHOOL SUPPLIES THAT ALLOW THEM TO CONTINUE THEIR NORMAL STUDENT DEVELOPMENT UNDER EQUAL CONDITIONS.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: WE PROVIDE A GRANT EVERY YEAR TO PAY FOR THE EDUCATIONAL EXPENSES AND SPECIFIC INVESTMENTS SUCH AS COMPUTERS. WITH COVID WE HAVE BEEN ALSO PROVIDING FAMILY FOOD BASKETS AND NECESSARY EXPENSES SUCH AS ELECTRICITY.

REGION: MIDDLE EAST AND NORTH AMERICA

(D) PURPOSE OF GRANT: PROMOTING QUALITY OF LIFE AND ENVIRONMENT IN ISRAEL AND EMPOWERING THE ENVIRONMENTAL NGOS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: THIS IS GRANTED TO SUPPORT THE ORGANIZATION AND ITS DIRECTOR PATIENCE AGYEKUM FOR HIS FELLOWSHIP APPLICATION

REGION: SOUTH AMERICA

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.

(D) PURPOSE OF GRANT: "TO SUPPORT COALICO'S WORK TO MONITOR, REPORT, AND RESPOND TO GRAVE VIOLATIONS AGAINST CHILDREN IN THE CONTEXT OF

Multiple horizontal lines for providing supplemental information.

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	
		CHILDREN'S	FAIR EVENT	14	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	180,733.	183,585.	459,774.	824,092.
	2	Less: Contributions	122,820.	168,468.	273,121.	564,409.
	3	Gross income (line 1 minus line 2)	57,913.	15,117.	186,653.	259,683.
Direct Expenses	4	Cash prizes	3,540.		24,116.	27,656.
	5	Noncash prizes				
	6	Rent/facility costs	65,130.	14,784.	45,163.	125,077.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	19,998.	21,344.	339,252.	380,594.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				533,327.
11	Net income summary. Subtract line 10 from line 3, column (d)				-273,644.	

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

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL - P.O. BOX 37920 - BOONE, IA 50037	23-1907729	501(C)(3)	5,100.	0.			FURTHER ADVANCEMENT OF RESEARCH AND DEVELOPMENT
GRACE AND PEACE PRESBYTERIAN CHURCH (OPC) - 22646 BENSWOOD RD. - CALIFORNIA, MD 20619	20-5010683	501(C)(3)	5,100.	0.			TITHE
K9S FOR WARRIORS 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	27-5219467	501(C)(3)	5,250.	0.			SUPPORT FOR VETERANS
AMERICAN CANCER SOCIETY, INC. PO BOX 6704 HAGERSTOWN, MD 21741	13-1788491	501(C)(3)	5,350.	0.			FUND CANCER RESEARCH AND PROVIDE SUPPORT/INFO TO PATIENTS
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - P.O. BOX 97166 - WASHINGTON, DC 20090	13-1644147	501(C)(3)	5,450.	0.			EDUCATION
PREGNANCY RESOURCE CENTER 1830 HACIENDA DRIVE STE 8 VISTA, CA 92081	33-0809605	501(C)(3)	5,500.	0.			YEAR END - GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **187.**

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) 2022

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
COMMUNITY FOUNDATION OF BOONE COUNTY, INC - 102 N. LEBANON STREET SUITE 200 - LEBANON, IN 46052	35-1829585	501(C)(3)	5,650.	0.			INSURANCE PREMIUM
BETHESDA CHRISTIAN CHURCH 14000 METROPOLITAN PARKWAY STERLING HEIGHTS, MI 48312	38-1412440	501(C)(3)	5,862.	0.			TITHE/OFFERING
CORNERSTONE CHAPEL 650 BATTLEFIELD PARKWAY SE LEESBURG, VA 20175	54-1688498	501(C)(3)	6,000.	0.			CHURCH SUPPORT
HABITAT FOR HUMANITY INTERNATIONAL 322 W LAMAR STREET AMERICUS, GA 31709	91-1914868	501(C)(3)	6,000.	0.			HOME CONSTRUCTION
THE UNIVERSITY OF TEXAS AT AUSTIN P.O. BOX 7458 AUSTIN, TX 78713	74-6000203	501(C)(3)	6,000.	0.			LONGHORN EXCELLENCE GIFT
THE VOICE OF THE MARTYRS INC 1815 SE BISON RD BARTLESVILLE, OK 74006	73-1395057	501(C)(3)	6,000.	0.			HELP SUFFERING FAMILIES FROM PERSECUTION
ADAT SHALOM SYNAGOGUE 29901 MIDDLEBELT ROAD FARMINGTON HILLS, MI 48334	38-1437934	501(C)(3)	6,000.	0.			YEARLY DUES
THE NEW HORIZONS FOUNDATION INC 5550 TECH CENTER DRIVE SUITE 303 COLORADO SPRINGS, CO 80919	84-1123082	501(C)(3)	6,000.	0.			MINISTRY OF STEVE MOORE
DC FOR JESUS 1544 SPRING HILL RD #11063 MCLEAN, VA 22102	46-1001755	501(C)(3)	6,000.	0.			EXPANDING THE KINGDOM OF GOD

