

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  UNITED WAY OF GREATER CHARLOTTE, INC.	Taxpayer identification number (TIN)  56-0529948
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 601 E. FIFTH ST., 350	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHARLOTTE, NC 28202	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

ASCEND NONPROFIT SOLUTIONS

• The books are in the care of ▶ 601 E 5TH STREET, SUITE 450 - CHARLOTTE, NC 28202

Telephone No. ▶ 704-943-9400

Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until MAY 15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning JUL 1, 2022, and ending JUN 30, 2023.

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

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

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

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2022

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNITED WAY OF GREATER CHARLOTTE, INC.		<b>D</b> Employer identification number 56-0529948
	Doing business as		<b>E</b> Telephone number 704-372-7170
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	601 E. FIFTH ST. 350		<b>G</b> Gross receipts \$ 21,301,840.
	City or town, state or province, country, and ZIP or foreign postal code CHARLOTTE, NC 28202		
<b>F</b> Name and address of principal officer: LAURA YATES CLARK SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

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

**J** Website: WWW.UNITEDWAYGREATERCLT.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1958 **M** State of legal domicile: NC

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	27
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	27
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	30
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	2029
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	22,944,285.	20,245,701.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	59,551.	76,226.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	632,369.	555,834.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	614,934.	2,303.
		24,251,139.	20,880,064.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,652,010.	13,838,753.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,127,631.	3,665,647.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	1,807,942.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,066,747.	3,291,613.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,846,388.	20,796,013.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,404,751.	84,051.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	28,665,296.	30,441,279.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	6,892,042.	7,814,121.
	21,773,254.	22,627,158.	

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	LAURA YATES CLARK, PRESIDENT AND CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JOHN NORMAN	JOHN NORMAN	02/16/24		P01506766
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	CLIFTONLARSONALLEN LLP	41-0746749		704-998-5200	
	Firm's address				
	227 WEST TRADE STREET, SUITE 800 CHARLOTTE, NC 28202				

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: UNITED WAY USES COLLECTIVE GIVING TO ADVANCE ECONOMIC MOBILITY AND RACIAL EQUITY, PRIMARILY THROUGH NEIGHBORHOOD-BASED, GRASSROOTS AND RESPONSIVE SOLUTIONS. 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 \$ 7,857,234. including grants of \$ 6,517,986. ) (Revenue \$ ) GOVERNMENT GRANTS: UNITED WAY PARTNERS WITH THE CITY OF CHARLOTTE AND THE STATE OF NORTH CAROLINA TO DISTRIBUTE FUNDS TO ORGANIZATIONS AND COALITIONS THAT, TOGETHER, WORK TO END HOMELESSNESS. ADDRESSING HOMELESSNESS: DURING FY21 UNITED WAY 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. UNITED WAY RECEIVES LITTLE OR NO COMPENSATION FOR PROVIDING SERVICES UNDER THESE ARRANGEMENTS.

4b (Code: ) (Expenses \$ 7,338,049. including grants of \$ 6,090,736. ) (Revenue \$ ) COMMUNITY INVESTMENT: THE COMMUNITY INVESTMENT PROCESS FOCUSES 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 INVESTS IN MORE THAN 100 LOCAL NONPROFIT AGENCIES AND INITIATIVES THROUGH THE FUNDING PROVIDED BY GENEROUS CORPORATE AND PRIVATE FOUNDATIONS, THE PUBLIC SECTOR, AND INDIVIDUAL DONORS. (CONTINUED ON SCHEDULE O) UNITED WAY TAILORS ITS COMMUNITY INVESTMENT PROCESS TO THE ASSETS, STRENGTHS AND NEEDS OF EACH COUNTY IN OUR FOUR-COUNTY FOOTPRINT. IN MECKLENBURG COUNTY, UNITED WAY FUNDS TWO INITIATIVES:

1) UNITED NEIGHBORHOODS IS CHANGING THE ODDS IN DISINVESTED COMMUNITIES

4c (Code: ) (Expenses \$ 1,230,031. including grants of \$ 1,230,031. ) (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 \$ 1,162,148. including grants of \$ ) (Revenue \$ 76,226.)

4e Total program service expenses 17,587,462.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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, business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	1a 27		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 27		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</b>	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	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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
<b>b</b>	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  
ASCEND NONPROFIT SOLUTIONS - 704-943-9400  
601 E 5TH STREET, SUITE 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA YATES CLARK PRESIDENT/CEO	50.00			X			344,750.	0.	28,723.	
(2) CLINT HILL CHIEF DEVELOPMENT OFFICER	40.00			X			169,820.	0.	17,759.	
(3) KATHRYN FIRMINSELLERS CHIEF IMPACT OFFICER	40.00			X			169,500.	0.	9,119.	
(4) KENDRA GREEN AVP OF DONOR OPERATIONS	40.00					X	113,798.	0.	5,997.	
(5) JAMESE IVY DIRECTOR NEIGHBORHOOD INITIATIVES	40.00					X	110,950.	0.	5,559.	
(6) AVALEEN CRAWFORD WILLIAMS FINANCE VICE CHAIR	3.00	X		X			0.	0.	0.	
(7) BEAU FISHER BOARD DIRECTOR	1.00	X					0.	0.	0.	
(8) BILL CURRENS BOARD VICE 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 CHAIR	3.00	X		X			0.	0.	0.	
(11) DENA R. DIORIO BOARD DIRECTOR	1.00	X					0.	0.	0.	
(12) DENNIS WILLIAMS BOARD DIRECTOR	1.00	X					0.	0.	0.	
(13) HANK ALSTON CABARRUS COUNTY CHAIR	3.00	X		X			0.	0.	0.	
(14) HEATHER TAMOL BOARD DIRECTOR	1.00	X					0.	0.	0.	
(15) HENDRICK ELLIS CAMPAIGN VICE CHAIR	3.00	X		X			0.	0.	0.	
(16) JOHN FAGG BOARD DIRECTOR	1.00	X					0.	0.	0.	
(17) KEITH GIDDENS BOARD 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) JOE WALL FINANCE CHAIR	3.00	X		X				0.	0.	0.
(19) LULA JACKSON ANSON COUNTY CHAIR	3.00	X		X				0.	0.	0.
(20) MARCEL SOLOMON VOLUNTEER ADVISORY REP	1.00	X						0.	0.	0.
(21) MICHELE JULIANA BOARD DIRECTOR	1.00	X						0.	0.	0.
(22) MITCH GIBSON BOARD DIRECTOR	1.00	X						0.	0.	0.
(23) MYRA FOSTER BOARD DIRECTOR	1.00	X						0.	0.	0.
(24) PAMELA WIDEMAN BOARD DIRECTOR	1.00	X						0.	0.	0.
(25) RAJ NATARAJAN BOARD CHAIR	3.00	X		X				0.	0.	0.
(26) RHETT BROWN UNION COUNTY CHAIR	3.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								908,818.	0.	67,157.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								908,818.	0.	67,157.

