

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

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.

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF GREATER CHARLOTTE, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 601 E. FIFTH ST. 350 City or town, state or province, country, and ZIP or foreign postal code CHARLOTTE, NC 28202 F Name and address of principal officer: LAURA YATES CLARK SAME AS C ABOVE	D Employer identification number 56-0529948 E Telephone number 704-372-7170 G Gross receipts \$ 24,251,139. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNITEDWAYGREATERCLT.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1958
		M State of legal domicile: NC

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO FIGHT FOR EDUCATION, HEALTH AND FINANCIAL STABILITY FOR OUR COMMUNITY (SEE SCH O).		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	41
	6	Total number of volunteers (estimate if necessary)	6	1727
	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.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	21,216,365.	22,944,285.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	71,322.	59,551.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,291,749.	632,369.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	679,540.	614,934.
	12		23,258,976.	24,251,139.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,748,036.	15,652,010.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,131,986.	3,127,631.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,558,945.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,998,364.	2,066,747.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,878,386.	20,846,388.
19	Revenue less expenses. Subtract line 18 from line 12	-3,619,410.	3,404,751.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	29,734,806.	28,665,296.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,722,795.	6,892,042.
22		21,012,011.	21,773,254.	

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 LAURA YATES CLARK, PRESIDENT AND CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JOHN NORMAN	Preparer's signature JOHN NORMAN
	Date 02/27/23	Check if self-employed <input type="checkbox"/> PTIN P01506766
	Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's address ▶ 227 WEST TRADE STREET, SUITE 800 CHARLOTTE, NC 28202	Firm's EIN ▶ 41-0746749 Phone no. 704-998-5200

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UWGC WORKS TO CREATE LASTING CHANGE FOR THOSE MOST IN NEED THROUGH STRATEGIC COMMUNITY PHILANTHROPY IN THE FOUR-COUNTY REGION WHICH IS HOME TO NEARLY 1.5 MILLION PEOPLE. CONTINUED ON SCHEDULE O.

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

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

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

4a (Code:) (Expenses \$ 12,116,815. including grants of \$ 11,595,701.) (Revenue \$) COMMUNITY INVESTMENT: THE COMMUNITY INVESTMENT PROCESS IS FOCUSED ON ECONOMIC MOBILITY ACROSS THE REGION, WHILE ALSO HELPING PROVIDE A SAFETY NET FOR PEOPLE AND FAMILIES IN NEED. ANNUALLY, UNITED WAY OF GREATER CHARLOTTE (UWGC) INVESTS IN MORE THAN 100 LOCAL NONPROFIT AGENCIES AND INITIATIVES THROUGH THE FUNDING PROVIDED BY GENEROUS CORPORATE, PUBLIC SECTOR AND INDIVIDUAL DONORS. CONTINUED ON SCHEDULE O

4b (Code:) (Expenses \$ 3,904,165. including grants of \$ 3,087,395.) (Revenue \$) GOVERNMENT GRANTS: UWGC PARTNERS WITH THE CITY OF CHARLOTTE, MECKLENBURG COUNTY AND THE STATE OF NORTH CAROLINA TO DISTRIBUTE FUNDS TO ORGANIZATIONS AND COALITIONS THAT, TOGETHER, WORK TO END HOMELESSNESS. CONTINUED ON SCHEDULE O.

4c (Code:) (Expenses \$ 968,914. including grants of \$ 968,914.) (Revenue \$) DESIGNATIONS TO OTHER UNITED WAYS AND OTHER 501(C)(3) ORGANIZATIONS: DONORS MAY DIRECT THEIR CONTRIBUTIONS TO OUT OF AREA UNITED WAYS OR QUALIFIED TAX-EXEMPT ORGANIZATIONS THAT PROVIDE SERVICES IN THE AREAS OF HEALTH, HOUSING, AND CHILDREN AND YOUTH. THESE FUNDS ARE RAISED AND DISTRIBUTED BY OUR UNITED WAY TO THE ORGANIZATIONS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 942,588. including grants of \$) (Revenue \$ 59,551.)

4e Total program service expenses 17,932,482.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see 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>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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 charitable contributions.

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process 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 **NC**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**
 CHILDREN AND FAMILY SERVICES CENTER - 704-943-9400
 601 E, 5TH STREET, STE 450, CHARLOTTE, NC 28202

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA YATES CLARK PRESIDENT AND CEO	50.00			X			258,523.	0.	25,487.	
(2) CLINT HILL CHIEF DEVELOPMENT OFFICER	40.00			X			152,585.	0.	19,527.	
(3) KATHRYN FIRMIN-SELLERS CHIEF IMPACT OFFICER	40.00			X			127,639.	0.	990.	
(4) ROBERT GRANOW DIRECTOR OF FINANCE	40.00			X			80,465.	0.	28,373.	
(5) AVALEEN CRAWFORD DIRECTOR	1.00	X					0.	0.	0.	
(6) BETH DIGGS ANSON COUNTY CHAIR	3.00	X		X			0.	0.	0.	
(7) BILL CURRENS DIRECTOR	1.00	X					0.	0.	0.	
(8) BRADLEY CAPLAN MLN COUNTY CHAIR	3.00	X		X			0.	0.	0.	
(9) BRIAN MIDDLETON COMMUNITY IMPACT CHAIR	3.00	X		X			0.	0.	0.	
(10) CATHY CAMPBELL CAMPAIGN VICE CHAIR	3.00	X		X			0.	0.	0.	
(11) DEE O'DELL BOARD VICE CHAIR	3.00	X		X			0.	0.	0.	
(12) DENA R. DIORIO DIRECTOR	1.00	X					0.	0.	0.	
(13) DENISE WHITE UNION COUNTY CHAIR	3.00	X		X			0.	0.	0.	
(14) GARY GREER DIRECTOR	1.00	X					0.	0.	0.	
(15) HANK ALSTON CABARRUS COUNTY CHAIR	3.00	X		X			0.	0.	0.	
(16) HEATH CAMPBELL DIRECTOR	1.00	X					0.	0.	0.	
(17) HENDRICK ELLIS 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			
(18) JOHN MARTIN PARTNER AGENCY REP	3.00	X		X				0.	0.	0.
(19) MARCEL SOLOMON VOLUNTEER ADVISORY REP	3.00	X		X				0.	0.	0.
(20) MATTHEW J. KOSMICKI DIRECTOR	1.00	X						0.	0.	0.
(21) MYRA FOSTER DIRECTOR	1.00	X						0.	0.	0.
(22) PAMELA WIDEMAN DIRECTOR	1.00	X						0.	0.	0.
(23) PEGGY L. BROOKHOUSE BOARD CHAIR	3.00	X		X				0.	0.	0.
(24) RAJ NATARAJAN SECOND VICE CHAIR	3.00	X		X				0.	0.	0.
(25) RON MESSENGER FINANCE CHAIR	3.00	X		X				0.	0.	0.
(26) SCOTT P. VAUGHN DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								619,212.	0.	74,377.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								619,212.	0.	74,377.

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 8

	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
CHILDREN AND FAMILY SERVICES CENTER 601 E. 5TH ST, STE 450, CHARLOTTE, NC 28202	FINANCE AND HR SERVICES	257,000.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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	69,804.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	8,198,328.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	14,676,153.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 78,000.				
	h Total. Add lines 1a-1f			22,944,285.			
Program Service Revenue	2 a NET ADMINISTRATIVE FEE	Business Code					
		900099	59,101.	59,101.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue	900099	450.	450.			
g Total. Add lines 2a-2f			59,551.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		149,653.			149,653.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	846.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	846.				
	d Net rental income or (loss)			846.		846.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	482,716.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	482,716.				
d Net gain or (loss)			482,716.		482,716.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
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 EXTINGUISHMENT OF DEBT	Business Code					
		900099	614,088.			614,088.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			614,088.				
12 Total revenue. See instructions			24,251,139.	59,551.	0.	1,247,303.	