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
WARD EVANGELICAL PRESBYTERIAN CHURCH - 40000 SIX MILE ROAD - NORTHVILLE, MI 48168	38-1879213	501(C)(3)	6,000.	0.			CHURCH SUPPORT
SHINING HOPE FARMS PO BOX 1036 MOUNT HOLLY, NC 28120	30-0067482	501(C)(3)	6,000.	0.			ADOPT 2 HORSES
GREAT OAK AIKEN THERAPEUTIC RIDING CENTER - P.O. BOX 1288 - AIKEN, SC 29802	57-1049733	501(C)(3)	6,000.	0.			THERAPEUTIC HORSE RUN IN
DAWN, INC. 502 W HURON ANN ARBOR, MI 48104	23-7318277	501(C)(3)	6,100.	0.			IN MEMORY OF JAMES B. BERNARDI
MINT MUSEUM OF ART, INC. 500 SOUTH TRYON STREET CHARLOTTE, NC 28202	56-0670666	501(C)(3)	6,300.	0.			CONTEMPORARY COLLECTIONS
THE SALVATION ARMY GREAT LAKES DIVISION - 16130 NORTHLAND DRIVE - SOUTHFIELD, MI 48075	38-1370971	501(C)(3)	6,350.	0.			TO ASSIST THOSE IN NEED IN SOUTHEASTERN MICHIGAN
PLACER COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 200 TAHOE AVENUE - ROSEVILLE, CA 95678	94-2607682	501(C)(3)	6,400.	0.			ANIMAL WELFARE
LIVING STONES FELLOWSHIP CHURCH, INC. - 909 PRATT ST. - CROWN POINT, IN 46307	35-1536191	501(C)(3)	6,500.	0.			RELIGION RELATED, SPIRITUAL DEVELOPMENT
FELLOWSHIP OF NEW TESTAMENT MINISTRIES - P.O. BOX 587 - CARROLLTON, GA 30112	31-1538518	501(C)(3)	6,500.	0.			RELIGION RELATED, SPIRITUAL 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
AMERICAN CHEESE EDUCATION FOUNDATION - 33000 EAST 156TH COURT - HUDSON, CO 80642	26-1915223	501(C)(3)	6,502.	0.			TO RELEASE SUB-ORG, VICTORY CHEESE FUNDS TO A NEW SUPPORTING 501C3.
TEMPLE RODEF SHALOM 2100 WESTMORELAND STREET FALLS CHURCH, VA 22043	54-0733866	501(C)(3)	6,537.	0.			PLEDGE
FOOD GATHERERS PO BOX 131037 ANN ARBOR, MI 48113	38-2853858	501(C)(3)	6,550.	0.			HELP FEED THOSE IN NEED.
AMERICAN FAMILY ASSOCIATION P. O. DRAWER 2440 TUPELO, MS 38803	64-0607275	501(C)(3)	6,600.	0.			TO SUPPORT TRADITIONAL FAMILY VALUES
UNIVERSITY OF PIKEVILLE 147 SYCAMORE ST PIKEVILLE, KY 41501	61-0444788	501(C)(3)	6,700.	0.			TO SUPPORT THE ON-GOING EDUCATIONAL EFFORTS OF THE COLLEGE.
CHRIST CHURCH 118 N. WASHINGTON STREET ALEXANDRIA, VA 22314	54-0506451	501(C)(3)	6,800.	0.			TO AID THE CHARITABLE WORK OF CHRIST CHURCH
MEHER SPIRITUAL CENTER, INC 10200 N KINGS HWY MYRTLE BEACH, SC 29572	57-0422620	501(C)(3)	7,000.	0.			MAINTAIN A SPIRITUAL RETREAT FOR REST, MEDITATION, AND RENEWAL OF SPIRITUAL LIFE
MISSIONARIES OF CHARITY 727 NW 17TH ST MIAMI, FL 33136	06-1013589	501(C)(3)	7,275.	0.			RELIGIOUS MINISTRY
WORLD MISSIONS ADVANCE INC PO BOX 764408 DALLAS, TX 75376	01-0596752	501(C)(3)	7,300.	0.			RELIGION RELATED, SPIRITUAL 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
FELLOWSHIP FOUNDATION INC 7501 WISCONSIN AVE SUITE 400E BETHESDA, MD 20814	53-0204604	501(C)(3)	7,372.	0.			TO BUILD A HOME FOR AKULLU DORCUS IN AMWA, OYAM, UGANDA WHO HAS 5 ORPHANED CHILDREN
KANSAS UNIVERSITY ENDOWMENT ASSOC PO BOX 928 LAWRENCE, KS 66044	48-0547734	501(C)(3)	7,500.	0.			CANCER RESEARCH AT UNIVERSITY OF KS HOSPITAL
COMMUNITY HELP NETWORK, INC. 550 EAST BURRELL DRIVE CROWN POINT, IN 46307	85-1092043	501(C)(3)	7,500.	0.			BUDDY BAGS
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 SOUTH OLIVE STREET, 25TH FLOOR LOS ANGELES, CA 90015	95-1642394	501(C)(3)	8,000.	0.			SUPPORT AFRICAN AMERICAN STUDENTS WITH COLLEGE EXPENSES ATTENDING USC.
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	8,000.	0.			FIGHT AGAINST HATE AND FOR JUSTICE
FAITH COMMUNITY CHURCH 320 S 4TH ST S WISHEK, ND 58495	82-3006585	501(C)(3)	8,000.	0.			NEW CASTLE CEMETERY FUND
JEWISH NATIONAL FUND -KEREN KAYEMETH LEISRAEL-, INC. - 78 RANDALL AVE - ROCKVILLE CENTER, NY 11570	13-1659627	501(C)(3)	8,200.	0.			UKRAINIAN SUPPORT
ST. STEPHEN PARISH NEW BOSTON 18858 HURON RIVER DRIVE NEW BOSTON, MI 48164	38-1849960	501(C)(3)	8,982.	0.			TUITION ASSISTANCE FUND
WASHTENAW ALANO CLUB 995 NORTH MAPLE ROAD ANN ARBOR, MI 48103	23-7069580	501(C)(3)	9,000.	0.			MARCH MATCH

