

** PUBLIC DISCLOSURE COPY **

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)

2023

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

Form sections B through M: B Check if applicable, C Name of organization (UNITED WAY OF GREATER CHARLOTTE, INC.), D Employer identification number (56-0529948), E Telephone number (704-372-7170), F Name and address of principal officer (KATHRYN FIRMIN-SELLERS), G Gross receipts \$ (21,187,479), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission, 2-7 Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Signature block section containing: Declaration of preparer, Signature of Officer (KATHRYN FIRMIN-SELLERS), Date (4/22/2025), Signature of Preparer (KATHERINE A WARLICK), Date (04/22/25), Preparer's name and address (CLIFTONLARSONALLEN LLP), and Firm's EIN (41-0746749).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY USES COLLECTIVE GIVING TO BUILD PATHWAYS TO ECONOMIC OPPORTUNITY FOR ALL, 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 \$ 8,500,491. including grants of \$ 6,136,858.) (Revenue \$ 260,073.) 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) THROUGH UNITED NEIGHBORHOODS, UNITED WAY SUPPORTS RESIDENT-DRIVEN

4b (Code:) (Expenses \$ 7,039,165. including grants of \$ 5,274,056.) (Revenue \$) GOVERNMENT GRANTS: UNITED WAY PARTNERS WITH THE CITY OF CHARLOTTE, MECKLENBURG COUNTY, AND THE STATE OF NORTH CAROLINA TO DISTRIBUTE FUNDS TO ORGANIZATIONS AND COALITIONS THAT, TOGETHER, WORK TO END HOMELESSNESS. 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 NONPROFIT 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.

4c (Code:) (Expenses \$ 1,223,865. including grants of \$ 1,223,865.) (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 \$ including grants of \$) (Revenue \$)

4e Total program service expenses 16,763,521.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, 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 ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (28), 1b (28), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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

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	40.00			X				344,750.	0.	28,723.
(2) CLINT HILL CHIEF DEVELOPMENT OFFICER	40.00			X				169,820.	0.	17,789.
(3) KATHRYN FIRMIN-SELLERS 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 INIT	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 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 FINANCE VICE CHAIR	1.00	X		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 COMMUNITY IMPACT VICE CHAIR	1.00	X		X				0.	0.	0.
(23) PAMELA WIDEMAN BOARD DIRECTOR	1.00	X						0.	0.	0.
(24) RAJ NATARAJAN BOARD DIRECTOR	3.00	X						0.	0.	0.
(25) RHETT BROWN UNION COUNTY CHAIR	3.00	X		X				0.	0.	0.
(26) RON MESSENGER SECOND VICE CHAIR	3.00	X		X				0.	0.	0.
1b Subtotal								908,818.	0.	67,187.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								908,818.	0.	67,187.

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? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ASCEND NONPROFIT SOLUTIONS, 601 E 5TH STREET, SUITE 510, CHARLOTTE, NC 28202	ACCOUNTING, HR, AND IT	235,050.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include SHAWN HEATH, SIL GANZO, TODD PEARCE, WILL PITTS, HEATHER KESNER, LORETTA AYERS, and MICHAEL J. O'LEARY.