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 ...	15,652,010.	15,652,010.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	2,529,066.	1,085,929.	502,580.	940,557.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	87,122.	32,829.	22,136.	32,157.
9 Other employee benefits	313,731.	118,219.	79,713.	115,799.
10 Payroll taxes	197,712.	86,482.	37,322.	73,908.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	78,348.		78,348.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,095,177.	527,821.	434,984.	132,372.
12 Advertising and promotion	338.	140.	121.	77.
13 Office expenses	44,845.	18,596.	16,026.	10,223.
14 Information technology	87,544.	36,302.	31,285.	19,957.
15 Royalties				
16 Occupancy	211,525.	97,140.	39,212.	75,173.
17 Travel	14,843.	6,815.	1,883.	6,145.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	24,560.	11,988.	8,463.	4,109.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	126,466.	58,847.	24,004.	43,615.
23 Insurance				
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 UNITED WAY DUES	215,352.	88,733.	56,261.	70,358.
b VOLUNTEER EXPENSES AND	106,473.	92,419.	5,121.	8,933.
c MISCELLANEOUS EXPENSES	46,023.	15,089.	15,899.	15,035.
d OTHER GRANT EXPENSES	9,250.		300.	8,950.
e All other expenses	6,003.	3,123.	1,303.	1,577.
25 Total functional expenses. Add lines 1 through 24e	20,846,388.	17,932,482.	1,354,961.	1,558,945.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	8,515,675.	1	7,580,382.
	2 Savings and temporary cash investments	510,264.	2	84.
	3 Pledges and grants receivable, net	5,866,839.	3	8,264,733.
	4 Accounts receivable, net	5,710.	4	95,399.
	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	40,405.	9	77,444.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,428,464.		
	b Less: accumulated depreciation	10b 720,983.	833,947.	10c 707,481.
	11 Investments - publicly traded securities	11,042,193.	11	9,418,902.
	12 Investments - other securities. See Part IV, line 11	2,871,127.	12	2,446,178.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	48,646.	15	74,693.
16 Total assets. Add lines 1 through 15 (must equal line 33)	29,734,806.	16	28,665,296.	
Liabilities	17 Accounts payable and accrued expenses	1,645,822.	17	1,351,739.
	18 Grants payable	5,593,822.	18	4,526,478.
	19 Deferred revenue		19	329,190.
	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	614,088.	24	0.
	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	869,063.	25	684,635.
	26 Total liabilities. Add lines 17 through 25	8,722,795.	26	6,892,042.
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	18,389,332.	27	18,372,656.
	28 Net assets with donor restrictions	2,622,679.	28	3,400,598.
	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	21,012,011.	32	21,773,254.
33 Total liabilities and net assets/fund balances	29,734,806.	33	28,665,296.	

Form 990 (2021)

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	24,251,139.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,846,388.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,404,751.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,012,011.
5	Net unrealized gains (losses) on investments	5	-2,643,508.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,773,254.

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

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF GREATER CHARLOTTE, INC.	56-0529948

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

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

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

f Enter the number of supported organizations

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,676,927.	25,926,150.	36,442,612.	21,158,396.	22,873,632.	133,077,717.
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	26,676,927.	25,926,150.	36,442,612.	21,158,396.	22,873,632.	133,077,717.
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)						
6 Public support. Subtract line 5 from line 4.						133,077,717.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	26,676,927.	25,926,150.	36,442,612.	21,158,396.	22,873,632.	133,077,717.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	457,711.	645,586.	466,314.	820,754.	150,499.	2,540,864.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	358.					358.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				675,000.	614,088.	1,289,088.
11 Total support. Add lines 7 through 10						136,908,027.
12 Gross receipts from related activities, etc. (see instructions)					12	1,764,028.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	97.20 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	97.51 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 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... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 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... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

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

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

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

Schedule A (Form 990) 2021

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

Schedule A (Form 990) 2021

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

2021

Name of the organization

UNITED WAY OF GREATER CHARLOTTE, INC.

Employer identification number

56-0529948

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 WAY OF GREATER CHARLOTTE, INC.	Employer identification number 56-0529948
---	--

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/>	\$ 1,784,186.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 545,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 3,212,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 610,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 540,009.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF GREATER CHARLOTTE, INC.	Employer identification number 56-0529948
---	--

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/>	\$ 500,333.	Person <input checked="" 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.)
	<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 WAY OF GREATER CHARLOTTE, INC.	Employer identification number 56-0529948
---	--

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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization UNITED WAY OF GREATER CHARLOTTE, INC.	Employer identification number 56-0529948
---	--

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization UNITED WAY OF GREATER CHARLOTTE, INC. Employer identification number 56-0529948

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

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). 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. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b 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) 2021

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	2,871,127.	2,128,723.	2,100,793.	1,996,545.	3,464,173.
b Contributions	5,206.	254,287.	3,490.	1,375.	3,129.
c Net investment earnings, gains, and losses	-410,538.	514,706.	48,581.	125,982.	299,802.
d Grants or scholarships					1,740,000.
e Other expenditures for facilities and programs					
f Administrative expenses	19,617.	26,589.	24,141.	23,109.	30,559.
g End of year balance	2,446,178.	2,871,127.	2,128,723.	2,100,793.	1,996,545.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 53.2100 %
 - b Permanent endowment 34.7900 %
 - c Term endowment 12.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		796,505.	195,870.	600,635.
d Equipment		631,959.	525,113.	106,846.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				707,481.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) POOLED FUNDS HELD BY UNITED WAY		
(B) LEGACY FOUNDATION	2,446,178.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,446,178.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO DESIGNATED AGENCIES	343,660.
(3) CAMPAIGNS PROCESSED FOR OTHERS	185,845.
(4) DEFERRED LEASE INCENTIVE	155,130.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	684,635.

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	20,829,354.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,643,508.	
b	Donated services and use of facilities	2b	217,342.	
c	Recoveries of prior year grants	2c	-26,705.	
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-2,452,871.
3	Subtract line 2e from line 1		3	23,282,225.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	968,914.	
c	Add lines 4a and 4b		4c	968,914.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	24,251,139.

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	20,068,111.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	217,342.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-26,705.	
e	Add lines 2a through 2d		2e	190,637.
3	Subtract line 2e from line 1		3	19,877,474.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	968,914.	
c	Add lines 4a and 4b		4c	968,914.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	20,846,388.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE PURPOSE OF THE ORGANIZATION'S ENDOWMENT IS TO PROVIDE FINANCIAL SUPPORT TO GENERAL OPERATIONS AS WELL AS SPECIFIC PROGRAMS IDENTIFIED BY DONORS.

PART X, LINE 2:

U.S. GAAP REQUIRES THE ORGANIZATION TO RECOGNIZE A TAX BENEFIT OR EXPENSE FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. MANAGEMENT BELIEVES THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2022 AND 2021.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 968,914.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT RECOVERIES INCLUDED IN REVENUE -26,705.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 968,914.

**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

2021

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF GREATER CHARLOTTE, INC.** Employer identification number **56-0529948**

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
ACADEMIC LEARNING CENTER, INC. 2353 CONCORD LAKE ROAD CONCORD, NC 28025	56-1963975	501(C)3	24,755.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
ACADEMY OF GOAL ACHIEVERS, INC 7569 ABIGAIL GLEN DR CHARLOTTE, NC 28212	46-3145227	501(C)3	32,500.	0.			PROGRAM OPERATING COSTS
ADA JENKINS FAMILIES AND CAREERS DEVELOPMENT CENTER, INC. - 212 GAMBLE STREET - DAVIDSON, NC 28036	56-1927067	501(C)3	131,029.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
AIM TO IMPACT 801 EAST MOREHEAD STREET CHARLOTTE, NC 28202	84-5115319	501(C)3	25,725.	0.			RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
ALLUVIUM INC. 701 MORRIS STREET CHARLOTTE, NC 28202	47-2378461	501(C)3	62,500.	0.			PROGRAM OPERATING COSTS; RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - 4600 PARK ROAD, SUITE 250 - CHARLOTTE, NC 28209	13-3039601	501(C)3	6,000.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 186.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANSON COUNTY HOMES OF HOPE 415 LEE AVENUE WADESBORO, NC 28170	82-4688778	501(C)3	6,250.	0.			PROGRAM OPERATING COSTS
ANSON COUNTY PARTNERSHIP FOR CHILDREN - 117 SOUTH GREENE STREET - WADESBORO, NC 28170	56-1987729	501(C)3	11,514.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
ANTHONY MORROW CHARITIES 8640 UNIVERSITY CITY BLVD, SUITE A3 CHARLOTTE, NC 28213	27-2849928	501(C)3	27,500.	0.			PROGRAM OPERATING COSTS
ANUVIA PREVENTION AND RECOVERY CENTER, INC - 100 BILLINGSLEY ROAD - CHARLOTTE, NC 28211	56-0746601	501(C)3	29,657.	0.			RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
ASPIRE COMMUNITY CAPITAL 1800 CAMDEN ROAD CHARLOTTE, NC 28203	47-1562918	501(C)3	65,000.	0.			PROGRAM OPERATING COSTS
AUGUSTINE LITERACY PROJECT - CHARLOTTE - 115 WEST 7TH STREET - CHARLOTTE, NC 28202	83-0822641	501(C)3	23,750.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
BE MORE FOUNDATION 12304 BENDING BRANCH RD CHARLOTTE, NC 28227	47-2890308	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
BEATTIES FORD RD VOCATIONAL TRADE & FAMILY COUNSELING CENTER - 1406 BEATTIES FORD ROAD - CHARLOTTE, NC 28216-4550	81-4832881	501(C)3	58,610.	0.			PROGRAM OPERATING COSTS; RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
BETA NU LAMBDA FOUNDATION (DBA: B.E.A.M FOUNDATION) - PO BOX 562663 - CHARLOTTE, NC 28256	56-2012602	501(C)3	40,000.	0.			PROGRAM OPERATING COSTS; RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES