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
KINGDOM LIFE MINISTRIES 319 BROADLEAF DRIVE NE VIENNA, VA 22180	83-0595252	501(C)(3)	9,000.	0.			KINGDOM OF GOD
SOCIETY OF OUR LADY OF THE MOST HOLY TRINITY - SOLT - P.O. BOX 4116 - CORPUS CHRISTI, TX 78469	43-1096193	501(C)(3)	9,000.	0.			CHURCH CONTRIBUTION
MARINE CORPS ASSOCIATION FOUNDATION - 715 BROADWAY STREET - QUANTICO, VA 22134	80-0340923	501(C)(3)	9,167.	0.			SUPPORT USMC ASSOCIATION EFFORTS
ST PETER LUTHERAN CHURCH 17051 24 MILE ROAD MACOMB, MI 48042	38-1711440	501(C)(3)	9,488.	0.			RELIGIOUS, EDUCATION, COMMUNITY SUPPORT
ST. JOHN LUTHERAN CHURCH 1011 W UNIVERSITY DR ROCHESTER, MI 48307	38-6006489	501(C)(3)	9,800.	0.			GENERAL CHURCH FUND
PACIFIC LUTHERAN UNIVERSITY 12501 PARK AVE S TACOMA, WA 98447	91-0565571	501(C)(3)	10,000.	0.			SCIENCE EDUCATION
GILLESPIE COUNTY HISTORICAL SOCIETY, INC. - 325 W MAIN STREET - FREDERICKSBURG, TX 78624	74-2276662	501(C)(3)	10,000.	0.			PROMOTE EDUCATION TO CHILDREN REGARDING THE HISTORY OF GILLESPIE AND ITS GERMAN HISTORY
DC DREAM CENTER 2826 Q STREET SE WASHINGTON, DC 20020	46-3532483	501(C)(3)	10,000.	0.			SANTA'S TOY SHOP
ADVOCATE HEALTH AND HOSPITALS CORPORATION - 3075 HIGHLAND PARKWAY, SUITE 600 - DOWNERS GROVE, IL 60515	36-2169147	501(C)(3)	10,000.	0.			SUPPORT OF THE NEO NATAL UNIT

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
AFRICA INLAND MISSION INTERNATIONAL INCORPORATED - PO BOX 3611 - PEACHTREE CITY, GA 30269	11-1873101	501(C)(3)	10,000.	0.			MINISTRY OF MORAD
ALL STARS PROJECT INC. 543 42ND STREET NEW YORK, NY 10036	13-3148295	501(C)(3)	10,000.	0.			GENERAL
AMERICAN UNIVERSITY OF ROME P.O. BOX 841229 DALLAS, TX 75284	23-7110060	501(C)(3)	10,000.	0.			FOR AUR ANNUAL TRUSTEE GIVING
LUTHERAN CHURCH OF THE ABIDING PRESENCE - 6304 LEE CHAPEL ROAD - BURKE, VA 22015	54-1261733	501(C)(3)	10,000.	0.			RELIGIOUS
ALMOST HOME ANIMAL RESCUE LEAGUE P. O. BOX 250602 WEST BLOOMFIELD, MI 48325	32-0034753	501(C)(3)	10,000.	0.			TOWARD NEW PERMANENT FACILITY FOR RESCUE ANIMALS AND OTHER URGENT ANIMAL RESCUE EXPENSES
CROSSROADS YOUNG MENS CHRISTIAN ASSOCIATION INC - 100 W BURRELL DR - CROWN POINT, IN 46307	35-1369437	501(C)(3)	10,000.	0.			2022 METRO ANNUAL CAMPAIGN
MANIFESTED GOODNESS, INC 4387 W. SWAMP RD SUITE 201 DOYLESTOWN, PA 18902	84-4547858	501(C)(3)	10,000.	0.			TO SUPPORT WRITING SCHOLARSHIP WINNERS AND THEIR JOURNEYS ONTO COLLEGE, FURTHERLY
JEWS FOR JESUS 60 HAIGHT STREET SAN FRANCISCO, CA 94102	94-2222464	501(C)(3)	10,000.	0.			HELPING TO REACH THE LOST.
EQUINE RESCUE OF AIKEN 532 GLENWOOD DRIVE AIKEN, SC 29803	20-5162723	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN FOR BARN