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	54,050.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	6,853,563.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	12,945,398.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			19,853,011.			
Program Service Revenue	2 a NET ADMINISTRATIVE FEE	Business Code					
		900099	160,801.	160,801.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue	900099	99,272.	99,272.			
g Total. Add lines 2a-2f			260,073.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		684,030.			684,030.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	390,365.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	579,291.				
	c Gain or (loss)	7c	-188,926.				
d Net gain or (loss)			-188,926.		-188,926.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			20,608,188.	260,073.	0.	495,104.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	12,634,779.	12,634,779.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	684,070.	342,035.	342,035.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,805,579.	1,587,351.	469,898.	748,330.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	126,015.	72,764.	22,173.	31,078.
9 Other employee benefits	552,897.	319,256.	97,286.	136,355.
10 Payroll taxes	267,164.	152,615.	43,368.	71,181.
11 Fees for services (nonemployees):				
a Management				
b Legal	51,284.		51,284.	
c Accounting	89,642.		89,642.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,360,599.	904,010.	384,362.	72,227.
12 Advertising and promotion	75,400.	41,366.	16,181.	17,853.
13 Office expenses	125,575.	68,893.	26,948.	29,734.
14 Information technology	106,066.	58,190.	22,762.	25,114.
15 Royalties				
16 Occupancy	182,144.	86,182.	33,267.	62,695.
17 Travel	62,498.	47,970.	3,446.	11,082.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	36,607.	29,039.		7,568.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	123,708.	58,533.	22,594.	42,581.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EVENTS	321,370.	129,502.	174,584.	17,284.
b UNITED WAY DUES	261,613.	195,551.	25,373.	40,689.
c MISCELLANEOUS	19,377.	13,933.	1,942.	3,502.
d VOLUNTEER EXPENSES	16,210.	10,296.	2,516.	3,398.
e All other expenses	14,134.	11,256.	1,048.	1,830.
25 Total functional expenses. Add lines 1 through 24e	19,916,731.	16,763,521.	1,830,709.	1,322,501.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	5,982,796.	1	3,980,133.
	2 Savings and temporary cash investments	20,010.	2	517,931.
	3 Pledges and grants receivable, net	8,207,638.	3	10,143,455.
	4 Accounts receivable, net	9,391.	4	12,421.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	26,979.	9	94,543.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,427,464.		
	b Less: accumulated depreciation	10b 967,950.	583,222.	10c 459,514.
	11 Investments - publicly traded securities	10,239,472.	11	11,538,400.
	12 Investments - other securities. See Part IV, line 11	2,618,225.	12	2,864,661.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,753,546.	15	2,588,471.
16 Total assets. Add lines 1 through 15 (must equal line 33)	30,441,279.	16	32,199,529.	
Liabilities	17 Accounts payable and accrued expenses	702,872.	17	783,556.
	18 Grants payable	3,889,170.	18	3,791,506.
	19 Deferred revenue	100,386.	19	387.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,121,693.	25	2,967,802.
	26 Total liabilities. Add lines 17 through 25	7,814,121.	26	7,543,251.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	18,905,349.	27	19,848,218.
	28 Net assets with donor restrictions	3,721,809.	28	4,808,060.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	22,627,158.	32	24,656,278.
33 Total liabilities and net assets/fund balances	30,441,279.	33	32,199,529.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,608,188.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,916,731.
3	Revenue less expenses. Subtract line 2 from line 1	3	691,457.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,627,158.
5	Net unrealized gains (losses) on investments	5	1,145,095.
6	Donated services and use of facilities	6	192,568.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	24,656,278.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36,442,612.	21,158,396.	22,876,635.	20,245,701.	19,845,638.	120,568,982.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	36,442,612.	21,158,396.	22,876,635.	20,245,701.	19,845,638.	120,568,982.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						120,568,982.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	36,442,612.	21,158,396.	22,876,635.	20,245,701.	19,845,638.	120,568,982.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	466,314.	820,754.	150,499.	608,421.	684,030.	2,730,018.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		675,000.	614,088.			1,289,088.
11 Total support. Add lines 7 through 10						124,588,088.
12 Gross receipts from related activities, etc. (see instructions)					12	651,116.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	96.77 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	96.95 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization []

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>4,000,406.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,688,629.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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 in 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	2,618,225.	2,446,178.	2,871,127.	2,128,723.	2,100,793.
b Contributions			5,206.	254,287.	3,490.
c Net investment earnings, gains, and losses	291,436.	222,047.	-410,538.	514,706.	48,581.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	45,000.	50,000.	19,617.	26,589.	24,141.
g End of year balance	2,864,661.	2,618,225.	2,446,178.	2,871,127.	2,128,723.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 50.6330 %
 - b Permanent endowment 49.3670 %
 - 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.	355,171.	441,334.
d Equipment		630,959.	612,779.	18,180.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				459,514.

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	2,864,661.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,864,661.	

Part VIII Investments - Program Related.

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

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

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	15,225.
(2) RIGHT OF USE ASSET - OPERATING	2,323,866.
(3) DONATED FACILITIES RECEIVABLE	249,380.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,588,471.

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	204,600.
(3) CAMPAIGNS PROCESSED FOR OTHERS	395,586.
(4) RIGHT OF USE LEASE LIABILITY - OPERATING	2,367,616.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,967,802.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	20,926,447.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,145,095.
b	Donated services and use of facilities	2b	397,029.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-1,223,865.
e	Add lines 2a through 2d	2e	318,259.
3	Subtract line 2e from line 1	3	20,608,188.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	20,608,188.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements	1	18,897,327.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	204,461.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	204,461.
3	Subtract line 2e from line 1	3	18,692,866.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,223,865.
c	Add lines 4a and 4b	4c	1,223,865.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	19,916,731.