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
BIG BROTHERS BIG SISTERS OF CENTRAL CAROLINAS - 4822 ALBEMARLE ROAD, SUITE 260 - CHARLOTTE, NC 28205	56-2264009	501(C)3	160,780.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
BLACK SOCIAL CAPITAL INITIATIVE INC - 400 HERMITAGE RD - CHARLOTTE, NC 28207	85-3076147	501(C)3	20,000.	0.			PROGRAM OPERATING COSTS
BLOCK LOVE CHARLOTTE 7137 FOUNDERS CLUB COURT CHARLOTTE, NC 28269	84-4760383	501(C)3	47,735.	0.			PROGRAM OPERATING COSTS; RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
BOYS AND GIRLS CLUB OF CABARRUS COUNTY, INC. - 247 SPRING STREET NW - CONCORD, NC 28025	56-0577630	501(C)3	67,929.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
BRENDA H. TAPIA FAMILY FOUNDATION 10117 COLEY DRIVE HUNTERSVILLE, NC 28078	84-5127402	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
BROOKHILL COMMUNITY RESOURCE CENTER - 2516 S TRYON STREET - CHARLOTTE, NC 28203	83-4142791	501(C)3	15,000.	0.			PROGRAM OPERATING COSTS
B.Y.E. LLC 428 E. 4TH STREET CHARLOTTE, NC 28202	81-3239381	501(C)3	101,287.	0.			RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
CABARRUS COOPERATIVE CHRISTIAN MINISTRY FOUNDATION - 246 COUNTRY CLUB DRIVE NE - CONCORD, NC 28025	56-1320818	501(C)3	39,450.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS ; PROGRAM OPERATING COSTS
CABARRUS VICTIMS ASSISTANCE NETWORK (CVAN) - P.O. BOX 1749 - CONCORD, NC 28026	57-0749038	501(C)3	27,806.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS ; DONOR

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
CARE RING 601 EAST 5TH STREET, SUITE 140 CHARLOTTE, NC 28202	56-0621073	501(C)3	458,155.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
CAROLINA MIGRANT NETWORK INC. 6917 LANCER DRIVE CHARLOTTE, NC 28226	85-0952850	501(C)3	32,510.	0.			PROGRAM OPERATING COSTS
CATAWBA COUNTY UNITED WAY 2760 TATE BOULEVARD SE HICKORY, NC 28602	56-0774714	501(C)3	16,368.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
CATHOLIC CHARITIES DIOCESE OF CHARLOTTE - 1123 SOUTH CHURCH STREET - CHARLOTTE, NC 28203	56-1058954	501(C)3	138,848.	0.			RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
CHARLOTTE CENTER FOR LEGAL ADVOCACY - 5535 ALBEMARLE ROAD - CHARLOTTE, NC 28212	56-1202940	501(C)3	159,796.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
CHARLOTTE COMMUNITY HEALTH CLINIC 8401 MEDICAL PLAZA DRIVE, SUITE 300 CHARLOTTE, NC 28262	56-2274174	501(C)3	167,945.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
CHARLOTTE FAMILY HOUSING, INC. 300 HAWTHORNE LANE CHARLOTTE, NC 28204	58-1599120	501(C)3	83,050.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
CHARLOTTE SPEECH AND HEARING CENTER, INC. - 741 KENILWORTH AVENUE, SUITE 100 - CHARLOTTE, NC 28204	56-0892041	501(C)3	270,274.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
CHILD CARE RESOURCES INC. 200-B REGENCY EXECUTIVE PARK DRIVE, SUITE 240 - CHARLOTTE, NC 28217	56-1316030	501(C)3	409,594.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS

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
CHILDREN OF THE WORLD LEARNING CENTER - 6030 ALBEMARLE ROAD - CHARLOTTE, NC 28212	83-3523938	501(C)3	32,500.	0.			PROGRAM OPERATING COSTS
CIRCLE DE LUZ PO BOX 2 DAVIDSON, NC 28036	74-3259379	501(C)3	32,500.	0.			PROGRAM OPERATING COSTS
COLTRANE L.I.F.E. CENTER, INC. 321 CORBAN AVENUE SOUTH EAST CONCORD, NC 28025	56-1222998	501(C)3	17,200.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
COMMUNITIES IN SCHOOLS OF CHAR-MECK, INC - 601 EAST 5TH STREET, SUITE 300 - CHARLOTTE, NC 28202	58-1661795	501(C)3	406,929.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
COMMUNITIES IN SCHOOLS OF CLEVELAND COUNTY - 312 WEST MARION STREET - SHELBY, NC 28150	56-1748914	501(C)3	5,000.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
COMMUNITIES IN SCHOOLS OF NORTH CAROLINA - 222 N PERSON ST #203 - RALEIGH, NC 27601	56-1677831	501(C)3	12,375.	0.			PROGRAM OPERATING COSTS
COMMUNITY FREE CLINIC, INC. 528 LAKE CONCORD ROAD NORTH EAST, U CONCORD, NC 28025	58-2131301	501(C)3	65,305.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
COMMUNITY HEALTH SERVICES OF UNION COUNTY - 1338-C EAST SUNSET DRIVE - MONROE, NC 28112-4362	46-0495947	501(C)3	74,250.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
COMMUNITY HEALTH SERVICES OF UNION COUNTY, INC. - 1338-C EAST SUNSET DRIVE - MONROE, NC 28112	46-0495947	501(C)3	5,436.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS

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
COMMUNITY LINK PROGRAMS OF TRAVELERS AID SOCIETY OF CENTRAL CAROLINAS, INC. - 601 EAST 5TH STREET, SUITE 220 - CHARLOTTE, NC	56-0530008	501(C)3	250,114.	0.			PROGRAM OPERATING COSTS; RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES;
COMMUNITY SHELTER OF UNION COUNTY 160 MEADOW STREET MONROE, NC 28110	58-2121860	501(C)3	85,632.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS; PROGRAM OPERATING COSTS;
COPS & BARBERS, INC. 3240 WILKINSON BLVD #3 CHARLOTTE, NC 28208	82-3268245	501(C)3	15,000.	0.			PROGRAM OPERATING COSTS
COUNCIL FOR CHILDREN'S RIGHTS 601 EAST 5TH STREET, SUITE 510 CHARLOTTE, NC 28202	56-1325184	501(C)3	212,175.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
COUNCIL ON AGING IN UNION COUNTY, INC. - 1401 SKYWAY DRIVE - MONROE, NC 28110	56-1081558	501(C)3	32,309.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
CRISIS ASSISTANCE MINISTRY (MECKLENBURG) - 500-A SPRATT STREET - CHARLOTTE, NC 28206	56-1416719	501(C)3	204,283.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
CROSSROADS CORPORATION 3623 LATROBE AVE CHARLOTTE, NC 28211	26-2787742	501(C)3	137,500.	0.			PROGRAM OPERATING COSTS; RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
DAVIDSON CORNELIUS CHILD DEVELOPMENT CENTER - 242 GAMBLE STREET - DAVIDSON, NC 28036	56-0891613	501(C)3	26,813.	0.			PROGRAM OPERATING COSTS
DIGI-BRIDGE 1026 JAY STREET CHARLOTTE, NC 28208	46-4859045	501(C)3	10,000.	0.			PROGRAM OPERATING COSTS

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
E2D - ELIMINATE THE DIGITAL DIVIDE PO BOX 1299 DAVIDSON, NC 28036	46-5008759	501(C)3	36,407.	0.			PROGRAM OPERATING COSTS
EL PUENTE HISPANO 455 CONCORD PKWY N. SUITE #7441 CONCORD, NC 28027	82-3260968	501(C)3	16,500.	0.			PROGRAM OPERATING COSTS
EMPOWHERMENT, INC 1023B MARGARET BROWN STREET CHARLOTTE, NC 28202	46-1450960	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
EXODUS OUTREACH FOUNDATION, INC PO BOX 3311 HICKORY, NC 28603	56-2109492	501(C)3	13,010.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS ; PROGRAM OPERATING COSTS
FAITH MEMORIAL COMMUNITY OUTREACH CENTER - 211 LAKEWOOD AVE - CHARLOTTE, NC 28208	83-2627536	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
FAMILIES FIRST IN CABARRUS COUNTY, INC. - 985 CENTRAL DRIVE NW - CONCORD, NC 28027	47-1302015	501(C)3	39,688.	0.			PROGRAM OPERATING COSTS ; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
FAMILY MANKIND 301 MCCULLOUGH DRIVE, SUITE 400 CHARLOTTE, NC 28262	83-3886078	501(C)3	62,154.	0.			PROGRAM OPERATING COSTS ; RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
FEED MY LAMBS 2209 US-74 WADESBORO, NC 28170	56-2158694	501(C)3	21,458.	0.			PROGRAM OPERATING COSTS
FIFTH STREET MINISTRIES (DIAKONOS) 1421 5TH STREET STATESVILLE, NC 28687	58-1821225	501(C)3	25,584.	0.			PROGRAM OPERATING COSTS ; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS