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
HERE'S LIFE AFRICA 2001 W. PLANO PKWY STE 3435 PLANO, TX 75075	63-0713453	501(C)(3)	10,000.	0.			RELIGION RELATED, SPIRITUAL DEVELOPMENT
CARE NET 44180 RIVERSIDE PARKWAY, SUITE 200 LANSLOWNE, VA 20176	54-1382723	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
CHRISTIAN AND MISSIONARY ALLIANCE 8595 EXPLORER DRIVE COLORADO SPRINGS, CO 80920	13-1623940	501(C)(3)	10,000.	0.			MINISTRY OF JONATHAN AND KATIE EISFELD
CRYSTAL LAKES PARKS INITIATIVE FOUNDATION - 1 EAST CRYSTAL LAKE AVE - CRYSTAL LAKE, IL 60014	87-3422689	501(C)(3)	10,000.	0.			TO BUILD A PARK HOCKEY RINK IN HONOR OF A CHILD WHO DIED IN OUR TOWN. FOR THE LOCAL KIDS TO SKATE
RUTH ELLIS CENTER INC. 77 VICTOR STREET HIGHLAND PARK, MI 48203	38-3501697	501(C)(3)	10,000.	0.			GENERAL FUNDS
SAN ANTONIO AREA FOUNDATION 303 PEARL PARKWAY, SUITE 114 SAN ANTONIO, TX 78215	74-6065414	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ROMAN CATHOLIC DIOCESE OF BOISE 1501 S FEDERAL WAY STE 400 BOISE, ID 83705	82-0200748	501(C)(3)	10,000.	0.			WHEELCHAIR RAMP TO MAKE CHURCH ADA COMPLIANT
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PARKWAY, SUITE 600 DOWNERS GROVE, IL 60515	36-3297360	501(C)(3)	10,000.	0.			SUPPORT OF THE NEO NATAL UNIT
SHALOM AUSTIN 7300 HART LANE AUSTIN, TX 78731	74-1469465	501(C)(3)	10,700.	0.			2021 ANNUAL CAMPAIGN

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
ST. LUKE'S EPISCOPAL 435 PEACHTREE ST NE ATLANTA, GA 30308	58-0673640	501(C)(3)	10,750.	0.			GENERAL SUPPORT FOR 2022
CHILD PROTECTION CENTER, INC 720 SOUTH ORANGE AVE. SARASOTA, FL 34236	59-2113850	501(C)(3)	11,000.	0.			GENERAL SUPPORT
HIRSHBERG FOUNDATION FOR PANCREATIC CANCER RESEARCH - 2990 S SEPULVEDA BLVD. SUITE 300C - LOS ANGELES, CA 90064	95-4640311	501(C)(3)	11,000.	0.			CHILDREN'S PANCREATIC CANCER RESEARCH
CALVARY CHAPEL OF PUERTO RICO INC 405 AVE ESMERALDA STE 2 GUAYNABO, PR 00969	66-0567097	501(C)(3)	11,533.	0.			RELIGIOUS MINISTRY
CRU / CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO, FL 32862	95-6006173	501(C)(3)	11,600.	0.			SUPPORT MEDIA DISTRIBUTION
LA SALLE HIGH SCHOOL 3091 NORTH BEND RD. CINCINNATI, OH 45239	31-0624664	501(C)(3)	11,630.	0.			SCHOLARSHIP
MISERICORDIA FOUNDATION 6300 N. RIDGE AVENUE CHICAGO, IL 60660	23-7285834	501(C)(3)	11,881.	0.			GENERAL FUND
SEACOAST COMMUNITY CHURCH 1050 REGAL ROAD ENCINITAS, CA 92024	33-0335463	501(C)(3)	12,000.	0.			OPERATIONS
UNITED BOARD FOR CHRISTIAN HIGHER EDUCATION IN ASIA - 475 RIVERSIDE DRIVE, SUITE 1221 - NEW YORK, NY 10115	13-5562367	501(C)(3)	12,000.	0.			SILLIMAN UNIVERSITY SCHOLARSHIP FUND

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
EQUIPNET P.O. BOX 860 ALAMO, CA 94507	94-3359561	501(C)(3)	12,500.	0.			GENERAL SUPPORT
WELLSHIRE PRESBYTERIAN CHURCH 2999 S COLORADO BLVD DENVER, CO 80222	84-0433475	501(C)(3)	12,500.	0.			GENERAL PURPOSE
MCLEAN BIBLE CHURCH 8925 LEESBURG PIKE VIENNA, VA 22182	54-0763526	501(C)(3)	12,700.	0.			CHURCH SUPPORT
JUDSON BAPTIST CHURCH OF WALKER LOUISIANA - 32470 WALKER NORTH RD - WALKER, LA 70785	72-1023553	501(C)(3)	13,200.	0.			TO AID IN SPREADING THE GOSPEL OF CHRIST AND FEEDING CHILDREN AND WIDOWS.
ACROSS NATIONS PO BOX 9090 WINDOW ROCK, AZ 86515	85-6007207	501(C)(3)	13,320.	0.			STEVE AND SHARON MAUS FUND
PLANNED PARENTHOOD FEDERATION OF AMERICA - P.O. BOX 97166 - WASHINGTON, DC 20090	13-1644147	501(C)(3)	13,600.	0.			IN SUPPORT OF WOMEN'S HEALTH, ESPECIALLY IN SOUTHERN USA
UNICEF USA 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	14,356.	0.			SUPPORT ONGOING WORK
BAYSIDE COMMUNITY CENTER 2202 COMSTOCK STREET SAN DIEGO, CA 92111	95-1652902	501(C)(3)	15,000.	0.			TO HELP COMMUNITY
THE HUN SCHOOL OF PRINCETON 176 EDGERSTOUNE ROAD PRINCETON, NJ 08540	21-0639868	501(C)(3)	15,000.	0.			HUN FUND