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, 2024 AND 2023.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS -1,223,865.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 1,223,865.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

**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
CHARLOTTE FAMILY HOUSING, INC. 300 HAWTHORNE LANE CHARLOTTE, NC 28204	58-1599120	501(C)3	5,111.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF CLEVELAND COUNTY NC, INC. - 132 WEST GRAHAM STREET - SHELBY, NC 28150	56-6030073	501(C)3	5,163.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHRISTIAN MINISTRY OF EAST LINCOLN COUNTY, INC. - 4278 CATAWBA BURRIS ROAD - DENVER, NC 28037	56-1394959	501(C)3	5,590.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
KINDERMOURN, INC. 1320 HARDING PLACE CHARLOTTE, NC 28204	56-1221194	501(C)3	5,718.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BOYS AND GIRLS CLUB OF CABARRUS COUNTY, INC. - 247 SPRING STREET NW - CONCORD, NC 28025	56-0577630	501(C)3	6,139.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CAMINO COMMUNITY DEVELOPMENT CORPORATION INC. - 133 STETSON DRIVE - CHARLOTTE, NC 28262	56-2015959	501(C)3	6,667.	0.			PROGRAM OPERATING COST

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 188.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2023**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RACE MATTERS FOR JUVENILE JUSTICE 601 SOUTH KINGS DRIVE, SUITE F401 CHARLOTTE, NC 28204	85-3267824	501(C)3	7,455.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, 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
UNITED WAY OF STANLY COUNTY, INC. 116 EAST NORTH STREET ALBEMARLE, NC 28001	56-0841588	501(C)3	7,733.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PROJECT OUTPOUR 1800 CAMDEN R CHARLOTTE, NC 28203	82-4237112	501(C)3	8,000.	0.			PROGRAM OPERATING COST
YOUNG BLACK LEADERSHIP ALLIANCE 4112 OLD PINEVILLE ROAD CHARLOTTE, NC 28217	26-2984776	501(C)3	8,264.	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	8,936.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ANSON COUNTY PARTNERSHIP FOR CHILDREN - 117 SOUTH GREENE STREET - WADESBORO, NC 28170	56-1987729	501(C)3	9,511.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVENUE CHARLOTTE, NC 28274	56-0530003	501(C)3	10,000.	0.			PROGRAM OPERATING COST
THE SAVE OUR CHILDREN MOVEMENT INC 2201 CARONIA ST CHARLOTTE, NC 28212	47-1388661	501(C)3	10,000.	0.			PROGRAM OPERATING COST

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 QC FAMILY TREE INC 2910 PARKWAY AVENUE CHARLOTTE, NC 28208	20-4091165	501(C)3	10,000.	0.			PROGRAM OPERATING COST
FIRST BAPTIST CHURCH WEST COMMUNITY - 1801 OAKLAWN AVE - CHARLOTTE, NC 28216-5120	90-0080769	501(C)3	10,000.	0.			PROGRAM OPERATING COST
STILETTO BOSS UNIVERSITY, CLANTON PARK NEIGHBORHOOD ASSN. - 10518 ENGLISH SETTER WAY - CHARLOTTE, NC 28269	82-1467018		10,000.	0.			PROGRAM OPERATING COST FOR CLANTON PARK NEIGHBORHOOD ASSOCIATION
GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT - 5301 WILKINSON BOULEVARD - CHARLOTTE, NC 28208	56-0844639	501(C)3	10,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
NEW COVENANT COMMUNITY DEVELOPMENT CENTER - 402 E HUDSON ST - MONROE, NC 28112	80-0231533	501(C)3	10,040.	0.			PROGRAM OPERATING COST
HABITAT FOR HUMANITY CABARRUS COUNTY - 8 CHURCH STREET, SUITE 101 - CONCORD, NC 28025	56-1678395	501(C)3	10,217.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ARTHRITIS FOUNDATION, INC., CAROLINAS CHAPTER - 4530 PARK ROAD, SUITE 230 - CHARLOTTE, NC 28209	58-1341679	501(C)3	10,397.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
A SIGN OF THE TIMES OF THE CAROLINAS - 6228 EAGLE PEAK DRIVE - CHARLOTTE, NC 28214	20-4766220	501(C)3	10,500.	0.			PROGRAM OPERATING COST
LEGAL AID OF NORTH CAROLINA, INC 319 CHAPANOKE ROAD, SUITE 104 RALEIGH, NC 27603	31-1784161	501(C)3	11,500.	0.			PROGRAM OPERATING COST