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
FLORENCE CRITTENTON SERVICES 3350 HOLABIRD LANE CHARLOTTE, NC 28208	56-0577626	501(C)3	63,590.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
FOR THE STRUGGLE, INC. 2220 ENGLISH DRIVE CHARLOTTE, NC 28216	83-4652690	501(C)3	32,500.	0.			PROGRAM OPERATING COSTS
FOUNDATION FOR THE CAROLINAS 220 N TRYON CHARLOTTE, NC 28202	56-6047886	501(C)3	50,000.	0.			PROGRAM OPERATING COSTS
FREEDOM SCHOOL PARTNERS 1030 AROSA AVENUE CHARLOTTE, NC 28203	56-2169158	501(C)3	14,186.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
GARDHOUSE LIMITED 10130 OLD CAROLINA DR CHARLOTTE, NC 28214	84-2952589	501(C)3	32,500.	0.			PROGRAM OPERATING COSTS
GENERATIONNATION PO BOX 31365 CHARLOTTE, NC 28231	56-1785359	501(C)3	32,500.	0.			PROGRAM OPERATING COSTS
GIRL SCOUTS, HORNETS' NEST COUNCIL 7007 IDLEWILD ROAD CHARLOTTE, NC 28212	56-0563842	501(C)3	91,151.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT - 5301 WILKINSON BOULEVARD - CHARLOTTE, NC 28208	56-0844639	501(C)3	108,075.	0.			PROGRAM OPERATING COSTS
GRACE-MAR SERVICES, INC. 615 E. 6TH STREET CHARLOTTE, NC 28202	80-0235887	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS

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
GREENLIGHT FUND INC DBA THE GREENLIGHT FUND - 120 ST. JAMES AVENUE - BOSTON, MA 02116	20-0407083	501(C)3	25,000.	0.			PROGRAM OPERATING COSTS
GROOMING GREATNESS FOUNDATION 8503 THELEMA LANE CHARLOTTE, NC 28269	46-4051548	501(C)3	32,500.	0.			PROGRAM OPERATING COSTS
HABITAT FOR HUMANITY CABARRUS COUNTY - 8 CHURCH STREET, SUITE 101 - CONCORD, NC 28025	56-1678395	501(C)3	35,290.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
HABITAT FOR HUMANITY OF THE CHARLOTTE REGION - 20310 NORTH MAIN STREET - CORNELIUS, NC 28031	56-1366233	501(C)3	70,564.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
HEAL CHARLOTTE 3936 SAXONBURY WAY CHARLOTTE, NC 28269	81-5158164	501(C)3	15,000.	0.			PROGRAM OPERATING COSTS
HEALTHQUEST OF UNION COUNTY 415 EAST FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)3	15,837.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
HEALTHREACH COMMUNITY CLINIC 400 E. STATEVILLE AVE #300 MOORESVILLE, NC 28115	20-1020941	501(C)3	37,125.	0.			PROGRAM OPERATING COSTS
HEART MATH TUTORING PO BOX 30623 CHARLOTTE, NC 28230	46-4366030	501(C)3	5,000.	0.			PROGRAM OPERATING COSTS
HIDDEN VALLEY COMMUNITY DEVELOPMENT CORPORATION - PO BOX 560511 - CHARLOTTE, NC 28256	56-1862380	501(C)3	5,000.	0.			PROGRAM OPERATING COSTS

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
HISTORIC WEST END PARTNERS, INC. 309 LIMS AVENUE CHARLOTTE, NC 28208	27-1880057	501(C)3	34,170.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
HOPE HAVEN INC 3815 NORTH TRYON STREET CHARLOTTE, NC 28206	58-1314284	501(C)3	139,764.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
HOPE VIBES INC. PO BOX 481653 CHARLOTTE, NC 28269	83-1965620	501(C)3	37,500.	0.			PROGRAM OPERATING COSTS
IMMIGRANT IMPACT FUND 1362 HAESTAD CT CONCORD, NC 28025	81-4461399	501(C)3	11,550.	0.			PROGRAM OPERATING COSTS
INNOVATE TECH CHARLOTTE 5928 PECAN VALLEY CT HARRISBURG, NC 28075	84-5095472	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
JDRF INTERNATIONAL, WESTERN NC CHAPTER - 205 REGENCY EXECUTIVE PARK DRIVE, SUITE 102 - CHARLOTTE, NC 28217	23-1907729	501(C)3	9,600.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
JESSIE'S WORLD INC. (DBA: TRIUMPH SERVICES) - 7114 CORNERSTONE DRIVE - CHARLOTTE, NC 28269	38-3803375	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
JEWISH FAMILY SERVICES OF GREATER CHARLOTTE, INC - 5007 PROVIDENCE ROAD, SUITE 105 - CHARLOTTE, NC 28226	20-1146861	501(C)3	44,168.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
JUMPING DREAMS DD 809 EAST ARROWOOD ROAD CHARLOTTE, NC 28217	82-5458853	501(C)3	41,854.	0.			RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES

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
JUNIOR ACHIEVEMENT OF THE CENTRAL CAROLINAS INC - 201 S TRYON STREET, SUITE LL100 - CHARLOTTE, NC 28202	56-0672085	501(C)3	8,725.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
KINDERMOURN, INC. 1320 HARDING PLACE CHARLOTTE, NC 28204	56-1221194	501(C)3	43,090.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
LAKE NORMAN COMMUNITY HEALTH CLINIC - 14230 HUNTERS ROAD - HUNTERSVILLE, NC 28078	04-3723062	501(C)3	52,019.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
LAKEVIEW NEIGHBORHOOD ALLIANCE 300 LAKEWOOD AVE. CHARLOTTE, NC 28208	38-4015347	501(C)3	137,500.	0.			PROGRAM OPERATING COSTS
LATIN AMERICAN COALITION 4938 CENTRAL AVENUE, SUITE 100 CHARLOTTE, NC 28205	58-1945776	501(C)3	117,414.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
LIONEL LEE JR. CENTER FOR WELLNESS 1370 BRIAR CREEK ROAD CHARLOTTE, NC 28205	03-0588350	501(C)3	32,500.	0.			PROGRAM OPERATING COSTS
LOAVES & FISHES/FRIENDSHIP TRAYS, INC. - 648 GRIFFITH ROAD, SUITE B - CHARLOTTE, NC 28217	56-1398498	501(C)3	17,963.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
LOCKED OUT LOVE INC 8201 WILLOWLAKE CT CHARLOTTE, NC 28227	84-2319918	501(C)3	15,000.	0.			RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES; PROGRAM OPERATING COSTS
LOGAN COMMUNITY DAY CARE ASSOCIATION, INC. - 204 BOOKER DRIVE SW - CONCORD, NC 28025	23-7210127	501(C)3	12,670.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS

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
MECKLENBURG COUNCIL OF ELDERS 1101 SUNSET RD CHARLOTTE, NC 28216	81-5306491	501(C)3	93,792.	0.			PROGRAM OPERATING COSTS; RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
MECKLENBURG COUNTY COUNCIL - BOY SCOUTS OF AMERICA - 1410 EAST 7TH STREET - CHARLOTTE, NC 28204	56-0529957	501(C)3	20,899.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
MENTAL HEALTH AMERICA OF CENTRAL CAROLINAS, INC. - 3701 LATROBE DRIVE, SUITE 140 - CHARLOTTE, NC 28211	56-0674267	501(C)3	205,768.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
MISTY MEADOWS MITEY RIDERS, INC. 455 PROVIDENCE ROAD SOUTH WEDDINGTON, NC 28173	56-2045099	501(C)3	5,585.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
MOORESVILLE AREA CHRISTIAN MISSION P.O. BOX 62 MOORESVILLE, NC 28115	56-0667685	501(C)3	43,012.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
MY BROTHER'S KEEPER CHARLOTTE-MECKLENBURG COUNTY - 400 E. MOREHEAD STREET, 5TH FLOOR - CHARLOTTE, NC 28202	56-1045299	501(C)3	27,500.	0.			PROGRAM OPERATING COSTS
NATIONAL BLACK CHILD DEVELOPMENT INSTITUTE - CLT - 7209 EAST WT HARRIS BLVD. - CHARLOTTE, NC 28227	52-0908178	501(C)3	32,500.	0.			PROGRAM OPERATING COSTS
NC MEDASSIST 4428 TAGGART CREEK ROAD, SUITE 101 CHARLOTTE, NC 28208	56-2018957	501(C)3	276,629.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
NORTH END COMMUNITY COALITION 201 N MCDOWELL STREET - # 30234 CHARLOTTE, NC 28230	81-2943846	501(C)3	70,000.	0.			PROGRAM OPERATING COSTS