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
ST THOMAS THE APOSTLE PARISH ANN ARBOR - 530 ELIZABETH STREET - ANN ARBOR, MI 48104	38-1359587	501(C)(3)	15,000.	0.			ELLIS FAMILY DONATION 2021
YOUNG LIFE PO BOX 5116 LAYTONSVILLE, MD 20904	84-0385934	501(C)(3)	15,000.	0.			MOCO YL
UNIVERSITY OF DETROIT JESUIT HIGH SCHOOL AND ACADEMY - 8400 S. CAMBRIDGE AVENUE - DETROIT, MI 48221	38-1360587	501(C)(3)	15,000.	0.			ENDOWMENT FUND
AUTISM SPEAKS INC 1060 STATE RD 2ND FL PRINCETON, NJ 08540	20-2329938	501(C)(3)	15,000.	0.			TO SUPPORT AUTISM RELATED PROGRAMS AND ACTIVITIES WITHIN THE STATE OF ALABAMA.
LEAH'S SISTERS P.O BOX 17-1234 IRVING, TX 75017	75-2940983	501(C)(3)	15,000.	0.			SOUTHEAST ASIA HUMANITARIAN AID
HILLWOOD ESTATE, MUSEUM AND GARDENS - 4155 LINNEAN AVENUE NW - WASHINGTON, DC 20008	52-6080752	501(C)(3)	15,000.	0.			2022 STYLE & GRACE GALA
RISE UP INDUSTRIES 8530 ROLAND ACRES DRIVE SANTEE, CA 92071	80-0908912	501(C)(3)	15,000.	0.			HELP FORMER INMATES ESTABLISH THEIR LIVES
ALPHA SIGMA PHI FOUNDATION INC 710 ADAMS ST CARMEL, IN 46032	14-1908351	501(C)(3)	15,000.	0.			GENERAL SUPPORT
GARDEN VALLEY FIREFIGHTERS ASSOCIATION - PO BOX 303 - GARDEN VALLEY, ID 83622	82-0526904	501(C)(3)	15,000.	0.			\$10,000 FOR PUBLIC SAFETY HELICOPTER PAD AND \$5000 FOR EMS

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
SHIRDI SAI DARBAR 255 SAN GERONIMO WAY SUNNYVALE, CA 94085	27-3235464	501(C)(3)	15,003.	0.			TEMPLE CONSTRUCTION
CENTRAL MICHIGAN UNIVERSITY 524 EAST BELLOWS STREET MT. PLEASANT, MI 48858	38-6004447	501(C)(3)	15,250.	0.			SUPPORT CHIPPEWA CHAMPIONSHIP CENTER
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)	15,735.	0.			SUPPORT RELIGIOUS ACTIVITIES OF THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS
PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 ANN ARBOR, MI 48106	38-1707521	501(C)(3)	15,750.	0.			GENERAL PURPOSE
FOUNDATION FOR THE HIGHER GOOD INC 101 CORPORATE LAKE DR, STE A COLUMBIA, MO 65203	74-3104767	501(C)(3)	16,000.	0.			TO BUILD A HOME FOR FRANCISCA & 3 CHILDREN IN SAN ANTONIO, GUATEMALA
WORLD CENTRAL KITCHEN, INC 200 MASSACHUSETTS AVE NW 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	16,000.	0.			FOR CONTINUED SUPPORT IN KENTUCKY
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	16,900.	0.			CHILD AND FAMILY LIFE CHILDREN'S OUTPATIENT CLINIC
SHEPHERD OF THE LAKES LUTHERAN CHURCH - 2101 S. HACKER ROAD - BRIGHTON, MI 48114	23-7347210	501(C)(3)	17,000.	0.			GENERAL
FAR REACHING MINISTRIES 38615 CALISTOGA DRIVE SUITE 100 MURIETTA, CA 92563	33-0776828	501(C)(3)	18,000.	0.			4HOUSES IN UKRAINE