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 5

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
ASCEND NONPROFIT SOLUTIONS 601 E. 5TH ST, STE 450, CHARLOTTE, NC 28202	FINANCE AND HR SERVICES	298,887.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RON MESSENGER SECOND VICE CHAIR	3.00	X		X				0.	0.	0.
(28) SHAWN HEATH BOARD DIRECTOR	1.00	X						0.	0.	0.
(29) SIL GANZO PARTNER AGENCY REP	1.00	X						0.	0.	0.
(30) TODD PEARCE BOARD DIRECTOR	1.00	X						0.	0.	0.
(31) WILL ALSTON COMMUNITY IMPACT VICE CHAIR	3.00	X		X				0.	0.	0.
(32) WILL PITTS BOARD DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	58,851.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	7,682,320.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	12,504,530.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			20,245,701.			
<b>Program Service Revenue</b>	<b>2 a</b> NET ADMINISTRATIVE FEE	<b>Business Code</b>					
		900099	32,617.	32,617.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....	900099	43,609.	43,609.			
<b>g Total.</b> Add lines 2a-2f .....			76,226.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		606,118.			606,118.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	2,303.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	2,303.				
	<b>d</b> Net rental income or (loss) .....			2,303.		2,303.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	371,492.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	421,776.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-50,284.				
	<b>d</b> Net gain or (loss) .....			-50,284.		-50,284.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			20,880,064.	76,226.	0.	558,137.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	13,838,753.	13,838,753.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	684,070.	342,035.	342,035.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,272,532.	1,161,342.	146,345.	964,845.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	106,778.	55,014.	18,102.	33,662.
<b>9</b> Other employee benefits .....	365,246.	188,181.	61,922.	115,143.
<b>10</b> Payroll taxes .....	237,021.	129,481.	32,701.	74,839.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	71,104.		71,104.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,624,839.	1,030,068.	486,481.	108,290.
<b>12</b> Advertising and promotion .....	115,464.	63,331.	24,705.	27,428.
<b>13</b> Office expenses .....	83,495.	45,796.	17,865.	19,834.
<b>14</b> Information technology .....	137,825.	75,596.	29,490.	32,739.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	434,697.	231,142.	78,407.	125,148.
<b>17</b> Travel .....	33,928.	24,719.	2,769.	6,440.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	26,651.	18,794.	211.	7,646.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	123,708.	65,779.	22,314.	35,615.
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> UNITED WAY DUES	295,928.	183,581.	43,599.	68,748.
<b>b</b> EVENTS	181,256.	8,504.	3,537.	169,215.
<b>c</b> VOLUNTEER EXPENSES	111,573.	105,600.	967.	5,006.
<b>d</b> MISCELLANEOUS	51,145.	19,746.	18,055.	13,344.
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	20,796,013.	17,587,462.	1,400,609.	1,807,942.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	7,580,382.	<b>1</b>	5,982,796.
	<b>2</b> Savings and temporary cash investments .....	84.	<b>2</b>	20,010.
	<b>3</b> Pledges and grants receivable, net .....	8,264,733.	<b>3</b>	8,207,638.
	<b>4</b> Accounts receivable, net .....	95,399.	<b>4</b>	9,391.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	77,444.	<b>9</b>	26,979.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,427,464.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 844,242.	707,481.	<b>10c</b> 583,222.
	<b>11</b> Investments - publicly traded securities .....	9,418,902.	<b>11</b>	10,239,472.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,446,178.	<b>12</b>	2,618,225.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	74,693.	<b>15</b>	2,753,546.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	28,665,296.	<b>16</b>	30,441,279.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,351,739.	<b>17</b>	702,872.
	<b>18</b> Grants payable .....	4,526,478.	<b>18</b>	3,889,170.
	<b>19</b> Deferred revenue .....	329,190.	<b>19</b>	100,386.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	684,635.	<b>25</b>	3,121,693.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,892,042.	<b>26</b>	7,814,121.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	18,372,656.	<b>27</b>	18,905,349.
	<b>28</b> Net assets with donor restrictions .....	3,400,598.	<b>28</b>	3,721,809.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	21,773,254.	<b>32</b>	22,627,158.
<b>33</b> Total liabilities and net assets/fund balances .....	28,665,296.	<b>33</b>	30,441,279.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	20,880,064.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	20,796,013.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	84,051.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	21,773,254.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	549,362.
<b>6</b>	Donated services and use of facilities	<b>6</b>	220,491.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	22,627,158.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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>b</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	
<b>c</b>	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	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
<b>b</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 (2022)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

<b>Name of the organization</b> UNITED WAY OF GREATER CHARLOTTE, INC.	<b>Employer identification number</b> 56-0529948
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	25,926,150.	36,442,612.	21,158,396.	22,873,632.	20,245,701.	126,646,491.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	25,926,150.	36,442,612.	21,158,396.	22,873,632.	20,245,701.	126,646,491.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						126,646,491.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	25,926,150.	36,442,612.	21,158,396.	22,873,632.	20,245,701.	126,646,491.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	645,586.	466,314.	820,754.	150,499.	608,421.	2,691,574.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			675,000.	614,088.		1,289,088.
<b>11 Total support.</b> Add lines 7 through 10						130,627,153.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,840,254.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	96.95 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	97.20 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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; 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.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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.

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 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 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 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

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

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

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

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

Schedule A (Form 990) 2022

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

EXTINGUISHMENT OF DEBT

2020 AMOUNT: \$ 675,000.

2021 AMOUNT: \$ 614,088.

2022 AMOUNT: \$ 0.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

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
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<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.)
3	<hr/> <hr/> <hr/>	\$ 620,310.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  UNITED WAY OF GREATER CHARLOTTE, INC.	Employer identification number  56-0529948
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization  UNITED WAY OF GREATER CHARLOTTE, INC.	Employer identification number  56-0529948
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization UNITED 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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included in Form 990.

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,446,178.	2,871,127.	2,128,723.	2,100,793.	1,996,545.
b Contributions		5,206.	254,287.	3,490.	1,375.
c Net investment earnings, gains, and losses	222,047.	-410,538.	514,706.	48,581.	125,982.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	50,000.	19,617.	26,589.	24,141.	23,109.
g End of year balance	2,618,225.	2,446,178.	2,871,127.	2,128,723.	2,100,793.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 51.4200 %
  - b Permanent endowment 48.5800 %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| (i) Unrelated organizations   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
- 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.	275,520.	520,985.
d Equipment		630,959.	568,722.	62,237.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				583,222.

**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	2,618,225.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,618,225.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	114,006.
(2) RIGHT OF USE ASSET - OPERATING	2,639,540.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,753,546.

**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	207,000.
(3) CAMPAIGNS PROCESSED FOR OTHERS	140,707.
(4) DEFERRED LEASE INCENTIVE	134,446.
(5) RIGHT OF USE LEASE LIABILITY - OPERATING	2,639,540.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,121,693.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	20,419,886.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	549,362.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	220,491.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-1,230,031.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-460,178.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	20,880,064.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	20,880,064.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	19,565,982.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	19,565,982.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,230,031.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	1,230,031.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	20,796,013.

**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, 2023 AND 2022.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS -1,230,031.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 1,230,031.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2022**

**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
A BRIGHTER DAY- BND MINSITRIES POST OFFICE BOX 6811530 CHARLOTTE, NC 28216	45-2814630	501(C)3	12,500.	0.			PROGRAM OPERATING COST
A GIVING HEART PROJECT, INC. 10926 QUALITY DR. POBOX 390480 CHARLOTTE, NC 28278	82-4277215	501(C)3	12,500.	0.			PROGRAM OPERATING COST
A SIGN OF THE TIMES OF THE CAROLINAS - 6228 EAGLE PEAK DRIVE - CHARLOTTE, NC 28203	27-4766220	501(C)3	10,500.	0.			PROGRAM OPERATING COST
ACADEMIC LEARNING CENTER, INC. 2353 CONCORD LAKE ROAD CONCORD, NC 28025	56-1963975	501(C)3	9,750.	0.			PROGRAM OPERATING COST
ADA JENKINS FAMILIES AND CAREERS DEVELOPMENT CENTER, INC. - PO BOX 1842 - DAVIDSON, NC 28036	56-1927067	501(C)3	157,600.	0.			PROGRAM OPERATING COSTS DONOR DESIGNATED FOR GENERAL SUPPORT RESTRICTED PROGRAM
AIM TO IMPACT 801 EAST MOREHEAD STREET CHARLOTTE, NC 28202	84-5115319	501(C)3	54,825.	0.			RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 206.
- 3 Enter total number of other organizations listed in the line 1 table .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022



**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
ALLIANCE CENTER FOR EDUCATION, INC. - 700 PARKWOOD AVENUE CHARLOTTE, NC 28203 - CHARLOTTE, NC 28215	56-0543244	501(C)3	12,500.	0.			PROGRAM OPERATING COST
ALLUVIUM, INC. 701 MORRIS STREET CHARLOTTE, NC 28202	47-2378461	501(C)3	33,100.	0.			PROGRAM OPERATING COSTS RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES
AMITY MEDICAL GROUP, INC. 6010 EAST W.T. HARRIS BOULVDARD CHARLOTTE, NC 28215 - CHARLOTTE, NC 28215	47-1195624	501(C)3	60,000.	0.			PROGRAM OPERATING COST
ANOTHER CHANCE: HOUSE OF REFUGE 1708 CHAMBERS DR MATTHEWS, NC 28105 - MATTHEWS, NC 28105	84-3777471	501(C)3	12,500.	0.			PROGRAM OPERATING COST
ANSON COUNTY HOMES OF HOPE 415 LEE AVENUE WADESBORO, NC 28170	82-4688778	501(C)3	5,125.	0.			PROGRAM OPERATING COST
ANSON COUNTY PARTNERSHIP FOR CHILDREN - 117 SOUTH GREENE STREET - WADESBORO, NC 28170	56-1987729	501(C)3	8,605.	0.			PROGRAM OPERATING COSTS DONOR DESIGNATED FOR GENERAL SUPPORT
ANTHONY MORROW CHARITIES 8640 UNIVERSITY CITY BLVD, SUITE A3 CHARLOTTE, NC 28213	27-2849928	501(C)3	20,000.	0.			PROGRAM OPERATING COST
ANUVIA PREVENTION AND RECOVERY CENTER, INC - 100 BILLINGSLEY ROAD - CHARLOTTE, NC 28211	56-0746601	501(C)3	66,291.	0.			RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES
ASPIRE COMMUNITY CAPITAL 1800 CAMDEN ROAD CHARLOTTE, NC 28203	47-1562918	501(C)3	45,000.	0.			PROGRAM OPERATING COST