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
ON MY GENIUS CAMPAIGN 3940 QUEENSBRIDGE RD. CHARLOTTE, NC 28213	81-1281603	501(C)3	15,000.	0.			PROGRAM OPERATING COSTS
OPERA CAROLINA 1600 ELIZABETH AVENUE CHARLOTTE, NC 28204	56-6019660	501(C)3	10,000.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
OUR DAILY BREAD FOUNDATION PO BOX 32451 CHARLOTTE, NC 28232	83-1487766	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
OUR TURN, INC 116 NASSAU STREET NEW YORK, NY 10038	45-0647583	501(C)3	27,500.	0.			PROGRAM OPERATING COSTS
PHAROS PARENTING (FORMERLY EXCHANGE SCAN) - 1602 DAVIE AVENUE - STATESVILLE, NC 28677	56-1758810	501(C)3	16,500.	0.			PROGRAM OPERATING COSTS
PLANET IMPROV INCORPORATED 7017 STREAMSIDE DRIVE CHARLOTTE, NC 28212	20-5981156	501(C)3	50,000.	0.			RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
POP'S PASSION, INC. 11035 GOLF LINKS DR 77907 CHARLOTTE, NC 28277	85-2610895	501(C)3	10,000.	0.			PROGRAM OPERATING COSTS
PREMIER FOUNDATION OF NORTH CAROLINA - 3010 MONROE RD - CHARLOTTE, NC 28205	81-3272704	501(C)3	35,000.	0.			PROGRAM OPERATING COSTS
PRODIGAL SON FOUNDATION 7809 POPE FARM ROAD CHARLOTTE, NC 28269	26-1085750	501(C)3	20,000.	0.			PROGRAM OPERATING COSTS; RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES

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
PROFOUND GENTLEMEN 2701-C FREEDOM DRIVE CHARLOTTE, NC 28208	47-2225983	501(C)3	50,000.	0.			PROGRAM OPERATING COSTS
PROJECT BOLT 5520 KELTONWOOD RD APT 3217 CHARLOTTE, NC 28278	82-1157011	501(C)3	48,151.	0.			PROGRAM OPERATING COSTS; RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
PROJECT ONE SCHOLARSHIP FUND, INC. 2438 HASSELL PLACE CHARLOTTE, NC 28209	27-1000239	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
PROMISE RESOURCE NETWORK, INC. 1041 HAWTHORNE LANE CHARLOTTE, NC 28205	27-2648129	501(C)3	112,393.	0.			PROGRAM OPERATING COSTS
PROMISE YOUTH DEVELOPMENT, INC. 15115 DURMAST COURT MINT HILL, NC 28227	81-1096615	501(C)3	55,000.	0.			RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
QUE-OS (DBA: BOOM CHARLOTTE) PO BOX 11256 CHARLOTTE, NC 28220	46-0643659	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
RACE MATTERS FOR JUVENILE JUSTICE 601 SOUTH KINGS DRIVE, SUITE F401 CHARLOTTE, NC 28204	16-1704986	501(C)3	77,500.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
RAIN, INC. 601 EAST 5TH STREET, SUITE 470 CHARLOTTE, NC 28202	56-1825247	501(C)3	65,541.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
RAO COMMUNITY HEALTH 321 W. 11TH STREET CHARLOTTE, NC 28202	82-1055298	501(C)3	15,000.	0.			PROGRAM OPERATING COSTS

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
REBUILDING TOGETHER OF GREATER CHARLOTTE - 1026 JAY STREET, SUITE B-122 - CHARLOTTE, NC 28208	27-3101212	501(C)3	13,500.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
REFUGEE SUPPORT SERVICES OF THE CAROLINAS, INC. - 8911 ALPINE CIRCLE - CHARLOTTE, NC 28270	20-5972063	501(C)3	50,867.	0.			PROGRAM OPERATING COSTS
RENAISSANCE WEST COMMUNITY INITIATIVE - 3610 NOBLES AVENUE - CHARLOTTE, NC 28208	27-1396021	501(C)3	155,000.	0.			PROGRAM OPERATING COSTS; RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
ROOF ABOVE, INC. 945 NORTH COLLEGE STREET CHARLOTTE, NC 28206	56-1837620	501(C)3	306,668.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
ROWAN COUNTY UNITED WAY, INC. 1930 JAKE ALEXANDER BOULEVARD W., S SALISBURY, NC 28147-1186	56-0642828	501(C)3	8,414.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
S.T.A.R.S. MATH & ENGLISH ACADEMY PO BOX 680044 CHARLOTTE, NC 28216	27-2534310	501(C)3	27,818.	0.			PROGRAM OPERATING COSTS
SAFE ALLIANCE, INC. 601 EAST 5TH STREET, SUITE 400 CHARLOTTE, NC 28202	56-0529967	501(C)3	374,978.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
SALVATION ARMY - CHARLOTTE, AREA COMMAND - 4015 STUART ANDREW BOULEVARD ROAD - CHARLOTTE, NC 28217	58-0660607	501(C)3	770,205.	0.			PROGRAM OPERATING COSTS; RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES;
SANDRA AND LEON LEVINE JEWISH COMMUNITY CENTER - 5007 PROVIDENCE ROAD - CHARLOTTE, NC 28226	56-1100696	501(C)3	12,000.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS ; PROGRAM OPERATING COSTS

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
SECOND HARVEST FOOD BANK OF METROLINA - 500-B SPRATT STREET - CHARLOTTE, NC 28206	56-1352593	501(C)3	21,035.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
SHARE CHARLOTTE 2820 SELWYN AVENUE, SUITE 130 CHARLOTTE, NC 28209	81-2451536	501(C)3	7,000.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
SHE BUILT THIS CITY 1026 JAY STREET - #133 CHARLOTTE, NC 28208	84-3445543	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
SMITH FAMILY FOUNDATION (SMITH FAMILY WELLNESS CENTER) - 3646 CENTRAL AVE - CHARLOTTE, NC 28205	46-2956418	501(C)3	42,500.	0.			PROGRAM OPERATING COSTS
SMITHVILLE COMMUNITY COALITION P.O. BOX 1206 CORNELIUS, NC 28031	46-1055584	501(C)3	20,000.	0.			PROGRAM OPERATING COSTS
SOCIALSERVE PO BOX 35305 CHARLOTTE, NC 28235	56-2173215	501(C)3	1,054,938.	0.			PROGRAM OPERATING COSTS; RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
SOUTHSIDE RIDES FOUNDATION 2846 FREEDOM DRIVE CHARLOTTE, NC 28208	20-2790909	501(C)3	50,000.	0.			PROGRAM OPERATING COSTS
STILETTO BOSS UNIVERSITY 10518 ENGLISH SETTER WAY CHARLOTTE, NC 28269	82-1467018	501(C)3	78,680.	0.			PROGRAM OPERATING COSTS; RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
SUPPORT HER B.O.O.T.S 2424 N. DAVIDSON STREET CHARLOTTE, NC 28205	85-0623962	501(C)3	5,000.	0.			RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES

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
SUPPORTIVE HOUSING COMMUNITIES INC. - 601 E. FIFTH STREET - CHARLOTTE, NC 28202	58-2067479	501(C)3	65,484.	0.			RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
TEEN HEALTH CONNECTION, INC 3541 RANDOLPH ROAD CHARLOTTE, NC 28211	56-1719715	501(C)3	152,110.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
THE 100 BLACK MEN OF GREATER CHARLOTTE, INC. - 740 W. 5TH STREET, SUITE 206 - CHARLOTTE, NC 28202	56-1795371	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
THE ARC OF UNION/CABARRUS, INC. 1653-C CAMPUS PARK DRIVE MONROE, NC 28112	56-1677521	501(C)3	46,475.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
THE ARTS EMPOWERMENT PROJECT 11402 JAMES JACK LANE CHARLOTTE, NC 28277	45-4837497	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
THE BULB GALLERY 6601 US HWY 601 S CONCORD, NC 28025	81-4676117	501(C)3	85,000.	0.			PROGRAM OPERATING COSTS
THE CENTER FOR COMMUNITY TRANSITIONS - 5825 OLD CONCORD ROAD - CHARLOTTE, NC 28213	51-0185383	501(C)3	142,607.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
THE FACTS INITIATIVE 229 S BREVARD STREET, SUITE 200-E CHARLOTTE, NC 28202	83-1240388	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
THE LEARNING COLLABORATIVE 3241 SAM DRENAN ROAD CHARLOTTE, NC 28205	56-1668333	501(C)3	12,640.	0.			PROGRAM OPERATING COSTS

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
THE LEE INSTITUTE - BLACK SOCIAL CAPITAL INITIATIVE - 400 HERMITAGE RD - CHARLOTTE, NC 28207	56-1987315	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
THE RELATIVES INC 119 EAST 8TH STREET CHARLOTTE, NC 28202	56-1082022	501(C)3	80,818.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
THE SALVATION ARMY OF CABARRUS COUNTY - P.O. BOX 511 - CONCORD, NC 28026	56-0543227	501(C)3	60,525.	0.			PROGRAM OPERATING COSTS
THE SANCTUARY IN THE CITY 116 WOODHALL DRIVE HUNTERSVILLE, NC 28078	82-5025260	501(C)3	7,500.	0.			RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
THE SAVE OUR CHILDREN MOVEMENT INC. - 5835 EXECUTIVE CENTER DRIVE - CHARLOTTE, NC 28212	47-1388661	501(C)3	7,940.	0.			RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
THOMPSON CHILD & FAMILY FOCUS 6800 SAINT PETER'S LANE MATHEWS, NC 28105	56-0547460	501(C)3	9,858.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
THORNHILL RITES OF PASSAGE FOUNDATION - 9511 GREYSON HEIGHTS DRIVE - CHARLOTTE, NC 28277	83-4706838	501(C)3	33,657.	0.			RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
TIME OUT YOUTH 3800 MONROE ROAD CHARLOTTE, NC 28205	56-1755564	501(C)3	51,940.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
TURNING POINT, INC. PO BOX 952 MONROE, NC 28111	58-1698701	501(C)3	95,119.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS