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
EKAL VIDYALAYA FOUNDATION OF USA 100 WEST OAKS MALL HOUSTON, TX 77082	77-0554248	501(C)(3)	18,250.	0.			SPONSORSHIP FOR 50 SCHOOLS RURAL & TRIBAL AREAS
LOS ANGELES BICYCLE ACADEMY 10736 JEFFERSON BLVD STE 917 CULVER CITY, CA 90230	86-1547741	501(C)(3)	18,962.	0.			NEWLY FORMED ORGANIZATION TO PROMOTE CYCLING, HEALTH, AND FITNESS.
BENEDICTINE EDUCATIONAL FOUNDATION 12829 RIVER ROAD RICHMOND, VA 23238	45-3960058	501(C)(3)	19,540.	0.			MEMORIAL CONTRIBUTION
CHILDREN'S COMMUNITY SCHOOL 211 PARKWAY DRIVE MOUNT HOREB, WI 53572	39-1247212	501(C)(3)	20,000.	0.			CCS BUILDING FUND
AVENUES TO INDEPENDENCE 515 BUSSE HWY. PARK RIDGE, IL 60068	36-6008710	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PALMER COLLEGE FOUNDATION 1000 BRADY ST. DAVENPORT, IA 52803	42-6081293	501(C)(3)	20,000.	0.			GENERAL SUPPORT
COMMUNITY CHRISTIAN SERVICE AGENCY, INC. - 4167 RAPPAHANNOCK AVE - SAN DIEGO, CA 92117	95-2830702	501(C)(3)	20,000.	0.			TO HELP SAN DIEGO RESIDENTS IN NEED
ENDPOVERTY 1930 ISAAC NEWTON SQUARE SUITE 203 RESTON, VA 20190	54-1371549	501(C)(3)	20,000.	0.			END POVERTY
A PLATFORM SQUARED FAMILY FOUNDATION AT UNITED CHARITABLE - 44921 GEORGE WASHINGTON BLVD., SUITE 230 - ASHBURN, VA 20147	20-4286082	501(C)(3)	20,105.	0.			EVENT - RETIREMENT EDUCATION FOUNDATION - SENIOR PLANNING ADVISORS - NIGHT AT THE MUSEUM -

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
SANCTITY OF LIFE MINISTRIES 3919 OLD LEE HIGHWAY, SUITE 81B FAIRFAX, VA 22030	54-1377782	501(C)(3)	21,000.	0.			AID TO MOTHERS AND UNBORN CHILDREN
AMERICAN ENDOWMENT FOUNDATION 5700 DARROW RD., STE 118 HUDSON, OH 44236	34-1747398	501(C)(3)	21,006.	0.			CLOSING GRANT TO TRANSFER TO A NEW DAF THAT CAN LINK TO TDA. NEW RECEIVING AEF DAF
VICK FAMILY DREAM FUND AT UNITED CHARITABLE - 44921 GEORGE WASHINGTON BLVD., SUITE 230 - ASHBURN, VA 20147	20-4286082	501(C)(3)	21,800.	0.			EVENT - RETIREMENT EDUCATION FOUNDATION - SENIOR PLANNING ADVISORS - NIGHT AT THE MUSEUM -
WEST CHRISTIAN ACADEMY PO BOX 2250 SHALLOTE, NC 28459	56-1929057	501(C)(3)	22,000.	0.			CHRISTIAN EDUCATION
ST. LINUS CATHOLIC CHURCH 6466 N EVANGELINE DEARBORN HEIGHTS, MI 48127	38-1550062	501(C)(3)	22,220.	0.			SUPPORT ST. LINUS IN PAYING UTILITY BILLS
WASHBURN UNIVERSITY FOUNDATION 1729 SW MACVICAR AVE. TOPEKA, KS 66604	48-6105561	501(C)(3)	22,500.	0.			JOAB MULVANE ENDOWED FUND FOR MULVANE ART MUSEUM
FOUNDATION OF CALIFORNIA STATE UNIVERSITY MONTEREY BAY - 100 CAMPUS CENTER - SEASIDE, CA 93955	80-0494808	501(C)(3)	22,500.	0.			EDUCATION
ZIONSVILLE PRESBYTERIAN CHURCH 4775 W 116TH ST. ZIONSVILLE, IN 46077	35-1617555	501(C)(3)	23,000.	0.			GENERAL OPERATING
ST MICHAEL THE ARCHANGEL ORTHODOX CHURCH - 26355 WEST CHICAGO ROAD - REDFORD, MI 48239	38-6066692	501(C)(3)	23,200.	0.			GENERAL CONTRIBUTION

Schedule I (Form 990)

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

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NATIONAL COMMUNITY CHURCH 700 M ST SE WASHINGTON, DC 20003	52-2016840	501(C)(3)	24,500.	0.			GENERAL USE -CAPITAL HILL
THE J.R. REDMOND SILVERBACK FOUNDATION AT UNITED CHARITABLE - 44921 GEORGE WASHINGTON BLVD., SUITE 230 - ASHBURN, VA 20147	20-4286082	501(C)(3)	24,600.	0.			EVENT - RETIREMENT EDUCATION FOUNDATION - SENIOR PLANNING ADVISORS - NIGHT AT THE MUSEUM -
DAVID'S HOPE INTERNATIONAL 1518 NIGHT SHADE CT. VIENNA, VA 22182	26-4330791	501(C)(3)	25,000.	0.			HIGH SCHOOL
UNIVERSITY OF MIAMI PO BOX 248106 CORAL GABLES, FL 33124	59-0624458	501(C)(3)	25,000.	0.			EDUCATION
ONEHEARTDC 44505 ATWATER DRIVE ASHBURN, VA 20147	81-3951244	501(C)(3)	25,000.	0.			GENERAL AS NEEDED
CHURCH OF TOLLHOUSE P.O. BOX 160 TOLLHOUSE, CA 93667	95-2549995	501(C)(3)	25,000.	0.			GENERAL MINISTRY
DULUTH PLAYHOUSE INC 211 E SUPERIOR ST DULUTH, MN 55802	41-0694692	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CORNELL UNIVERSITY 159 SAPSUCKER WOODS RD ITHACA, NY 14850	15-0532082	501(C)(3)	25,200.	0.			CLASS GIFT TO VET SCHOOL
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	25,200.	0.			INTERNATIONAL AID