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
AUGUSTINE LITERACY PROJECT-CHARLOTTE - 115 WEST 7TH STREET - CHARLOTTE, NC 28202	83-0822641	501(C)3	25,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BARRE BELLE 5643 TIPPERLINN WAY CHARLOTTE, NC 28278 - CHARLOTTE, NC 28216	83-3468094	501(C)3	12,500.	0.			PROGRAM OPERATING COST
BEATTIES FORD RD VOCATIONAL TRADE & FAMILY COUNSELING CENTER - 1406 BEATTIES FORD RD CHARLOTTE, NC 28216 - CHARLOTTE,	81-4832881	501(C)3	44,729.	0.			PROGRAM OPERATING COST RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES
BEDS FOR KIDS 1800 CAMDEN ROAD, SUITE 107-170 CHARLOTTE, NC 28203	27-4153074	501(C)3	10,000.	0.			PROGRAM OPERATING COST
BETA NU LAMBDA FOUNDATION (DBA: B.E.A.M FOUNDATION) - P.O. BOX 562663 CHARLOTTE, NC 28256 - CHARLOTTE,	56-2012602	501(C)3	50,000.	0.			PROGRAM OPERATING COST
BIG BROTHERS BIG SISTERS OF CENTRAL CAROLINAS - 4822 ALBEMARLE ROAD, SUITE 260 - CHARLOTTE, NC 28205	56-2264009	501(C)3	74,239.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
BLACK SOCIAL CAPITAL INITIATIVE INC - 400 HERMITAGE RD - CHARLOTTE, NC 28207	85-3076147	501(C)3	50,000.	0.			PROGRAM OPERATING COST
BLOCK LOVE CHARLOTTE 7137 FOUNDERS CLUB COURT CHARLOTTE, NC 28269	84-4760383	501(C)3	94,934.	0.			PROGRAM OPERATING COST RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES
BOOKS WITH COLOR INC. 16011-A LANCASTER HWY, SUITE 181 CHARLOTTE, NC 28277 - CHARLOTTE, NC 28277	86-1482295	501(C)3	12,500.	0.			PROGRAM OPERATING COST

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
BOYS AND GIRLS CLUB OF CABARRUS COUNTY, INC. - 247 SPRING STREET NW - CONCORD, NC 28025	56-0577630	501(C)3	29,470.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
BRENDA H. TAPIA FAMILY FOUNDATION 10117 COLEY DRIVE HUNTERSVILLE, NC 28078	84-5127402	501(C)3	12,708.	0.			PROGRAM OPERATING COST
CABARRUS COOPERATIVE CHRISTIAN MINISTRY FOUNDATION - 246 COUNTRY CLUB DRIVE NE - CONCORD, NC 28025	56-1320818	501(C)3	15,474.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND THIRD PARTY) FOR GENERAL SUPPORT
CAMINO COMMUNITY DEVELOPMENT CORPORATION INC. - 133 STETSON DRIVE - CHARLOTTE, NC 28262	56-2015959	501(C)3	20,000.	0.			PROGRAM OPERATING COST
CARE RING, INC. 601 E 5TH STREET, SUITE 140 CHARLOTTE, NC 28202	56-0621073	501(C)3	300,780.	0.			PROGRAM OPERATING COSTS DONOR DESIGNATED FOR GENERAL SUPPORT RESTRICTED PROGRAM
CAROLINA MIGRANT NETWORK 6917 LANCER DR. CHARLOTTE, NC 28226	85-0952850	501(C)3	50,000.	0.			PROGRAM OPERATING COST
CATERPILLAR MINISTRIES PO BOX 2155 HUNTERSVILLE, NC 28070	46-5034459	501(C)3	37,500.	0.			PROGRAM OPERATING COST
CATHOLIC CHARITIES DIOCESE OF CHARLOTTE - 1123 SOUTH CHURCH STREET - CHARLOTTE, NC 28203	56-1058954	501(C)3	78,038.	0.			RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES
CHAMPIONS OF CHANGE, INC. 120 ACADEMY STREET FORTMILL, SC 29715	81-2922258	501(C)3	12,500.	0.			PROGRAM OPERATING COST

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
CHANGE UNIVERSITY 11008 CHASTAIN PARC DRIVE CHARLOTTE, NC 28216 - CHARLOTTE, NC 28216	86-3391919	501(C)3	13,250.	0.			PROGRAM OPERATING COST
CHARLOTTE BILINGUAL PRESCHOOL 6300 HIGHLAND AVENUE CHARLOTTE, NC 28215 - CHARLOTTE, NC 28215	36-4522499	501(C)3	65,000.	0.			PROGRAM OPERATING COST
CHARLOTTE CENTER FOR LEGAL ADVOCACY - 5535 ALBEMARLE ROAD - CHARLOTTE, NC 28212	56-1202940	501(C)3	268,575.	0.			PROGRAM OPERATING COST DONOR DESIGNATED FOR GENERAL SUPPORT
CHARLOTTE COMMUNITY HEALTH CLINIC 8401 MEDICAL PLAZA DR., SUITE 300 CHARLOTTE, NC 28262	56-2274174	501(C)3	64,875.	0.			PROGRAM OPERATING COST DONOR DESIGNATED FOR GENERAL SUPPORT
CHARLOTTE FAMILY HOUSING, INC. 300 HAWTHORNE LANE CHARLOTTE, NC 28204	58-1599120	501(C)3	38,314.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CHARLOTTE SPEECH AND HEARING CENTER, INC. - 741 KENILWORTH AVE, SUITE 100 - CHARLOTTE, NC 28204	56-0892041	501(C)3	224,598.	0.			PROGRAM OPERATING COST DONOR DESIGNATED FOR GENERAL SUPPORT
CHARLOTTE WORKS 8601 MCALPINE PARK DR SUITE 1300 CHARLOTTE, NC 28211	56-2098251	501(C)3	33,500.	0.			PROGRAM OPERATING COST
CHILD CARE RESOURCES INC. 200-B REGENCY EXECUTIVE PARK DRIVE, SUITE 240 - CHARLOTTE, NC 28217	56-1316030	501(C)3	167,804.	0.			PROGRAM OPERATING COST
CHILDREN OF THE WORLD LEARNING CENTER INC. - 6030 ALBEMARLE ROAD - CHARLOTTE, NC 28212	83-3523938	501(C)3	50,000.	0.			PROGRAM OPERATING COST