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
LIFE INTERVENTIONS INCORPORATED 4312 CANIPE DRIVE CHARLOTTE, NC 28269	84-2272421	501(C)3	12,500.	0.			PROGRAM OPERATING COST
YOUTH STYLE FITNESS INC 4205 STUART ANDREW BLVD STE I CHARLOTTE, NC 28217	83-2026413	501(C)3	12,500.	0.			PROGRAM OPERATING COST
FREEDOM IN ME BUSINESS SHOWERS 125 REMOUNT RD CHARLOTTE, NC 28203	86-2951094	501(C)3	12,500.	0.			PROGRAM OPERATING COST
THE AGAP ALLEN'S FOUNDATION II 2415 PROVIDENCE CHURCH RD SALISBURY, NC 28081	87-4432518	501(C)3	12,500.	0.			PROGRAM OPERATING COST
THE EDUCATION OVER DEBT FOUNDATION 1021 PEGRAM ST. CHARLOTTE, NC 28205	85-3590360	501(C)3	12,500.	0.			PROGRAM OPERATING COST
EVOLUTIONARY AQUATICS 1327 MORETZ AVE CHARLOTTE, NC 28206	83-2312803	501(C)3	12,500.	0.			PROGRAM OPERATING COST
HEARTS FOR THE INVISIBLE CHARLOTTE COALITION INC. - 8640 UNIVERSITY CITY BLVD - CHARLOTTE, NC 28213	85-2199656	501(C)3	12,500.	0.			PROGRAM OPERATING COST
FATHERS AGAINST VIOLENCE & REPEAT-OFFENDERS, INC - 10612 WALKERS FERRY RD. - CHARLOTTE, NC 28278	54-2177313	501(C)3	12,500.	0.			PROGRAM OPERATING COST
PEOPLES PRIVATE LEARNING CENTER, INC. - 10660 SOUTH TRYON - CHARLOTTE, NC 28273	85-3553235	501(C)3	12,500.	0.			PROGRAM OPERATING COST

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
CHRISTLINK 2225 FREEDOM DRIVE STE 5 CHARLOTTE, NC 28208	82-1799633	501(C)3	12,500.	0.			PROGRAM OPERATING COST
ERIKAS CLOSET PO BOX 29547 CHARLOTTE, NC 28229	82-4939775	501(C)3	12,500.	0.			PROGRAM OPERATING COST
STRIVECLT, INC. 1009 EAST BOULEVARD CHARLOTTE, NC 28203	87-4644219	501(C)3	12,500.	0.			PROGRAM OPERATING COST
DEEP ROOTS FARM FOUNDATION 2401 PRIMM ROAD CHARLOTTE, NC 28216	88-4102762	501(C)3	12,500.	0.			PROGRAM OPERATING COST
YOUNG ICONS 3711 LATROBE DR STE 510 CHARLOTTE, NC 28211	85-3635794	501(C)3	12,500.	0.			PROGRAM OPERATING COST
BFIT BIG DREAMS YOUTH INC 6125 DWIGHTWARE BLVD CHARLOTTE, NC 28227	86-2135723	501(C)3	12,500.	0.			PROGRAM OPERATING COST
HARD GRINDERZ KINGS GROWING KINGS MENTORING - 5819 HUNTING RIDGE LANE APT D - CHARLOTTE, NC 28212	85-3231770	501(C)3	12,500.	0.			PROGRAM OPERATING COST
QUEEN CITY COCOA BEANS INCORPORATED - 10887 GARDENS OAKS LANE - CHARLOTTE, NC 28273	85-2912068	501(C)3	12,500.	0.			PROGRAM OPERATING COST
GENERATIONAL WEALTH EDUCATORS 1213 W. MOREHEAD STREET SUITE 500 CHARLOTTE, NC 28208	87-0898692	501(C)3	12,500.	0.			PROGRAM OPERATING COST

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
PATHWAYS NC INC. 2647 FREEDOM DRIVE CHARLOTTE, NC 28208	85-3578177	501(C)3	12,500.	0.			PROGRAM OPERATING COST
ACHIEVING SUCCESS ON PURPOSE, INC. 5333 BELLFLOWER LANE CHARLOTTE, NC 28227	46-0878912	501(C)3	12,500.	0.			PROGRAM OPERATING COST
THE APPLESAUCE GROUP 1646 WASHINGTON AVE CHARLOTTE, NC 28216	84-4633674	501(C)3	12,500.	0.			PROGRAM OPERATING COST
KONSPICUOUS FOUNDATION, INC 8405 CONNER RIDGE LANE CHARLOTTE, NC 28269	85-3924552	501(C)3	12,500.	0.			PROGRAM OPERATING COST
CINE CASUAL, LLC 12721 GLOWING PEAK RD HUNTERSVILLE, NC 28078	93-1921735		12,500.	0.			PROGRAM OPERATING COST
CHANGING LIVES OUTREACH CENTER CDC 5009 BEATTIES FORD ROAD, STE 107 CHARLOTTE, NC 28216	83-2124745	501(C)3	12,500.	0.			PROGRAM OPERATING COST
BOOKS WITH COLOR INC. 16011-A LANCASTER HWY, SUITE 181 CHARLOTTE, NC 28277	86-1482295	501(C)3	12,500.	0.			PROGRAM OPERATING COST
TRUSOLACE COMMUNITY FOUNDATION 4308 KITTY DRIVE CHARLOTTE, NC 28216	92-3889245	501(C)3	12,500.	0.			PROGRAM OPERATING COST
CHARLOTTE GAYMERS NETWORK, INC. 1162 EAST 36TH STREET CHARLOTTE, NC 28205	87-2591704	501(C)3	12,500.	0.			PROGRAM OPERATING COST