Schedule I (Form 990)

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

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BEST OF THE BATCH FUND AT UNITED CHARITABLE - 44921 GEORGE WASHINGTON BLVD., SUITE 230 - ASHBURN, VA 20147	20-4286082	501(C)(3)	26,400.	0.			EVENT - RETIREMENT EDUCATION FOUNDATION - SENIOR PLANNING ADVISORS - NIGHT AT THE MUSEUM -
3-D FOUNDATION AT UNITED CHARITABLE - 44921 GEORGE WASHINGTON BLVD., SUITE 230 - ASHBURN, VA 20147	20-4286082	501(C)(3)	27,100.	0.			EVENT - RETIREMENT EDUCATION FOUNDATION - SENIOR PLANNING ADVISORS - NIGHT AT THE MUSEUM -
THE NATURE CONSERVANCY INC 4245 N FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	29,100.	0.			GENERAL FUNDRAISING
RIPE FOR HARVEST WORLD OUTREACH P.O. BOX 62009 COLORADO SPRINGS, CO 80962	20-2322235	501(C)(3)	29,250.	0.			RIPE FOR HARVEST: THREE HOMES NATANAEL, SABINO, FREDDY-LIZETH
TEXAS HERITAGE MUSIC FOUNDATION PO BOX 2435 FREDERICKSBURG, TX 78624	74-2495227	501(C)(3)	30,000.	0.			MUSIC MINISTRY TO LONG TERM CARE FACILITIES IN THE TEXAS HILL COUNTRY
CROWN POINT COMMUNITY FOUNDATION INC - 115 S COURT STREET - CROWN POINT, IN 46307	31-0247014	501(C)(3)	30,000.	0.			WHERE IT'S NEEDED MOST
GRAND TRAVERSE REGIONAL LAND CONSERVANCY - 3860 N. LONG LAKE ROAD SUITE D - TRAVERSE CITY, MI 49684	38-2994229	501(C)(3)	31,000.	0.			OPERATING FUNDS
ST JAMES OF NOVI 46325 TEN MILE ROAD NOVI, MI 48374	38-2889083	501(C)(3)	31,850.	0.			SUNDAY OFFERING
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	32,253.	0.			MEDICAL ASSISTANCE

Schedule I (Form 990)

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

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UNIVERSITY OF THE NATIONS KONA INC 75-5851 KUAKINI HWY #256 KAILUA-KONA, HI 96740	99-0240539	501(C)(3)	34,000.	0.			NIKOLAS & EMILY LEHNERT
RESET180 1930 ISAAC NEWTON SQUARE SUITE 203 RESTON, VA 20190	47-1749414	501(C)(3)	35,000.	0.			KEYS TO FREEDOM
FORCEY BIBLE CHURCH 2130 E. RANDOLPH ROAD SILVER SPRING, MD 20904	53-0178404	501(C)(3)	40,000.	0.			UKRAINE MISSION OFFERING
EDUCATION FOUNDATION OF INDIAN RIVER COUNTY INC - P.O. BOX 7046 - VERO BEACH, FL 32961	59-3118402	501(C)(3)	40,000.	0.			BIG IDEAS PROGRAMMATIC GRANTS - \$15K FOR ANGLES OF ELEVATION AND \$25K FOR KEEPING THE PROMISE
PREGNANCY CARE CENTER OF MHC 314 FAIRY STREET EXT STE E MARTINSVILLE, VA 24112	26-4148243	501(C)(3)	41,000.	0.			MATCHING GRANT
WORLD FOOD PROGRAM USA PO BOX 37239 BOONE, IA 50037	13-3843435	501(C)(3)	50,000.	0.			GENERAL SUPPORT
UGANDA COUNSELING AND SUPPORT SERVICES INC - PO BOX 1374 - COLUMBIA, KY 42728	45-4709060	501(C)(3)	52,000.	0.			2HOMES - SYLVIA, DAVID GONGA
HUNTERS CREEK COMMUNITY CHURCH 2471 METAMORA ROAD LAPEER, MI 48446	23-7215124	501(C)(3)	59,200.	0.			GENERAL CHURCH FUND
NORTHWELL HEALTH FOUNDATION 2000 MARCUS AVENUE NEW HYDE PARK, NY 11042	11-2965575	501(C)(3)	90,000.	0.			FOR PEDIATRIC CARDIOLOGY DIVISION

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
ST JUDE CHILDRENS RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	91,050.	0.			FOR FAMILY AREA
CORAM DEO ACADEMY INC 651 W.MAIN ST. CARMEL, IN 46032	26-2795505	501(C)(3)	100,000.	0.			PLAYGROUND FENCING AND EQUIPMENT FOR NEW SCHOOL
CHABAD OF DOWNTOWN AUSTIN 2605 FRIAR TUCK LANE AUSTIN, TX 78704	47-4257944	501(C)(3)	112,000.	0.			ANNUAL CAMPAIGN
NATIONAL LEGAL FOUNDATION P.O. BOX 64427 VIRGINIA BEACH, VA 23467	54-1325665	501(C)(3)	209,000.	0.			RELIGIOUS LIBERTY WORK
MASTER'S ACADEMY OF VERO BEACH 1105 58TH AVE VERO BEACH, FL 32966	04-3770235	501(C)(3)	225,000.	0.			VO-TECH BUILDING
IMPACT INVESTING CHARITABLE FOUNDATION - PO BOX 25277 - OVERLAND PARK, KS 66225	47-3574130	501(C)(3)	480,900.	0.			FOR USE IN PARACLETE WWW.JOINPARACLETE.COM

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	36	61,000.	0.		
GENERAL	150	145,401.	0.		
SCHOLARSHIPS	33	17,500.	0.		
BASIC NEEDS SUPPORT	185	185,050.	0.		
DISASTER RELIEF	40	91,900.	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 III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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
HEALTH SUPPORT	9.	14,924.	0.		
ANIMAL WELFARE	20.	20,643.	0.		