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
CIRCLE DE LUZ INC PO BOX 20 DAVIDSON, NC 28036	74-3259379	501(C)3	20,000.	0.			PROGRAM OPERATING COST
CLANTON PARK NEIGHBORHOOD ASSOCIATION - C/O STILETTO BOSS UNIVERSITY 1117 ROLLINGWOOD DRIVE	31-1612176	501(C)3	10,000.	0.			PROGRAM OPERATING COST
COLTRANE L.I.F.E. CENTER, INC. 321 CORBAN AVENUE SOUTH EAST CONCORD, NC 28025	56-1222998	501(C)3	6,500.	0.			PROGRAM OPERATING COST
COMMUNITIES IN SCHOOLS OF CHAR-MECK, INC - 601 E 5TH STREET, SUITE 300 - CHARLOTTE, NC 28202	58-1661795	501(C)3	206,089.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
COMMUNITY FREE CLINIC, INC. 528 LAKE CONCORD ROAD NORTH EAST, U CONCORD, NC 28025	58-2131301	501(C)3	23,475.	0.			PROGRAM OPERATING COST
COMMUNITY HEALTH SERVICES OF UNION COUNTY, INC. - 1338-C EAST SUNSET DRIVE - MONROE, NC 28112	46-0495947	501(C)3	44,754.	0.			PROGRAM OPERATING COST DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY LINK PROGRAMS OF TRAVELERS AID SOCIETY OF CENTRAL CAROLINAS, INC. - 601 EAST 5TH STREET, SUITE 220 - CHARLOTTE, NC	56-0530008	501(C)3	405,487.	0.			PROGRAM OPERATING COSTS DONOR DESIGNATED FOR GENERAL SUPPORT RESTRICTED PROGRAM
COMMUNITY SHELTER OF UNION COUNTY 160 MEADOW STREET MONROE, NC 28110	58-2121860	501(C)3	62,988.	0.			PROGRAM OPERATING COST DONOR DESIGNATED FOR GENERAL SUPPORT
CONNECTING THE GAP 12358 HONEY HILL LANE CHARLOTTE, NC 28273	83-1857527	501(C)3	13,370.	0.			PROGRAM OPERATING COST

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
COUNCIL FOR CHILDREN'S RIGHTS 601 EAST 5TH STREET, SUITE 510 CHARLOTTE, NC 28202	56-1325184	501(C)3	84,108.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
COUNCIL ON AGING IN UNION COUNTY, INC. - 1401 SKYWAY DRIVE - MONROE, NC 28110	56-1081558	501(C)3	31,034.	0.			PROGRAM OPERATING COST DONOR DESIGNATED FOR GENERAL SUPPORT
CRISIS ASSISTANCE MINISTRY (MECKLENBURG) - 500-A SPRATT STREET - CHARLOTTE, NC 28206	56-1416719	501(C)3	84,930.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CROSSROADS CORPORATION 3623 LATROBE AVE CHARLOTTE, NC 28211	26-2787742	501(C)3	202,500.	0.			PROGRAM OPERATING COST
CULINARY CONNECTIONS INCORPORATED 2525 PHEASANT CHASE LANE CHARLOTTE, NC 28216 - CHARLOTTE, NC 28216	82-4297650	501(C)3	17,500.	0.			PROGRAM OPERATING COST
CVAN WOMEN'S PROGRAM PO BOX 1749 CONCORD, NC 28026	57-0749038	501(C)3	11,727.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
DAVIDSON-CORNELIUS CHILD DEVELOPMENT CENTER - PO BOX 848 - DAVIDSON, NC 28036	56-0891613	501(C)3	10,563.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
DESPIERTA 401 RUTLAND DR CHARLOTTE, NC 28217	85-4057069	501(C)3	12,500.	0.			PROGRAM OPERATING COST
DIGI-BRIDGE 1026 JAY STREET CHARLOTTE, NC 28208	46-4859045	501(C)3	30,000.	0.			PROGRAM OPERATING COST

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

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DREAMKEY PARTNERS INC. 4601 CHARLOTTE PARK DRIVE, STE 3500 CHARLOTTE, NC 28217	56-1620516	501(C)3	50,000.	0.			RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES
EL PUENTE HISPANO 455 CONCORD PKWY N. SUITE #7441 CONCORD, NC 28027	82-3260968	501(C)3	61,451.	0.			PROGRAM OPERATING COST
ELIZABETH HOUSE FOUNDATION 10130 MALLARD CREEK RD SUITE 300 CHARLOTTE, NC 28262	35-2425174	501(C)3	12,500.	0.			PROGRAM OPERATING COST
EMPOWHERMENT, INC 1023B MARGARET BROWN STREET CHARLOTTE, NC 28202	46-1450960	501(C)3	32,500.	0.			PROGRAM OPERATING COST
ESTHER'S HEART FOR TRANSFORMATION MINISTRY INC - 4139 ZEBULON AVE SW - CONCORD, NC 28027	26-3350792	501(C)3	30,000.	0.			PROGRAM OPERATING COST
EXODUS FOUNDATION ORG 13016 EASTFIELD ROAD STE. 200-222 - HUNTERSVILLE, NC 28078	56-2163753	501(C)3	32,500.	0.			PROGRAM OPERATING COST
EXPOSURE PROJECT INCORPORATED 9727 CAYENNE DRIVE CHARLOTTE, NC 28214	84-3719663	501(C)3	14,500.	0.			PROGRAM OPERATING COST
FAITH MEMORIAL COMMUNITY OUTREACH CENTER INC - 211 LAKEWOOD AVE CHARLOTTE, NC 28208 - CHARLOTTE, NC 28208	83-2627536	501(C)3	27,500.	0.			PROGRAM OPERATING COST
FAMILIES FIRST IN CABARRUS COUNTY, INC. - 985 CENTRAL DRIVE NW - CONCORD, NC 28027	47-1302015	501(C)3	16,038.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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FAMILIES FORWARD CHARLOTTE, INC 5612 IVYGATE LANE CHARLOTTE, NC 28226	82-0790354	501(C)3	7,500.	0.			PROGRAM OPERATING COST
FAMILY MANKIND 301 MCCULLOUGH DRIVE, SUITE 400 CHARLOTTE, NC 28262	83-3886078	501(C)3	74,072.	0.			PROGRAM OPERATING COST RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES
FAMILY PRESERVATION SERVICES OF NORTH CAROLINA, LLC - PO BOX 745683 - ATLANTA, GA 30374	86-0976674	501(C)3	281,498.	0.			RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES
FATHERS AGAINST VIOLENCE & REPEAT-OFFENDERS, INC - 10612 WALKERS FERRY RD. - CHARLOTTE, NC 28278	54-2177313	501(C)3	12,500.	0.			PROGRAM OPERATING COST
FEED MY LAMBS PO BOX 91 WADESBORO, NC 28170	56-2158694	501(C)3	18,480.	0.			PROGRAM OPERATING COST DONOR DESIGNATED FOR GENERAL SUPPORT
FIFTH STREET MINISTRIES (DIAKONOS) 1421 5TH STREET STATESVILLE, NC 28687	58-1821225	501(C)3	9,750.	0.			PROGRAM OPERATING COST
FIRM FOUNDATIONS YOUTH & FAMILY OUTREACH - 6101 WINDSOR GATE LANE CHARLOTTE, NC 28215 - CHARLOTTE, NC 28215	46-3447502	501(C)3	72,500.	0.			PROGRAM OPERATING COST RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES
FLORENCE CRITTENTON SERVICES PO BOX 36392 CHARLOTTE, NC 28236	56-0577626	501(C)3	69,347.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
FOR THE STRUGGLE, INC. 2220 ENGLISH DRIVE CHARLOTTE, NC 28216	83-4652690	501(C)3	80,000.	0.			PROGRAM OPERATING COST

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FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)3	79,552.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FREEDOM COMMUNITIES 3501 TUCKASEEGEE ROAD CHARLOTTE, NC 28208	82-2329303	501(C)3	50,000.	0.			PROGRAM OPERATING COST
FREEDOM FIGHTING MISSIONARIES INC. 1635 WAYBRIDGE LN APT 3A CHARLOTTE, NC 28210 - CHARLOTTE,	85-2791045	501(C)3	25,000.	0.			PROGRAM OPERATING COST
FREEDOM SCHOOL PARTNERS 1030 AROSA AVENUE CHARLOTTE, NC 28203	56-2169158	501(C)3	30,036.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
GARDHOUSE LIMITED 10130 OLD CAROLINA DR CHARLOTTE, NC 28214	84-2952589	501(C)3	50,000.	0.			PROGRAM OPERATING COST
GENERATION NATION PO BOX 31365 CHARLOTTE, NC 28231	56-1785359	501(C)3	20,000.	0.			PROGRAM OPERATING COST
GIRL SCOUTS, HORNETS' NEST COUNCIL 7007 IDLEWILD ROAD CHARLOTTE, NC 28212	56-0563842	501(C)3	55,104.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT, INC. - 5301 WILKINSON BLVD - CHARLOTTE, NC 28208	56-0844639	501(C)3	52,575.	0.			PROGRAM OPERATING COST
GRAMEEN AMERICA, INC. 150 W. 30TH ST., 8TH FLOOR NEW YORK, NY 10001	20-8497991	501(C)3	7,500.	0.			PROGRAM OPERATING COST