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
UMBA BRIGHT STARS, INC. 422 CANNINGS LANE CHARLOTTE, NC 28262	82-2789923	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
UNION COUNTY CRISIS ASSISTANCE MINISTRY, INC. - 1333 WEST ROOSEVELT BOULEVARD - MONROE, NC 28110	58-1631417	501(C)3	108,562.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
UNION-ANSON COUNTY HABITAT FOR HUMANITY, INC. - 2520 WEST ROOSEVELT BOULEVARD - MONROE, NC 28110	56-1704668	501(C)3	40,822.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
UNITED NEGRO COLLEGE FUND 119 E SEVENTH STREET CHARLOTTE, NC 28202	13-1624241	501(C)3	5,000.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF CALDWELL COUNTY 304 MAIN STREET SW, SUITE 404 & 406 LENOIR, NC 28645	56-6067038	501(C)3	5,190.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
UNITED WAY OF GASTON COUNTY INC 200 EAST FRANKLIN BOULEVARD GASTONIA, NC 28052	56-0653356	501(C)3	30,078.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
UNITED WAY OF LINCOLN COUNTY, INC. 101 EAST MAIN STREET, 2ND FLOOR LINCOLNTON, NC 28092	23-7125926	501(C)3	9,922.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
UNITED WAY OF ROANOKE VALLEY, INC. 325 CAMPBELL AVENUE SW ROANOKE, VA 24016-3631	54-0535302	501(C)3	15,008.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
UNITED WAY OF STANLY COUNTY, INC. 116 EAST NORTH STREET ALBEMARLE, NC 28001	56-0841588	501(C)3	8,325.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS

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
UNITED WAY OF YORK COUNTY, SC 226 NORTH PARK DRIVE, SUITE 100 ROCK HILL, SC 29730	57-0360058	501(C)3	24,935.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
UNITED WAY WORLDWIDE 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314-2045	13-1635294	501(C)3	13,965.	0.			DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
URBAN INSTITUTE FOR STRENGTHENING FAMILIES - 8410 PIT STOP COURT NW, SUITE 127 - CONCORD, NC 28027	81-4025067	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
URBAN LEAGUE OF CENTRAL CAROLINAS, INC. - 740 WEST 5TH STREET - CHARLOTTE, NC 28202	56-1218704	501(C)3	197,944.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS; URBAN
VETERANS BRIDGE HOME, INC 2200 EAST 7TH STREET CHARLOTTE, NC 28204-3224	45-2350728	501(C)3	62,465.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
WEST BOULEVARD NEIGHBORHOOD COALITION - 4032 BROADVIEW DRIVE - CHARLOTTE, NC 28217	30-0401238	501(C)3	60,000.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
WEST SIDE COMMUNITY LAND TRUST PO BOX 668023 CHARLOTTE, NC 28266	82-1143067	501(C)3	50,000.	0.			PROGRAM OPERATING COSTS
WILSON OASIS 5121 ALLEN RD E CHARLOTTE, NC 28269	84-1927626	501(C)3	32,500.	0.			PROGRAM OPERATING COSTS
YMCA OF GREATER CHARLOTTE 400 EAST MOREHEAD STREET CHARLOTTE, NC 28202	56-1045299	501(C)3	107,144.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS

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
YOUNG BLACK LEADERSHIP ALLIANCE 4112 OLD PINEVILLE ROAD CHARLOTTE, NC 28217	26-2984776	501(C)3	87,835.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
YOUTH DEVELOPMENT INITIATIVES INC. PO BOX 480480 CHARLOTTE, NC 28269	14-1954707	501(C)3	50,100.	0.			PROGRAM OPERATING COSTS
YWCA CENTRAL CAROLINAS 3420 PARK ROAD CHARLOTTE, NC 28209	56-0532139	501(C)3	362,206.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS
CENTER 360 PO BOX 31653 CHARLOTTE, NC 28231	47-8321560	501(C)3	50,000.	0.			RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
DO GREATER FOUNDATION, INC. 14101 MISTY BROOK LANE CHARLOTTE, NC 28273	82-3722201	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
HEALING VINE HARBOR INC. 10354 ROUNDHOUSE CIR CHARLOTTE, NC 28227	46-2512680	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
MONEY MAGNETS CLUB 2724 WINGDALE DRIVE CHARLOTTE, NC 28213	00-0000000	501(C)3	12,500.	0.			PROGRAM OPERATING COSTS
NATIONAL COALITION OF 100 BLACK WOMEN - QUEEN CITY METROPOLITAN CHAPTER - PO BOX 32364 - CHARLOTTE, NC 28232	26-2472749	501(C)3	14,250.	0.			PROGRAM OPERATING COSTS
LEGAL AID OF NORTH CAROLINA, INC. 1431 ELIZABETH AVENUE CHARLOTTE, NC 28204	31-1784161	501(C)3	60,525.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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:

AGENCIES RECEIVING DISCRETIONARY FUNDING FROM UWGC UNDERGO INTENSIVE

PRE-SCREENING BEFORE BEING AWARDED FUNDING. SUCH SCREENING INCLUDES: 1) AN

APPLICATION PROCESS THAT FOCUSES ON PROGRAMMATIC OUTCOMES; 2) FINANCIAL

REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE

ORGANIZATION FOLLOWS SOUND FISCAL POLICIES; 3) VERIFICATION OF COMPLIANCE

WITH THE PROVISIONS OF THE PATRIOT ACT; AND 4) VERIFICATION OF CURRENT

STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION.

Part IV Supplemental Information

THE AGENCY IS ALSO REQUIRED TO PROVIDE UWGC WITH A FINAL REPORT AT THE END OF THE ALLOCATION PERIOD THAT VERIFIES THAT ALL FUNDING HAS BEEN USED FOR THE PURPOSES INTENDED AND ACTUAL RESULTS COMPARED TO THE PROPOSED RESULTS IN THE ORIGINAL APPLICATION.

ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UWGC WILL UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDS. SUCH SCREENING INCLUDES:

- 1) A CERTIFICATION THAT ALL UWGC FUNDS AND DONATIONS WILL BE USED IN COMPLIANCE WITH ALL APPLICABLE ANTI-TERRORIST FINANCING AND ASSET CONTROL LAWS, STATUTES, AND EXECUTIVE ORDERS; 2) VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION; AND 3) VERIFICATION THAT THE ORGANIZATION IS NOT ON A TERRORIST WATCH LIST. IN ADDITION, WE UTILIZE VERIFICATIONS FROM GUIDESTAR CHARITY CHECK TO VERIFY THAT AGENCIES RECEIVING CONTRIBUTIONS ARE 100% COMPLIANT WITH IRS REQUIREMENTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

CABARRUS VICTIMS ASSISTANCE NETWORK (CVAN)

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM OPERATING COSTS; DONOR

DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS ; DONOR DESIGNATED 3RD

PARTY FOR PROGRAM OPERATING COSTS

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY LINK PROGRAMS OF TRAVELERS AID SOCIETY OF CENTRAL CAROLINAS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM OPERATING COSTS; RESTRICTED

PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES; DONOR DESIGNATED 3RD

PARTY FOR PROGRAM OPERATING COSTS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY SHELTER OF UNION COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED 3RD PARTY FOR

PROGRAM OPERATING COSTS ; PROGRAM OPERATING COSTS; PROGRAM OPERATING

COSTS

NAME OF ORGANIZATION OR GOVERNMENT:

SALVATION ARMY - CHARLOTTE, AREA COMMAND

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM OPERATING COSTS; RESTRICTED

PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES; DONOR DESIGNATED 3RD

PARTY FOR PROGRAM OPERATING COSTS

NAME OF ORGANIZATION OR GOVERNMENT:

URBAN LEAGUE OF CENTRAL CAROLINAS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM OPERATING COSTS; DONOR

DESIGNATED 3RD PARTY FOR PROGRAM OPERATING COSTS ; URBAN LEAGUE OF

CENTRAL CAROLINAS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: UNITED WAY OF GREATER CHARLOTTE, INC.
 Employer identification number: 56-0529948

Part I Questions Regarding Compensation

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

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

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

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

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

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input 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? **4a**

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

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

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

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

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

a The organization? **5a**

b Any related organization? **5b**

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

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

a The organization? **6a**

b Any related organization? **6b**

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

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

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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) LAURA YATES CLARK PRESIDENT AND CEO	(i)	258,523.	0.	0.	12,926.	12,561.	284,010.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CLINT HILL CHIEF DEVELOPMENT OFFICER	(i)	152,585.	0.	0.	7,629.	11,898.	172,112.	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)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

THE EXECUTIVE COMMITTEE ACTS AS A "COMPENSATION COMMITTEE" IN THE CONTEXT
OF ESTABLISHING COMPENSATION FOR THE CEO/EXECUTIVE DIRECTOR.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNITED WAY OF GREATER CHARLOTTE, INC.** Employer identification number **56-0529948**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (ADVERTISING)	X	1	78,000.	
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER CHARLOTTE, INC.