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 LINCOLN COUNTY, INC. 101 EAST MAIN STREET, 2ND FLOOR LINCOLNTON, NC 28092	23-7125926	501(C)3	12,675.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
YMCA OF GREATER CHARLOTTE 400 EAST MOREHEAD STREET CHARLOTTE, NC 28202	56-1045299	501(C)3	13,270.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHILD CARE RESOURCES INC. 200B REGENCY EXECUTIVE PARK DR SUIT CHARLOTTE, NC 28217	56-1316030	501(C)3	13,512.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
PSYCHOLOGY FOR ALL, INC. P.O. BOX 49556 CHARLOTTE, NC 28277	47-3035991	501(C)3	13,714.	0.			PROGRAM OPERATING COST
MEN OF DESTINY 6700 NORTH TRYON STREET #560653 CHARLOTTE, NC 28213	81-3655759	501(C)3	14,500.	0.			PROGRAM OPERATING COST
ROOF ABOVE, INC. 945 NORTH COLLEGE STREET CHARLOTTE, NC 28206	56-1837620	501(C)3	14,896.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CATAWBA COUNTY UNITED WAY 2760 TATE BOULEVARD SE HICKORY, NC 28602	56-0774714	501(C)3	14,974.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GIRL MAGIC INCORPORATED 11401 TAVERNAY PARKWAY CHARLOTTE, NC 28262	86-1280190	501(C)3	15,000.	0.			PROGRAM OPERATING COST
AUGUSTINE LITERACY PROJECT-CHARLOTTE - 115 WEST 7TH STREET - CHARLOTTE, NC 28202	83-0822641	501(C)3	15,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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
HEALTHQUEST OF UNION COUNTY, INC. 415 EAST FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)3	16,472.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
MISSIONARY ATHLETES INTERNATIONAL 9303 MONROE RD CHARLOTTE, NC 28270	33-0017152	501(C)3	19,000.	0.			PROGRAM OPERATING COST
POTTSTOWN HERITAGE GROUP 301 DELLWOOD DR HUNTERSVILLE, NC 28078	88-2375374	501(C)3	20,000.	0.			PROGRAM OPERATING COST
PARENTCHILD+ 242 WEST 30TH STREET, SUITE 1100 NEW YORK, NY 10001	11-2495601	501(C)3	20,000.	0.			PROGRAM OPERATING COST
JESSIE'S WORLD INCORPORATED 7114 CORNERSTONE DRIVE CHARLOTTE, NC 28269	38-3803375	501(C)3	20,000.	0.			PROGRAM OPERATING COST
ALLUVIUM, INC. 701 MORRIS ST. CHARLOTTE, NC 28202	47-2378461	501(C)3	20,000.	0.			PROGRAM OPERATING COST
INNOVATE TECH CHARLOTTE 5928 PECAN VALLEY CT HARRISBURG, NC 28075	84-5095472	501(C)3	20,000.	0.			PROGRAM OPERATING COST
THE ARTS EMPOWERMENT PROJECT 11402 JAMES JACK LANE CHARLOTTE, NC 28277	45-4837497	501(C)3	20,000.	0.			PROGRAM OPERATING COST
HISTORIC HOSKINS COALITION GROUP 501 SINCLAIR STREET CHARLOTTE, NC 28208	87-2412006	501(C)3	20,000.	0.			PROGRAM OPERATING COST