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GROOMING GREATNESS FOUNDATION 8503 THELEMA LANE CHARLOTTE, NC 28269	46-4051548	501(C)3	20,000.	0.			PROGRAM OPERATING COST
HABITAT FOR HUMANITY CABARRUS COUNTY - 8 CHURCH STREET, SUITE 101 - CONCORD, NC 28025	56-1678395	501(C)3	16,635.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
HABITAT FOR HUMANITY OF THE CHARLOTTE REGION (MLN) - 20310 NORTH MAIN STREET - CORNELIUS, NC 28031	56-1366233	501(C)3	97,978.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
HACK & HUSTLE SOCIAL ENTREPRENEURSHIP ACADEMY, INCORPORATED - 9445 MEADOWMONT VIEW DRIVE	82-4105991	501(C)3	12,500.	0.			PROGRAM OPERATING COST
HEAL CHARLOTTE 3936 SAXONBURY WAY CHARLOTTE, NC 28269	81-5158164	501(C)3	15,000.	0.			PROGRAM OPERATING COST
HEALTH REACH COMMUNITY CLINIC 400 EAST STATESVILLE AVENUE, SUITE MOORESVILLE, NC 28115	20-1020941	501(C)3	14,625.	0.			PROGRAM OPERATING COST
HEALTHQUEST OF UNION COUNTY 415 EAST FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)3	14,410.	0.			PROGRAM OPERATING COST DONOR DESIGNATED FOR GENERAL SUPPORT
HISTORIC HOSKINS COALITION GROUP 501 SINCLAIR STREET CHARLOTTE, NC 28208	87-2412006	501(C)3	10,000.	0.			PROGRAM OPERATING COST
HISTORIC WEST END PARTNERS, INC. 309 LIMS AVENUE CHARLOTTE, NC 28208	27-1880057	501(C)3	130,000.	0.			PROGRAM OPERATING COST

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HOPE HAVEN INC 3815 NORTH TRYON STREET CHARLOTTE, NC 28206	58-1314284	501(C)3	53,755.	0.			PROGRAM OPERATING COST DONOR DESIGNATED FOR GENERAL SUPPORT
HOPE VIBES INC PO BOX 481653 CHARLOTTE, NC 28269	83-1965620	501(C)3	25,000.	0.			PROGRAM OPERATING COST
HOUSING COLLABORATIVE PO BOX 35305 CHARLOTTE, NC 28235	56-2173215	501(C)3	2,878,166.	0.			PROGRAM OPERATING COST RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES
INNOVATE TECH CHARLOTTE 5928 PECAN VALLEY CT HARRISBURG, NC 28075	84-5095472	501(C)3	32,500.	0.			PROGRAM OPERATING COST
JENNINGS O'NEIL CAREER ACADEMY & WORKFORCE DEVELOPMENT - 18500 SUMMER COTTAGE LANE - CORNELIUS, NC 28031	26-3616497	501(C)3	12,500.	0.			PROGRAM OPERATING COST
JESSIE'S WORLD INCORPORATED 7114 CORNERSTONE DRIVE CHARLOTTE, NC 28269	38-3803375	501(C)3	32,500.	0.			PROGRAM OPERATING COST
JEWISH FAMILY SERVICES OF GREATER CHARLOTTE, INC - 5007 PROVIDENCE ROAD, SUITE 105 - CHARLOTTE, NC 28226	20-1146861	501(C)3	16,781.	0.			PROGRAM OPERATING COST
JUMPING DREAMS DD 809 EAST ARROWOOD ROAD CHARLOTTE, NC 28217	82-5458853	501(C)3	13,146.	0.			PROGRAM OPERATING COST RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES
JUST DO IT MOVEMENT INC 13547 TRANTERS CREEK LANE CHARLOTTE, NC 28273	85-0641373	501(C)3	12,500.	0.			PROGRAM OPERATING COST

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JUSTICE INITIATIVES INC. PO BOX 335450 CHARLOTTE, NC 28233	16-1704986	501(C)3	29,250.	0.			PROGRAM OPERATING COST
KINDERMOURN, INC. 1320 HARDING PLACE CHARLOTTE, NC 28204	56-1221194	501(C)3	18,094.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
LAKE NORMAN COMMUNITY HEALTH CLINIC - 14230 HUNTERS ROAD - HUNTERSVILLE, NC 28078	04-3723062	501(C)3	20,394.	0.			PROGRAM OPERATING COST
LAKESWOOD NEIGHBORHOOD ALLIANCE INC. - 330 LAKESWOOD AVENUE - CHARLOTTE, NC 28208	38-4015347	501(C)3	240,000.	0.			PROGRAM OPERATING COST
LATIN AMERICAN COALITION 4938 CENTRAL AVENUE, SUITE 100 CHARLOTTE, NC 28205	58-1945776	501(C)3	45,760.	0.			PROGRAM OPERATING COST DONOR DESIGNATED FOR GENERAL SUPPORT
LEGAL AID OF NORTH CAROLINA, INC. 5525 ALBEMARLE ROAD, SUITE 100 CHARLOTTE, NC 28212	31-1784161	501(C)3	35,761.	0.			PROGRAM OPERATING COST DONOR DESIGNATED FOR GENERAL SUPPORT
LET'S TALK ABOUT IT-THE AUTISM CENTER, INC. - 5825 FALLS RIDGE LANE - CHARLOTTE, NC 28269	83-1884562	501(C)3	14,038.	0.			PROGRAM OPERATING COST
LIONEL LEE JR. CENTER FOR WELLNESS 1370 BRIAR CREEK ROAD CHARLOTTE, NC 28205	03-0588350	501(C)3	20,000.	0.			PROGRAM OPERATING COST
LOAVES AND FISHES/FRIENDSHIP TRAYS, INC. - 648 GRIFFITH ROAD, SUITE B - CHARLOTTE, NC 28217	56-1398498	501(C)3	57,763.	0.			PROGRAM OPERATING COST DONOR DESIGNATED FOR GENERAL SUPPORT

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LOCKED OUT LOVE INC 8201 WILLOWLAKE CT CHARLOTTE, NC 28227	84-2319918	501(C)3	12,500.	0.			RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES
LOGAN COMMUNITY DAY CARE ASSOCIATION, INC. - 204 BOOKER DRIVE SW - CONCORD, NC 28025	23-7210127	501(C)3	5,135.	0.			PROGRAM OPERATING COST DONOR DESIGNATED FOR GENERAL SUPPORT
MECKLENBURG COUNCIL OF ELDERS 1101 SUNSET RD CHARLOTTE, NC 28216	81-5306491	501(C)3	30,000.	0.			PROGRAM OPERATING COST
MEN OF DESTINY 6700 NORTH TRYON STREET #560653 CHARLOTTE, NC 28213 - CHARLOTTE, NC 28213	81-3655759	501(C)3	12,500.	0.			PROGRAM OPERATING COST
MENTAL HEALTH AMERICA OF CENTRAL CAROLINAS, INC. - 3701 LATROBE DRIVE, SUITE 140 - CHARLOTTE, NC 28211	56-0674267	501(C)3	127,953.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
MIRAVIA, INC. 3737 WEONA AVENUE CHARLOTTE, NC 28209	56-1866587	501(C)3	5,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MONEY MAGNETS CLUB 2724 WINGDALE DRIVE CHARLOTTE, NC 28213	87-1776021	501(C)3	47,500.	0.			PROGRAM OPERATING COST
MY BROTHER'S KEEPER CHARLOTTE-MECKLENBURG - 400 EAST MOREHEAD STREET - CHARLOTTE, NC 28202	85-3271495	501(C)3	27,500.	0.			PROGRAM OPERATING COST
NATIONAL BLACK CHILD DEVELOPMENT INSTITUTE-CHARLOTTE - 7209 E WT HARRIS BLVD. SUITE J #267	52-0908178	501(C)3	50,000.	0.			PROGRAM OPERATING COST