Employer identification number

56-0529948

FORM 990, PAGE 1, PART I, LINE 1

WITH MORE THAN 64 YEARS OF EXPERIENCE, UWGC IS A STRATEGIC COMMUNITY

LEADER, CONVENER AND ADVOCATE WITH IN-DEPTH KNOWLEDGE OF THE

COMMUNITIES WE SERVE, THE CHALLENGES THAT AFFECT THEM AND THE

ORGANIZATIONS HAVING THE MOST IMPACT. UWGCC FOCUSES ON SUPPORTING A

BROAD RANGE OF LOCAL HEALTH AND HUMAN SERVICE PROGRAMS TO HELP DRIVE

ECONOMIC MOBILITY WITH A FOCUS ON EDUCATION, HEALTH FINANCIAL STABILITY

AND BASIC NEEDS. UWGC ALLOCATES FUNDING TO 100 HEALTH AND HUMAN SERVICE

ORGANIZATIONS IN ANSON, CABARRUS, MECKLENBURG AND UNION COUNTIES AND

THE MOORESVILLE/LAKE NORMAN AREA OF IREDELL COUNTY (THE FIVE-COUNTY

REGION).

FORM 990, PART III, LINE 1

UWGC INVESTS ANNUALLY INTO THE COMMUNITY TO FURTHER THE ORGANIZATION'S

COMMUNITY IMPACT STRATEGY, WHICH FOCUSES ON IMPROVING EDUCATION, HEALTH

AND FINANCIAL STABILITY TO BOOST ECONOMIC MOBILITY ACROSS THE REGION

WHILE ALSO HELPING PROVIDE A SAFETY NET FOR PEOPLE AND FAMILIES IN

NEED.

WE ACCOMPLISH WHAT NO SINGLE AGENCY CAN DO ALONE. OUR NIMBLE APPROACH

ALLOWS US TO RESPOND TO THE EVOLVING NEEDS OF THE COMMUNITY BOTH

YEAR-ROUND AND DURING CRISIS SITUATIONS. IN SUPPORTING OUR NON-PROFIT

PARTNERS, UWGC IS ADVANCING THEIR MISSION BY PROVIDING:

LEADERSHIP: WITH OVER 64 YEARS' EXPERIENCE, WE ARE EXPERTS IN THE

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

Schedule O (Form 990) 2021

Name of the organization UNITED WAY OF GREATER CHARLOTTE, INC.	Employer identification number 56-0529948
---	--

CAUSES WE FIGHT FOR. WE RESPOND AND SOLVE COMPLEX PROBLEMS, LEAD

CONVERSATIONS ON SOCIAL ISSUES AND LEVERAGE COMMUNITY VOICES TO WORK

TOGETHER IN CREATING CHANGE.

EFFICIENCY: BY POOLING RESOURCES, WE FUND LOCAL NON-PROFITS AND EMPOWER

THEM TO FOCUS ON FULFILLING THEIR MISSION OF PROVIDING SERVICES

DIRECTLY AND QUICKLY TO THE PEOPLE WHO NEED THEM MOST. UNRESTRICTED

OPERATING GRANTS ALLOW FOR FLEXIBILITY IN USING FUNDS WHEREVER THE

GREATEST NEED EXISTS.

ACCOUNTABILITY: WE VET OUR PARTNER AGENCIES THROUGH AN EXTENSIVE

COMMUNITY-BASED EVALUATION PROCESS, REQUIRING THEM TO TRACK OUTCOMES

EVERY YEAR SO OUR DONORS KNOW THAT THEIR GIFTS WILL BE USED WISELY AND

EFFICIENTLY.

FORM 990, PART III, LINE 4A

THE COMMUNITY INVESTMENT PROCESS INCLUDES THREE INITIATIVES:

1) UNITED NEIGHBORHOODS IS CHANGING THE ODDS IN DISINVESTED COMMUNITIES

BY SUPPORTING RESIDENT-DRIVEN NEIGHBORHOOD REVITALIZATION EFFORTS THAT

IMPROVE ECONOMIC MOBILITY SO THAT A PERSON'S ZIP CODE NO LONGER

DETERMINES THEIR FUTURE SUCCESS IN THE CHARLOTTE REGION. UWGC LAUNCHED

UNITED NEIGHBORHOODS IN SEPTEMBER 2017 WITH AN INVESTMENT OVER THREE

YEARS INTO THE GRIER HEIGHTS AND RENAISSANCE WEST NEIGHBORHOODS IN

CHARLOTTE. WE EXPANDED TO THE LAKEVIEW NEIGHBORHOOD IN FY22.

Name of the organization UNITED WAY OF GREATER CHARLOTTE, INC.	Employer identification number 56-0529948
---	--

UNITED NEIGHBORHOODS FOCUSES ON PARTNERSHIPS WITH RESIDENTS, COMMUNITY LEADERS, BUSINESSES AND NON-PROFITS, BACKED BY MULTI-YEAR FUNDING AND STAFF RESOURCES FROM UWGC. FROM 2018 TO 2021, NEARLY TWO DOZEN COMMUNITY PARTNERS PROVIDED SUPPORT THROUGH THE UNITED NEIGHBORHOODS PROGRAM. IN FY22, 20 NEIGHBORHOOD RESIDENTS PARTICIPATED IN THE GRANT REVIEW PROCESS, SELECTING THE ORGANIZATIONS THAT WOULD RECEIVE FUNDING TO PROVIDE SERVICES WITHIN THEIR COMMUNITIES. THE PROGRAM ASSISTS THE COMMUNITIES WITH HELPING FAMILIES BECOME FINANCIALLY STABLE, FIND AFFORDABLE HOUSING AND PREPARE CHILDREN TO ENTER SCHOOL READY TO READ AND LEARN.

UNITED NEIGHBORHOODS ALSO SUPPORTS NEIGHBORHOODS THAT ARE IN THE EARLY STAGES OF COMPREHENSIVE REVITALIZATION WITH "BLOCK BUILDING GRANTS." THESE GRANTS ARE FOCUSED ON BUILDING THE CAPACITY OF "COMMUNITY QUARTERBACK" ORGANIZATIONS, FUNDING COMMUNITY ENGAGEMENT ACTIVITIES AND COMPLETING RESIDENT-DRIVEN NEIGHBORHOOD PLANNING TO IDENTIFY NEEDS AND SOLUTIONS.

2) UNITE CHARLOTTE SUPPORTS NEW AND GRASSROOTS ORGANIZATIONS THROUGH GRANTS AND CAPACITY-BUILDING ACTIVITIES FOCUSED ON IMPROVING RACIAL EQUITY AND ADVANCING ECONOMIC MOBILITY. THROUGH THIS INITIATIVE, UWGC SUPPORTS DOZENS OF SMALL AND GRASSROOTS ORGANIZATIONS, THE MAJORITY FOUNDED AND LED BY PEOPLE OF COLOR.

UNITE CHARLOTTE WAS FOUNDED AS A COLLABORATIVE EFFORT WITH OTHER LOCAL FUNDERS AND COMMUNITY LEADERS TO ADDRESS ISSUES THAT LED TO THE UNREST IN CHARLOTTE IN THE FALL OF 2016. THROUGH THIS INITIATIVE, DOZENS OF SMALL ORGANIZATIONS, WORKING OUTSIDE THE SPOTLIGHT TO SUPPORT AND

Name of the organization UNITED WAY OF GREATER CHARLOTTE, INC.	Employer identification number 56-0529948
---	--

EMPOWER DISINVESTED COMMUNITIES, HAVE RECEIVED GRANTS RANGING FROM \$5,000 TO \$60,000 AS WELL AS CAPACITY-BUILDING TRAINING.

UWGC FUNDING, TECHNICAL ASSISTANCE AND GUIDANCE HELP STABILIZE AND GROW NON-PROFITS, PREPARING THEM TO SECURE ADDITIONAL PUBLIC AND PRIVATE FUNDING. WE ALSO WORK TO STRENGTHEN THE LEADERSHIP CAPABILITIES WITHIN UNITE CHARLOTTE ORGANIZATIONS IN ORDER TO GROW A MORE DIVERSE AND INCLUSIVE PIPELINE OF LEADERS FOR CHARLOTTE'S NON-PROFIT SECTOR.

IN FY22, 50 DEDICATED VOLUNTEERS PARTICIPATED IN THE GRANT REVIEW PROCESS, EVALUATING AGENCY APPLICATIONS TO IDENTIFY THOSE ORGANIZATIONS THAT CAN GENERATE THE GREATEST IMPACT.