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
EMPOWHERMENT, INC 1023B MARGARET BROWN STREET CHARLOTTE, NC 28202	46-1450960	501(C)3	20,000.	0.			PROGRAM OPERATING COST
OUR DAILY BREAD FOUNDATION PO BOX 32451 CHARLOTTE, NC 28232	83-1487766	501(C)3	20,000.	0.			PROGRAM OPERATING COST
UMBA BRIGHT STARS INC 422 CANNINGS LANE CHARLOTTE, NC 28262	82-2789923	501(C)3	20,000.	0.			PROGRAM OPERATING COST
QUE-OS PO BOX 11256 CHARLOTTE, NC 28220	46-0643659	501(C)3	20,000.	0.			PROGRAM OPERATING COST
EAST CHARLOTTE COALITION OF NEIGHBORHOODS, INC. - 3825 WINTERFIELD PLACE - CHARLOTTE, NC 28205	83-1776361	501(C)3	20,000.	0.			PROGRAM OPERATING COST
FAMILIES FORWARD CHARLOTTE, INC 5612 IVYGATE LANE CHARLOTTE, NC 28226	82-0790354	501(C)3	20,175.	0.			PROGRAM OPERATING COST
BIG BROTHERS BIG SISTERS OF CENTRAL CAROLINAS - 8514 MCALPINE PARK DRIVE STE. 130 - CHARLOTTE, NC 28205	56-2264009	501(C)3	21,137.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ALLIANCE CENTER FOR EDUCATION, INC. - 700 PARKWOOD AVENUE - CHARLOTTE, NC 28203	56-0543244	501(C)3	22,500.	0.			PROGRAM OPERATING COST
URBAN PROMISE CHARLOTTE PO BOX 12213 CHARLOTTE, NC 28220	47-2302870	501(C)3	22,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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
FEED MY LAMBS 2290 US-74 WADESBORO, NC 28170	56-2158694	501(C)3	23,467.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UNITED WAY OF GASTON COUNTY INC 200 EAST FRANKLIN BOULEVARD GASTONIA, NC 28052	56-0653356	501(C)3	23,592.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
NATIONAL COALITION OF 100 BLACK WOMEN - QUEEN CITY METROPOLI - PO BOX 32364 - CHARLOTTE, NC 28232	26-2472749	501(C)3	24,981.	0.			PROGRAM OPERATING COST
FAITH MEMORIAL COMMUNITY OUTREACH CENTER INC - 211 LAKEWOOD AVE - CHARLOTTE, NC 28208	83-2627536	501(C)3	25,000.	0.			PROGRAM OPERATING COST
NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY - 1601 EAST MARKET STREET - GREENSBORO, NC 27411	56-6000007	NORTH CAROLINA	25,000.	0.			PROGRAM OPERATING COST
THE HELPS EDUCATION FUND, INC. PO BOX 6667 RALEIGH, NC 27628	45-2046989	501(C)3	25,000.	0.			PROGRAM OPERATING COST
THE MALES PLACE INC. PO BOX 16184 CHARLOTTE, NC 28297	46-2830186	501(C)3	25,500.	0.			PROGRAM OPERATING COST
CHANGE UNIVERSITY 1202 BEATTIES FORD RD SUITE E CHARLOTTE, NC 28216	86-3391919	501(C)3	25,750.	0.			PROGRAM OPERATING COST
UNITED WAY OF YORK COUNTY, SC 226 NORTH PARK DRIVE, SUITE 100 ROCK HILL, SC 29730	57-0360058	501(C)3	26,951.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL BLACK CHILD DEVELOPMENT INSTITUTE-CHARLOTTE - 7209 E WT HARRIS BLVD. SUITE J #267 - CHARLOTTE, NC 28215	52-0908178	501(C)3	30,000.	0.			PROGRAM OPERATING COST
GARDHOUSE LIMITED 809 WESTMERE AVE CHARLOTTE, NC 28208	84-2952589	501(C)3	30,000.	0.			PROGRAM OPERATING COST
CHILDREN OF THE WORLD LEARNING CENTER INC. - 6030 ALBEMARLE ROAD - CHARLOTTE, NC 28212	83-3523938	501(C)3	30,000.	0.			PROGRAM OPERATING COST
B.E.A.M. FOUNDATION P.O. BOX 562663 CHARLOTTE, NC 28256	56-2012602	501(C)3	30,000.	0.			PROGRAM OPERATING COST
FIRM FOUNDATIONS YOUTH & FAMILY OUTREACH - 6101 WINDSOR GATE LANE - CHARLOTTE, NC 28215	46-3447502	501(C)3	30,000.	0.			PROGRAM OPERATING COST
COMMUNITY HEALTH SERVICES OF UNION COUNTY, INC. - 1338 EAST SUNSET DRIVE SUITE C - MONROE, NC 28112	46-0495947	501(C)3	30,623.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
STILETTO BOSS UNIVERSITY, UNITE CHARLOTTE - 1026 JAY ST - CHARLOTTE, NC 28208	82-1467018	501(C)3	31,500.	0.			PROGRAM OPERATING COST
BLACK SOCIAL CAPITAL INITIATIVE INC - PO BOX 36061 - CHARLOTTE, NC 28236	85-3076147	501(C)3	31,500.	0.			PROGRAM OPERATING COST
COUNCIL ON AGING IN UNION COUNTY, INC. - 1401 SKYWAY DRIVE - MONROE, NC 28110	56-1081558	501(C)3	31,605.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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
JUST DO IT MOVEMENT INC 601 E 5TH ST CHARLOTTE, NC 28202	85-0641373	501(C)3	32,500.	0.			PROGRAM OPERATING COST
STEP UP TO LEADERSHIP PO BOX 412 HARRISBURG, NC 28075	47-5594920	501(C)3	32,500.	0.			PROGRAM OPERATING COST
A GIVING HEART PROJECT, INC. 4833 BEREWICK TOWN CENTER DR UNITE CHARLOTTE, NC 28278	82-4277215	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	32,500.	0.			PROGRAM OPERATING COST
EXPOSURE PROJECT INCORPORATED 1213 W MOREHEAD ST CHARLOTTE, NC 28208	84-3719663	501(C)3	32,500.	0.			PROGRAM OPERATING COST
HACK & HUSTLE SOCIAL ENTREPRENEURSHIP ACADEMY, INCORPORATED - 9445 MEADOWMONT VIEW DRIVE - CHARLOTTE, NC 28269	82-4105991	501(C)3	32,500.	0.			PROGRAM OPERATING COST
ELIZABETH HOUSE FOUNDATION 10130 MALLARD CREEK RD CHARLOTTE, NC 28262	35-2425174	501(C)3	32,500.	0.			PROGRAM OPERATING COST
PROJECTIGIVE, INC 537 WEST SUGER CREEK ETE 202, PMB 1 CHARLOTTE, NC 28213	47-2966856	501(C)3	32,500.	0.			PROGRAM OPERATING COST
LET'S TALK ABOUT IT-THE AUTISM CENTER, INC. - 5825 FALLS RIDGE LANE - CHARLOTTE, NC 28269	83-1884562	501(C)3	32,962.	0.			PROGRAM OPERATING COST