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NATIONAL COALITION OF 100 BLACK WOMEN - QUEEN CITY METROPOLI - PO BOX 32364 CHARLOTTE, NC 28232 - CHARLOTTE,	26-2472749	501(C)3	32,500.	0.			PROGRAM OPERATING COST
NC MEDASSIST 4428 TAGGART CREEK ROAD, SUITE 101 CHARLOTTE, NC 28208	56-2018957	501(C)3	106,575.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
NORTH END COMMUNITY COALITION 201 N MCDOWELL STREET - # 30234 CHARLOTTE, NC 28230	81-2943846	501(C)3	80,000.	0.			PROGRAM OPERATING COST
OPERA CAROLINA 1600 ELIZABETH AVENUE CHARLOTTE, NC 28204	56-6019660	501(C)3	10,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
OUR DAILY BREAD FOUNDATION PO BOX 32451 CHARLOTTE, NC 28232	83-1487766	501(C)3	32,500.	0.			PROGRAM OPERATING COST
OUR TURN, INC FKA STUDENTS FOR EDUCATION REFORM - 2128 REMOUNT ROAD - CHARLOTTE, NC 28208	45-0647583	501(C)3	20,000.	0.			PROGRAM OPERATING COST
OURBRIDGE, INC. 3925 WILLARD FARROW DR. CHARLOTTE, NC 28215 - CHARLOTTE, NC 28215	46-3784901	501(C)3	77,500.	0.			PROGRAM OPERATING COST
PHAROS PARENTING (FKA EXCHANGE SCAN) - POST OFFICE BOX 167 - STATESVILLE, NC 28677	56-1758810	501(C)3	6,500.	0.			PROGRAM OPERATING COST
POP'S PASSION, INC. 11035 GOLF LINKS DR 77907 CHARLOTTE, NC 28277	85-2610895	501(C)3	47,500.	0.			PROGRAM OPERATING COST

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POTTSTOWN HERITAGE GROUP 301 DELLWOOD DR HUNTERSVILLE, NC 28078	88-2375374	501(C)3	10,000.	0.			PROGRAM OPERATING COST
PREMIER FOUNDATION OF NORTH CAROLINA - 3010 MONROE RD - CHARLOTTE, NC 28205	81-3272704	501(C)3	20,000.	0.			PROGRAM OPERATING COST
PRODIGAL SON FOUNDATION 7809 POPE FARM ROAD CHARLOTTE, NC 28269	26-1085750	501(C)3	46,966.	0.			RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES
PROFOUND GENTLEMEN 2701-C FREEDOM DRIVE CHARLOTTE, NC 28208	47-2225983	501(C)3	30,000.	0.			PROGRAM OPERATING COST
PROJECT 658, INC. DBA SMITH FAMILY WELLNESS CTR - 3646 CENTRAL AVENUE - CHARLOTTE, NC 28205	46-2956418	501(C)3	60,000.	0.			PROGRAM OPERATING COST
PROJECT BOLT, LLC PO BOX 390810 CHARLOTTE, NC 28278	82-1157011	501(C)3	21,590.	0.			RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES
PROJECTIGIVE, INC 537 WEST SUGER CREEK ETE 202, PMB 1055 CHARLOTTE, NC 28213 - CHARLOTTE,	47-2966856	501(C)3	12,500.	0.			PROGRAM OPERATING COST
PROMISE RESOURCE NETWORK, INC 1041 HAWTHORNE LANE SUITE A CHARLOTTE, NC 28205	27-2648129	501(C)3	44,276.	0.			PROGRAM OPERATING COST
PROMISE YOUTH DEVELOPMENT INC 15115 DURMAST COURT MINT HILL, NC 28227 - MINT HILL, NC 28227	81-1096615	501(C)3	75,000.	0.			PROGRAM OPERATING COST

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PSYCHOLOGY FOR ALL, INC. P.O. BOX 49556 CHARLOTTE, NC 28277 - CHARLOTTE, NC 28277	47-3035991	501(C)3	12,736.	0.			PROGRAM OPERATING COST
QUE-OS PO BOX 11256 CHARLOTTE, NC 28220 - CHARLOTTE, NC 28220	46-0643659	501(C)3	32,500.	0.			PROGRAM OPERATING COST
RAIN, INC. 601 EAST 5TH STREET, SUITE 470 CHARLOTTE, NC 28202	56-1825247	501(C)3	26,470.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
RAO COMMUNITY HEALTH 321 W. 11TH STREET CHARLOTTE, NC 28202	82-1055298	501(C)3	40,000.	0.			PROGRAM OPERATING COST
REBUILDING TOGETHER OF GREATER CHARLOTTE, INC - 9801 SOUTHERN PINE BLVD STE E - CHARLOTTE, NC 28273	27-3101212	501(C)3	50,000.	0.			PROGRAM OPERATING COST
REFUGEE SUPPORT SERVICES OF THE CAROLINAS - PO BOX 220224 CHARLOTTE, NC 28222 - CHARLOTTE, NC 28222	20-5972063	501(C)3	60,000.	0.			PROGRAM OPERATING COST
RENAISSANCE WEST COMMUNITY INITIATIVE - 3610 NOBLES AVENUE - CHARLOTTE, NC 28208	27-1396021	501(C)3	222,500.	0.			PROGRAM OPERATING COST
ROOF ABOVE, INC. 945 NORTH COLLEGE STREET CHARLOTTE, NC 28206	56-1837620	501(C)3	112,671.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
S.T.A.R.S MATH AND ENGLISH ACADEMY PO BOX 680044 CHARLOTTE, NC 28216 - CHARLOTTE, NC 28216	27-2534310	501(C)3	63,136.	0.			PROGRAM OPERATING COST

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SAFE ALLIANCE, INC. 601 EAST 5TH STREET, SUITE 400 CHARLOTTE, NC 28202	56-0529967	501(C)3	199,757.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
SALVATION ARMY - CHARLOTTE, AREA COMMAND - PO BOX 31128 - CHARLOTTE, NC 28231	58-0660607	501(C)3	342,466.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
SALVATION ARMY CABARRUS 216 PATTERSON AVENUE SE CONCORD, NC 28025	58-0660607	501(C)3	14,025.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
SHE BUILT THIS CITY 1026 JAY STREET - #133 CHARLOTTE, NC 28208	84-3445543	501(C)3	32,500.	0.			PROGRAM OPERATING COST
SMITHVILLE COMMUNITY INC PO BOX 12060 CORNELIUS, NC 28031	46-1055584	501(C)3	35,000.	0.			PROGRAM OPERATING COST
SOUTH TRYON COMMUNITY UNITED METHODIST CHURCH - 2516 S. TRYON STREET - CHARLOTTE, NC 28203	56-2256591	501(C)3	7,500.	0.			PROGRAM OPERATING COST
SOUTHSIDE RIDES FOUNDATION 2846 FREEDOM DRIVE CHARLOTTE, NC 28208	20-2790909	501(C)3	30,000.	0.			PROGRAM OPERATING COST
STEP UP TO LEADERSHIP PO BOX 45 HARRISBURG, NC 28075 - HARRISBURG, NC 28075	47-5594920	501(C)3	12,500.	0.			PROGRAM OPERATING COST
STILETTO BOSS UNIVERSITY, UNITE CHARLOTTE - 10518 ENGLISH SETTER WAY CHARLOTTE, NC 28209 - CHARLOTTE,	82-1467018	501(C)3	81,849.	0.			PROGRAM OPERATING COST RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES

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**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	67,425.	0.			PROGRAM OPERATING COST RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES
TEAM TRUBLUE 2600 NEWLAND ROAD CHARLOTTE, NC 28216 - CHARLOTTE, NC 28216	47-2187901	501(C)3	12,500.	0.			PROGRAM OPERATING COST
TEEN HEALTH CONNECTION, INC 3541 RANDOLPH ROAD CHARLOTTE, NC 28211	56-1719715	501(C)3	58,750.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
THE ACADEMY OF GOAL ACHIEVERS, INC. - 7569 ABIGAIL GLEN DRIVE - CHARLOTTE, NC 28212	46-3145227	501(C)3	50,000.	0.			PROGRAM OPERATING COST
THE APPLESAUCE GROUP 1646 WASHINGTON AVE CHARLOTTE, NC 28216 - CHARLOTTE, NC 28216	84-4633647	501(C)3	12,500.	0.			PROGRAM OPERATING COST
THE ARC OF UNION/CABARRUS, INC. 1653-C CAMPUS PARK DRIVE MONROE, NC 28112	56-1677521	501(C)3	20,845.	0.			PROGRAM OPERATING COST DONOR DESIGNATED FOR GENERAL SUPPORT
THE ARTS EMPOWERMENT PROJECT 11402 JAMES JACK LANE CHARLOTTE, NC 28277	45-4837497	501(C)3	32,500.	0.			PROGRAM OPERATING COST
THE BULB GALLERY 6601 US HWY 601 S CONCORD, NC 28025	81-4676117	501(C)3	131,823.	0.			PROGRAM OPERATING COST
THE CENTER FOR COMMUNITY TRANSITIONS - 5825 OLD CONCORD ROAD - CHARLOTTE, NC 28213	51-0185383	501(C)3	80,982.	0.			PROGRAM OPERATING COST