3) IMPACT GRANTS SUPPORT AGENCIES ACROSS OUR FOUR-COUNTY REGION THAT WORK COLLABORATIVELY TO PROVIDE COMPREHENSIVE AND COORDINATED SERVICES THAT WILL IMPROVE ECONOMIC MOBILITY AND ACHIEVE RESULTS GREATER THAN ANY SINGLE ORGANIZATION. IN FY22, UNITED WAY INFORMED IMPACT GRANT RECIPIENTS THAT THIS FUNDING STREAM WOULD SUNSET AT THE CLOSE OF THE 2022 CALENDAR YEAR, ALLOWING EACH REGION TO IDENTIFY A MORE FOCUSED, TAILORED IMPACT STRATEGY IN FUTURE YEARS.

UWGC'S IMPACT STRATEGY ADVANCES RECOMMENDATIONS FROM THE CHARLOTTE-MECKLENBURG OPPORTUNITY TASK FORCE REPORT. UWGC FOCUSES ON IMPROVING ECONOMIC MOBILITY THROUGH EDUCATION, HEALTH AND FINANCIAL STABILITY WHILE SIMULTANEOUSLY FOCUSING ON BUILDING STRONGER NEIGHBORHOODS, INCREASING RACIAL EQUITY AND IMPROVING THE SYSTEMS THAT SERVE CHILDREN AND FAMILIES.

Name of the organization UNITED WAY OF GREATER CHARLOTTE, INC.	Employer identification number 56-0529948
---	--

RESULTS FROM AGENCY PROGRAMS FUNDED BY UWGC:

85% OF CHILDREN IN UWGC PARTNER PROGRAMS RECEIVED QUALITY EARLY EDUCATION.

88% OF INDIVIDUALS IN UWGC PARTNER PROGRAMS ACCESSED PRIMARY & SPECIALTY CARE.

83% OF FAMILIES AND INDIVIDUALS IN UWGC PARTNER PROGRAMS BUILT SAVINGS AND ASSETS.

97% OF INDIVIDUALS WHO HAVE EXPERIENCED ABUSE, NEGLECT OR SEXUAL ASSAULT REGAIN THEIR PHYSICAL AND / OR EMOTIONAL SAFETY.

UWGC'S BOARD APPROVES GRANT AWARDS ANNUALLY. GRANT FUNDING CYCLES GENERALLY BEGIN ON JANUARY 1 AND CONCLUDE ON DECEMBER 31. WE MAXIMIZE THE FUNDS PROVIDED BY DONORS BY DIRECTING THEM TOWARD CRITICAL PROGRAMS THAT FIGHT FOR THE EDUCATION, HEALTH AND FINANCIAL STABILITY OF EVERY PERSON ACROSS OUR FIVE-COUNTY REGION.

FORM 990, PART III, LINE 4B

ADDRESSING HOMELESSNESS: DURING FY22 UWGC BEGAN ADMINISTERING VARIOUS GOVERNMENT PROGRAMS THAT WERE ESTABLISHED LARGELY IN RESPONSE TO THE COVID-19 PANDEMIC. THESE PROGRAMS WERE FOCUSED ON SUPPORTING NON-PROFIT ORGANIZATIONS IN COMMUNITIES WE SERVE AS WELL AS VARIOUS PROGRAMS THAT ARE AIMED AT MOVING THOSE EXPERIENCING OR AT RISK OF HOMELESSNESS INTO HOUSING. UWGC RECEIVES LITTLE OR NO COMPENSATION FOR PROVIDING SERVICES UNDER THESE ARRANGEMENTS.

Name of the organization UNITED WAY OF GREATER CHARLOTTE, INC.	Employer identification number 56-0529948
---	--

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

CRITICAL NEEDS: UWGC UNDERSTAND THAT MANY PEOPLE ACROSS THE FOUR-COUNTY REGION ARE LIVING IN A CRISIS SITUATION EVERY DAY. UWGC IS COMMITTED TO CHANGING THAT BY PROVIDING FLEXIBLE FUNDING TO MORE THAN 100 NON-PROFITS WORKING YEAR-ROUND TO MEET THE NEEDS OF OUR MOST VULNERABLE RESIDENTS.

2-1-1: NC 2-1-1 IS A SERVICE PROVIDED BY THE UNITED WAY OF NORTH CAROLINA AND IS NORTH CAROLINA'S RESOURCE FOR FREE INFORMATION AND REFERRAL SERVICES REGARDING HEALTH AND HUMAN SERVICES AND RESOURCES. NC 2-1-1 HAS A DATABASE OF OVER 19,000 RESOURCES, INCLUDING FOOD PANTRIES, HOMELESS SHELTERS, UTILITY AND RENTAL ASSISTANCE, HEALTH CLINICS, PRESCRIPTION DRUG ASSISTANCE, COUNSELING AND SUBSTANCE ABUSE SERVICES, CHILD CARE RESOURCES, SENIOR RESOURCES, RESOURCES FOR PERSONS WITH DISABILITIES AND MUCH MORE.

VOLUNTEERISM: UWGC'S VOLUNTEER ENGAGEMENT EFFORTS ALIGN WITH THE OVERALL STRATEGIC DIRECTION OF THE ORGANIZATION BY FOCUSING ON GENERATING REAL IMPACT FOR OUR PARTNER NONPROFIT AGENCIES AND RAISING REVENUE TO FURTHER OUR MISSION. SKILL-BASED VOLUNTEERING AND FEE-FOR-SERVICE MANAGED PROJECTS ARE THE PRIMARY AREAS OF EMPHASIS. THROUGH OUR WEBSITE WE OFFER REFERRALS FOR INDIVIDUALS, GROUPS OR COMPANIES LOOKING FOR VOLUNTEER OPPORTUNITIES AND ENCOURAGE THEM TO MAKE ARRANGEMENTS DIRECTLY WITH THOSE AGENCIES LISTED. UWGC ALSO ENGAGES VOLUNTEERS THROUGH BOARD/COMMITTEE AND COMMUNITY INVESTMENT VOLUNTEER OPPORTUNITIES.

EXPENSES \$ 942,588. INCLUDING GRANTS OF \$ 0. REVENUE \$ 59,551.

Schedule O (Form 990) 2021

Page 2

Name of the organization UNITED WAY OF GREATER CHARLOTTE, INC.	Employer identification number 56-0529948
---	--

FORM 990, PART VI, SECTION A, LINE 7B:

ORGANIZATION UTILIZES FINANCE AND INVESTMENT COMMITTEES.

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

THE DRAFT FORM 990 IS PROVIDED TO THE FINANCE & AUDIT COMMITTEE SEVERAL DAYS IN ADVANCE OF THE MEETING AT WHICH IT IS REVIEWED BY THE PREPARER. UPON APPROVAL IT IS SENT TO THE BOARD OF DIRECTORS AT LEAST SEVERAL DAYS IN ADVANCE OF THE MEETING AT WHICH IT IS REVIEWED BY THE PREPARER.

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

THE ORGANIZATION REQUIRES ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES TO ANNUALLY DISCLOSE ANY CONFLICT OF INTEREST AND SIGN A CONFLICT OF INTEREST STATEMENT. THIS IS DONE AT THE FIRST BOARD MEETING OF THE YEAR. THE EXECUTIVE ASSISTANT TO THE PRESIDENT AND CEO ENSURES THAT EACH BOARD MEMBER SUBMITS THE FORM AND REPORTS CONFLICTS OF INTEREST. IN THE EVENT OF A CONFLICT DURING THE YEAR, THAT BOARD MEMBER WILL RECUSE THEMSELVES FROM ANY APPLICABLE DISCUSSION OR VOTE.

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

THE EXECUTIVE COMMITTEE ACTS AS A "COMPENSATION COMMITTEE" IN THE CONTEXT OF ESTABLISHING COMPENSATION FOR THE CEO/EXECUTIVE DIRECTOR. MANAGEMENT COMPENSATION (EXCLUDING THE PRESIDENT AND CEO) IS ESTABLISHED BY THE PRESIDENT AND CEO AND REVIEWED WITH THE EXECUTIVE COMMITTEE OF THE BOARD. DATA FROM THE NATIONAL AND REGIONAL SALARY SURVEYS OF BOTH NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE IS REFERENCED IN COMPENSATION DECISIONS.

Name of the organization UNITED WAY OF GREATER CHARLOTTE, INC.	Employer identification number 56-0529948
---	--

FORM 990, PART VI, SECTION C, LINE 18:

IN ADDITION TO POSTING THE FORM 990 ON ITS WEBSITE, THE ORGANIZATION MAKES ITS FEDERAL TAX RETURNS AVAILABLE FOR INSPECTION UPON REQUEST.

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

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE CONFLICT OF INTEREST POLICY AND BYLAWS ARE AVAILABLE UPON REQUEST.

FORM 990, PAGE 12, PART XII, LINE 2C

OVERSIGHT AND SELECTION PROCESS IS UNCHANGED FROM PRIOR YEAR.