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: MANIFESTED GOODNESS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WRITING SCHOLARSHIP WINNERS AND THEIR JOURNEYS ONTO COLLEGE, FURTHERLY SUPPORTING THE MISSION OF PROVIDING AID TO PA YOUTH.

NAME OF ORGANIZATION OR GOVERNMENT:

CRYSTAL LAKES PARKS INITIATIVE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD A PARK HOCKEY RINK IN HONOR OF A CHILD WHO DIED IN OUR TOWN. FOR THE LOCAL KIDS TO SKATE FREE

NAME OF ORGANIZATION OR GOVERNMENT:

A PLATFORM SQUARED FAMILY FOUNDATION AT UNITED CHARITABLE

(H) PURPOSE OF GRANT OR ASSISTANCE: EVENT - RETIREMENT EDUCATION FOUNDATION - SENIOR PLANNING ADVISORS - NIGHT AT THE MUSEUM - 7.29.22

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN ENDOWMENT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CLOSING GRANT TO TRANSFER TO A NEW DAF THAT CAN LINK TO TDA. NEW RECEIVING AEF DAF ACCOUNT: POULOS FAMILY FOUNDATION (FUND ID P22030)

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

VICK FAMILY DREAM FUND AT UNITED CHARITABLE

(H) PURPOSE OF GRANT OR ASSISTANCE: EVENT - RETIREMENT EDUCATION

FOUNDATION - SENIOR PLANNING ADVISORS - NIGHT AT THE MUSEUM - 7.29.22

NAME OF ORGANIZATION OR GOVERNMENT:

THE J.R. REDMOND SILVERBACK FOUNDATION AT UNITED CHARITABLE

(H) PURPOSE OF GRANT OR ASSISTANCE: EVENT - RETIREMENT EDUCATION

FOUNDATION - SENIOR PLANNING ADVISORS - NIGHT AT THE MUSEUM - 7.29.22

NAME OF ORGANIZATION OR GOVERNMENT:

BEST OF THE BATCH FUND AT UNITED CHARITABLE

(H) PURPOSE OF GRANT OR ASSISTANCE: EVENT - RETIREMENT EDUCATION

FOUNDATION - SENIOR PLANNING ADVISORS - NIGHT AT THE MUSEUM - 7.29.22

NAME OF ORGANIZATION OR GOVERNMENT: 3-D FOUNDATION AT UNITED CHARITABLE

(H) PURPOSE OF GRANT OR ASSISTANCE: EVENT - RETIREMENT EDUCATION

FOUNDATION - SENIOR PLANNING ADVISORS - NIGHT AT THE MUSEUM - 7.29.22

NAME OF ORGANIZATION OR GOVERNMENT:

EDUCATION FOUNDATION OF INDIAN RIVER COUNTY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: BIG IDEAS PROGRAMMATIC GRANTS - \$15K

FOR ANGLES OF ELEVATION AND \$25K FOR KEEPING THE PROMISE PROGRAMS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED CHARITABLE

Employer identification number

20-4286082

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2022

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)	189,441.	3,500.	0.	0.	26,881.	219,822.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HANNIBAL NAVIES VP - ATHLETES CHARITABLE	(i)	150,000.	3,500.	0.	0.	23,724.	177,224.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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	X		1,400.	COST
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X		3,131,391.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	4	4,667,032.	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	X	1	4,374.	
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (ACCOUNTS RECEIV)	X	1	12,805.	FAIR MARKET VALUE
26 Other (EVOLUTIONARYGEN)	X	1	8,485.	COST
27 Other (GOLF BAG)	X	1	415.	COST
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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.

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 for the latest information.

OMB No. 1545-0047

2022

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 1,500 VOLUNTEERS FOR ALL

OF UC IN 2022. 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 \$ 36,499,001. INCLUDING GRANTS OF \$ 35,183,759. REVENUE \$ 0.

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

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

Schedule O (Form 990) 2022

Name of the organization UNITED CHARITABLE	Employer identification number 20-4286082
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COMMITTEE OF THE BOARD OF DIRECTORS USING A CORPORATE SALARY SURVEY AS GUIDANCE.

**FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, FL, GA, IL, KS, KY, MD, MA, MI, MS, MN, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC, TN, UT
VA, WV, WI**

**FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE ON WEBSITE OR UPON REQUEST.**

**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ADJUSTMENTS MADE TO INVESTMENT BALANCES AFTER THE 990 WAS
FILED. 8,211,354.**

**FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.**

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

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	

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

Schedule R (Form 990) 2022

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL HERITAGE FOUNDATION, INC.	C	3,843,846.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.