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 FACTS INITIATIVE 229 S BREVARD STREET, SUITE 200-E CHARLOTTE, NC 28202	83-1240388	501(C)3	33,049.	0.			PROGRAM OPERATING COST
THE FRANKIE MAE FOUNDATION PO BOX 370 HUNTERSVILLE, NC 28070	87-1527068	501(C)3	12,500.	0.			PROGRAM OPERATING COST
THE HELPS EDUCATION FUND, INC. PO BOX 66670 RALEIGH, NC 27628	45-2046989	501(C)3	12,500.	0.			PROGRAM OPERATING COST
THE LEARNING COLLABORATIVE 3241 SAM DRENAN ROAD CHARLOTTE, NC 28205	56-1668333	501(C)3	5,025.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
THE LIFE PROJECT OF NORTH CAROLINA 333 JEREMIAH BLVD0 CHARLOTTE, NC 28262	46-4331987	501(C)3	100,750.	0.			PROGRAM OPERATING COST
THE MOORESVILLE AREA CHRISTIAN MISSION, INC. - 266 NORTH BROAD STREET - MOORESVILLE, NC 28115	56-0667685	501(C)3	18,672.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
THE QC FAMILY TREE INC 2910 PARKWAY AVENUE0 CHARLOTTE, NC 28208	20-4091165	501(C)3	10,000.	0.			PROGRAM OPERATING COST
THE RELATIVES INC 119 EAST 8TH STREET CHARLOTTE, NC 28202	56-1082022	501(C)3	26,072.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
THE S.T.U.D.I.O 6150 MILLER ROAD KANNAPOLIS, NC 28081	35-2622358	501(C)3	40,000.	0.			PROGRAM OPERATING COST

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
THORNHILL RITES OF PASSAGE FOUNDATION - 9511 GREYSON HEIGHTS DRIVE - CHARLOTTE, NC 28277	83-4706838	501(C)3	16,122.	0.			RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES
TIME OUT YOUTH 3800 MONROE ROAD CHARLOTTE, NC 28205	56-1755564	501(C)3	20,581.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
TURNING POINT, INC. PO BOX 952 MONROE, NC 28111	58-1698701	501(C)3	64,779.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UMBA BRIGHT STARS INC 422 CANNINGS LANE CHARLOTTE, NC 28262	82-2789923	501(C)3	34,500.	0.			PROGRAM OPERATING COST
UNION COUNTY CRISIS ASSISTANCE MINISTRY, INC. - 1335 W ROOSEVELT BLVD - MONROE, NC 28110	58-1631417	501(C)3	79,522.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNION DIVERSIFIED INDUSTRIES, INC. 2815 WALKUP AVE MONROE, NC 28110	56-0987710	501(C)3	25,000.	0.			PROGRAM OPERATING COST
UNION-ANSON COUNTY HABITAT FOR HUMANITY, INC. - PO BOX 1688 - MONROE, NC 28111	56-1704668	501(C)3	33,600.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF CLEVELAND COUNTY NC, INC. - 132 WEST GRAHAM STREET - SHELBY, NC 28150	56-6030073	501(C)3	5,186.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF FORSYTH COUNTY INC 301 NORTH MAIN STREET, SUITE 1700 WINSTON SALEM, NC 27101	23-7357234	501(C)3	9,050.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GASTON COUNTY INC 200 EAST FRANKLIN BOULEVARD GASTONIA, NC 28052	56-0653356	501(C)3	25,570.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF LINCOLN COUNTY, INC. 101 EAST MAIN STREET, 2ND FLOOR LINCOLNTON, NC 28092	23-7125926	501(C)3	13,329.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF STANLY COUNTY, INC. 116 EAST NORTH STREET ALBEMARLE, NC 28001	56-0841588	501(C)3	8,156.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF YORK COUNTY, SC 226 NORTH PARK DRIVE, SUITE 100 ROCK HILL, SC 29730	57-0360058	501(C)3	19,863.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
URBAN INSTITUTE FOR STRENGTHENING FAMILIES - 8410 PIT STOP COURT NW, SUITE 127 - CONCORD, NC 28027	81-4025067	501(C)3	32,500.	0.			PROGRAM OPERATING COST
URBAN LEAGUE OF CENTRAL CAROLINAS, INC. - 740 WEST 5TH STREET - CHARLOTTE, NC 28202	56-1218704	501(C)3	59,069.	0.			PROGRAM OPERATING COST
VETERANS BRIDGE HOME, INC 2200 EAST 7TH STREET CHARLOTTE, NC 28204	45-2350728	501(C)3	26,685.	0.			PROGRAM OPERATING COST
WEST BOULEVARD NEIGHBORHOOD COALITION - 4032 BROADVIEW DRIVE - CHARLOTTE, NC 28217	30-0401238	501(C)3	90,000.	0.			PROGRAM OPERATING COST
WEST SIDE COMMUNITY LAND TRUST PO BOX 668023 CHARLOTTE, NC 28266	82-1143067	501(C)3	92,500.	0.			PROGRAM OPERATING COST

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
WILSON OASIS 5121 ALLEN RD E CHARLOTTE , NC 28269	84-1927626	501(C)3	20,000.	0.			PROGRAM OPERATING COST
YMCA OF GREATER CHARLOTTE 400 EAST MOREHEAD STREET CHARLOTTE, NC 28202	56-1045299	501(C)3	33,654.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
YOUNG BLACK LEADERSHIP ALLIANCE 4112 OLD PINEVILLE ROAD CHARLOTTE, NC 28217	26-2984776	501(C)3	36,574.	0.			PROGRAM OPERATING COST
YOUTH DEVELOPMENT INITIATIVES INC PO BOX 480480 CHARLOTTE, NC 28269	14-1954707	501(C)3	80,750.	0.			PROGRAM OPERATING COST
YWCA CENTRAL CAROLINAS 3420 PARK ROAD CHARLOTTE, NC 28209	56-0532139	501(C)3	159,500.	0.			PROGRAM OPERATING COST DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

**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 UNITED WAY 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 UNITED WAY 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 UNITED WAY WILL UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDS. SUCH SCREENING INCLUDES: 1) A CERTIFICATION THAT ALL UNITED WAY 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:

ADA JENKINS FAMILIES AND CAREERS DEVELOPMENT CENTER, INC.

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

DONOR DESIGNATED FOR GENERAL SUPPORT

RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES

NAME OF ORGANIZATION OR GOVERNMENT: CARE RING, INC.

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

DONOR DESIGNATED FOR GENERAL SUPPORT

RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES



**Part IV Supplemental Information**

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

DONOR DESIGNATED FOR GENERAL SUPPORT

RESTRICTED PROGRAM FUNDING TO ADVANCE CONTRACTED OUTCOMES

NAME OF ORGANIZATION OR GOVERNMENT:

SALVATION ARMY - CHARLOTTE, AREA COMMAND

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM OPERATING COST

DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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 .....

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LAURA YATES CLARK PRESIDENT/CEO	(i)	324,750.	20,000.	0.	13,790.	14,933.	373,473.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CLINT HILL CHIEF DEVELOPMENT OFFICER	(i)	159,820.	10,000.	0.	6,793.	10,966.	187,579.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATHRYN FIRMINSELLERS CHIEF IMPACT OFFICER	(i)	159,500.	10,000.	0.	6,780.	2,339.	178,619.	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)							

**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 O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER CHARLOTTE, INC.