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
CONNECTING THE GAP 12358 HONEY HILL LANE CHARLOTTE, NC 28273	83-1857527	501(C)3	33,508.	0.			PROGRAM OPERATING COST
CAROLINA MIGRANT NETWORK 6917 LANCER DR. CHARLOTTE, NC 28226	85-0952850	501(C)3	33,620.	0.			PROGRAM OPERATING COST
BARRE BELLE 5643 TIPPERLINN WAY CHARLOTTE, NC 28278	83-3468094	501(C)3	34,500.	0.			PROGRAM OPERATING COST
S.T.A.R.S MATH AND ENGLISH ACADEMY PO BOX 680044 CHARLOTTE, NC 28216	27-2534310	501(C)3	35,318.	0.			PROGRAM OPERATING COST
CULINARY CONNECTIONS INCORPORATED 2525 PHEASANT CHASE LANE CHARLOTTE, NC 28216	82-4297650	501(C)3	37,500.	0.			PROGRAM OPERATING COST
GIRL SCOUTS, HORNETS' NEST COUNCIL 7007 IDLEWILD ROAD CHARLOTTE, NC 28212	56-0563842	501(C)3	39,482.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COMMUNITIES IN SCHOOLS OF CHARLOTTE-MECKLENBURG, INC. - 601 E 5TH STREET, SUITE 300 - CHARLOTTE, NC 28202	58-1661795	501(C)3	40,652.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UNION-ANSON COUNTY HABITAT FOR HUMANITY, INC. - 3702 OLD CHARLOTTE HIGHWAY - MONROE, NC 28110	56-1704668	501(C)3	41,090.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
YWCA CENTRAL CAROLINAS 3420 PARK ROAD CHARLOTTE, NC 28209	56-0532139	501(C)3	42,410.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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
TEAM TRUBLUE 2600 NEWLAND ROAD CHARLOTTE, NC 28216	47-2187901	501(C)3	42,500.	0.			PROGRAM OPERATING COST
A BRIGHTER DAY- BND MINSITRIES 5234 DAYAN DRIVE CHARLOTTE, NC 28216	45-2814630	501(C)3	43,735.	0.			PROGRAM OPERATING COST
BLOCK LOVE CHARLOTTE 7137 FOUNDERS CLUB COURT CHARLOTTE, NC 28269	84-4760383	501(C)3	43,838.	0.			PROGRAM OPERATING COST, RESTRICTED FUNDING TO ACHIEVE CONTRACTED SERVICES
CHAMPIONS OF CHANGE, INC. 120 ACADEMY STREET FORT MILL, SC 29715	81-2922258	501(C)3	44,500.	0.			PROGRAM OPERATING COST
ANOTHER CHANCE: HOUSE OF REFUGE 1708 CHAMBERS DR UNIT 15 MATTHEWS, NC 28105	84-3777471	501(C)3	45,500.	0.			PROGRAM OPERATING COST
JUMPING DREAMS DD 2701 FREEDOM DRIVE CHARLOTTE, NC 28208	82-5458853	501(C)3	46,625.	0.			PROGRAM OPERATING COST
CHARLOTTEEAST PO BOX 9011 CHARLOTTE, NC 28299	47-2951440	501(C)3	47,231.	0.			PROGRAM OPERATING COST
THE CENTER FOR COMMUNITY TRANSITIONS - P. O. BOX 33533 - CHARLOTTE, NC 28233	51-0185383	501(C)3	48,000.	0.			PROGRAM OPERATING COST
DIGI-BRIDGE 1026 JAY STREET, SUITE B-128 CHARLOTTE, NC 28206	46-4859045	501(C)3	48,000.	0.			PROGRAM OPERATING COST