Employer identification number

56-0529948

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNITED WAY USES COLLECTIVE GIVING TO ADVANCE ECONOMIC MOBILITY AND  
RACIAL EQUITY, PRIMARILY THROUGH NEIGHBORHOOD-BASED, GRASSROOTS AND  
RESPONSIVE SOLUTIONS. AT UNITED WAY, WE FIND FRESH SOLUTIONS TO SOLVE  
ECONOMIC MOBILITY AND RACIAL INEQUITY, WORKING HAND IN HAND WITH  
NEIGHBORHOODS AND GRASSROOTS NONPROFITS. WITHIN OUR COMMUNITY, WE'VE  
BROKEN DOWN BARRIERS TO CREATE UNIQUELY IMPACTFUL PROGRAMS THAT HELP  
LIFT PEOPLE OUT OF POVERTY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNITED WAY WAS FOUNDED 90 YEARS AGO IN MECKLENBURG COUNTY AS "EMERGENCY  
RELIEF" TO HELP PEOPLE AFFECTED BY THE GREAT DEPRESSION THROUGH THE  
POWER OF COLLECTIVE  
GIVING.

WE WORK AS A FOCUSED, COLLABORATIVE TEAM WITHIN GREATER CHARLOTTE,  
DEVELOPING TAILORED SOLUTIONS FOR EACH PART OF OUR REGION TO ADDRESS  
ECONOMIC MOBILITY. SERVING ANSON, CABARRUS, MECKLENBURG AND UNION  
COUNTIES, OUR ACTIONS ALIGN WITH THE STRATEGIES IDENTIFIED BY RESIDENTS  
OF THOSE COMMUNITIES.

LEADERSHIP: COLLABORATING WITH LOCAL GOVERNMENT AGENCIES, BUSINESSES,  
FAITH COMMUNITIES, DONORS AND VOLUNTEERS TO MOBILIZE RESOURCES QUICKLY  
AND EFFICIENTLY AND ADVANCE LASTING SOLUTIONS, UNITED WAY IS ENSURING  
THE MOST VULNERABLE POPULATIONS HAVE THE OPPORTUNITY TO ACHIEVE  
ECONOMIC MOBILITY.

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization UNITED WAY OF GREATER CHARLOTTE, INC.	Employer identification number 56-0529948
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FORM 990, PART III, LINE 1 (CONTINUED)

UNITED WAY 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, UNITED WAY IS ADVANCING THEIR MISSION BY PROVIDING:

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

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

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. UNITED WAY 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. IN FY23, UNITED WAY DEEPENED OUR COMMITMENT TO UNITED NEIGHBORHOODS, INVESTING \$4.9M IN 50+ HISTORICALLY DISINVESTED NEIGHBORHOODS IN THE

Name of the organization UNITED WAY OF GREATER CHARLOTTE, INC.	Employer identification number 56-0529948
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CITY OF CHARLOTTE, AND IN NORTHERN MECKLENBURG COUNTY.

UNITED NEIGHBORHOODS FOCUSES ON PARTNERSHIPS WITH RESIDENTS, COMMUNITY LEADERS, BUSINESSES, AND NON-PROFITS, BACKED BY MULTI-YEAR FUNDING AND STAFF RESOURCES FROM UNITED WAY. FROM FY18 TO FY22, NEARLY 50 COMMUNITY PARTNERS PROVIDED SUPPORT THROUGH THE UNITED NEIGHBORHOODS PROGRAM. IN FY23, 50 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, UNITED WAY SUPPORTS DOZENS OF SMALL AND GRASSROOTS ORGANIZATIONS, THE MAJORITY AND 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

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

UNITED WAY 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 FY23, 45 DEDICATED VOLUNTEERS PARTICIPATED IN THE GRANT REVIEW PROCESS, EVALUATING AGENCY APPLICATIONS TO IDENTIFY THOSE ORGANIZATIONS THAT CAN GENERATE THE GREATEST IMPACT.

IN ANSON COUNTY, UNITED WAY FUNDING SUPPORTS ORGANIZATIONS ADDRESSING RESIDENTS' BASIC NEEDS, INCLUDING FOOD SECURITY, RENT AND UTILITY ASSISTANCE, AND HOUSING. RECOGNIZING THE IMPORTANCE OF PROVIDING CHILDREN AND YOUTH A PATHWAY OUT OF POVERTY, UNITED WAY ALSO SUPPORTED ORGANIZATIONS FOCUSED ON EARLY CHILDHOOD DEVELOPMENT AND YOUTH MENTORING. IN FY23, VOLUNTEERS AWARDED FUNDING TO SIX AGENCIES WORKING IN ANSON COUNTY.

IN CABARRUS COUNTY, UNITED WAY'S INVESTMENTS SUPPORT A COLLABORATION BETWEEN MENTAL HEALTH PROFESSIONALS AND COMMUNITY ORGANIZATIONS. BROADLY, THE COLLABORATIVE'S GOALS ARE TO REDUCE STIGMA AROUND MENTAL HEALTH, PREPARE INDIVIDUALS TO RESPOND TO MENTAL HEALTH CRISES, AND PROVIDE RESOURCES TO SUPPORT MENTAL WELLNESS. IN FY23, VOLUNTEERS AWARDED FUNDING TO SIX AGENCIES WORKING IN CABARRUS COUNTY.

IN UNION COUNTY, UNITED WAY'S FUNDING SUPPORTS ORGANIZATIONS ADDRESSING



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A RANGE OF CRITICAL NEEDS, INCLUDING EDUCATION ACCESS AND QUALITY, HEALTHCARE ACCESS AND QUALITY, AND ECONOMIC STABILITY, INCLUDING HOUSING, EMPLOYMENT, AND FOOD SECURITY. UNITED WAY FUNDING ALSO ADDRESSES A CRITICAL GAP IN SERVICES IN UNION COUNTY BY FUNDING ORGANIZATIONS SUPPORTING PROGRAMS THAT OFFER VOCATIONAL TRAINING AND AFTER SCHOOL SUPPORT FOR YOUTH AND ADULTS LIVING WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. IN FY23, VOLUNTEERS AWARDED FUNDING TO 15 AGENCIES WORKING IN UNION COUNTY.

ACROSS ALL FOUR COUNTIES, UNITED WAY'S IMPACT STRATEGY ADVANCES RECOMMENDATIONS FROM THE CHARLOTTE-MECKLENBURG OPPORTUNITY TASK FORCE REPORT. UNITED WAY 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.

RESULTS FROM AGENCY PROGRAMS FUNDED BY UNITED WAY:

- 25,041 CHILDREN ENROLLED IN UNITED WAY FUNDED PARTNER PROGRAMS RECEIVED HIGH QUALITY EARLY EDUCATION.

- 4,382 STUDENTS ENROLLED IN UNITED WAY FUNDED PARTNER PROGRAMS SUCCEEDED ACADEMICALLY

- 11,022 INDIVIDUALS PARTICIPATING IN UNITED WAY FUNDED PARTNER PROGRAMS ACCESSED HIGH QUALITY HEALTH OR MENTAL HEALTH CARE

- 3,496 INDIVIDUALS ENROLLED IN UNITED WAY FUNDED PARTNER PROGRAMS IMPROVED THEIR JOB READINESS OR JOB SKILLS

UNITED WAY'S BOARD APPROVES GRANT AWARDS ANNUALLY. GRANT FUNDING CYCLES

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GENERALLY BEGIN ON JANUARY 1 AND CONCLUDE ON DECEMBER 31. WE MAXIMIZE THE FUNDS PROVIDED BY DONORS BY DIRECTING THEM TOWARD CRITICAL PROGRAMS THAT ADVANCE ECONOMIC MOBILITY AND RACIAL EQUITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
CRITICAL NEEDS: UNITED WAY OF GREATER CHARLOTTE UNDERSTANDS THAT MANY PEOPLE ACROSS THE FOUR-COUNTY REGION ARE LIVING IN A CRISIS SITUATION EVERY DAY. UNITED WAY 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: UNITED WAY GREATER CHARLOTTE'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. UNITED

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WAY ALSO ENGAGES VOLUNTEERS THROUGH BOARD/COMMITTEE AND COMMUNITY

INVESTMENT VOLUNTEER OPPORTUNITIES.

EXPENSES \$ 1,162,148. INCLUDING GRANTS OF \$ 0. REVENUE \$ 76,226.

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.

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.

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THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

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

THE PROCESS FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION PROCESS OF AN INDEPENDENT AUDITOR REMAINS UNCHANGED FROM THE PRIOR YEAR.