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
CRISIS ASSISTANCE MINISTRY (MECKLENBURG) - 500-A SPRATT STREET - CHARLOTTE, NC 28206	56-1416719	501(C)3	48,198.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
FREEDOM SCHOOL PARTNERS INC 1030 AROSA AVENUE CHARLOTTE, NC 28203	56-2169158	501(C)3	48,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UNION DIVERSIFIED INDUSTRIES, INC. 2815 WALKUP AVENUE MONROE, NC 28110	56-0987710	501(C)3	49,648.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
SMITHVILLE COMMUNITY INC PO BOX 1206 CORNELIUS, NC 28031	46-1055584	501(C)3	50,000.	0.			PROGRAM OPERATING COST
EXODUS FOUNDATION ORG 13016 EASTFIELD ROAD HUNTERSVILLE, NC 28078	56-2163753	501(C)3	50,000.	0.			PROGRAM OPERATING COST
THE FACTS INITIATIVE 229 S BREVARD STREET CHARLOTTE, NC 28202	83-1240388	501(C)3	50,000.	0.			PROGRAM OPERATING COST
HEALING VINE HARBOR INC. 10354 ROUNDHOUSE CIR CHARLOTTE, NC 28227	46-2512680	501(C)3	50,000.	0.			PROGRAM OPERATING COST
UNITED WAY OF GREATER ATLANTA, INC. - 40 CORTLAND STREET, NE SUITE 300 - ATLANTA, GA 30303	58-0566194	501(C)3	52,040.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
RAO COMMUNITY HEALTH 321 W. 11TH STREET CHARLOTTE, NC 28202	82-1055298	501(C)3	52,500.	0.			PROGRAM OPERATING COST

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 FRANKIE MAE FOUNDATION PO BOX 37 HUNTERSVILLE, NC 28070	87-1527068	501(C)3	52,750.	0.			PROGRAM OPERATING COST
DO GREATER FOUNDATION, INC. 14101 MISTY BROOK LANE CHARLOTTE, NC 28273	82-3722201	501(C)3	52,995.	0.			PROGRAM OPERATING COST
DREAMKEY PARTNERS INC. 4601 CHARLOTTE PARK DRIVE, STE 350 CHARLOTTE, NC 28217	56-1620516	501(C)3	53,000.	0.			PROGRAM OPERATING COST
TURNING POINT OF UNION COUNTY, INC. - PO BOX 952 - MONROE, NC 28111	58-1698701	501(C)3	54,237.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
BEATTIES FORD ROAD VOCATIONAL TRADE CENTER, INC. - 1406 BEATTIES FORD RD - CHARLOTTE, NC 28216	81-4832881	501(C)3	54,323.	0.			PROGRAM OPERATING COST, RESTRICTED FUNDING TO ACHIEVE CONTRACTED SERVICES
REFUGEE SUPPORT SERVICES OF THE CAROLINAS - 3925 WILLARD FARROW DR - CHARLOTTE, NC 28215	20-5972063	501(C)3	55,450.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
THE ACADEMY OF GOAL ACHIEVERS, INC. - 7569 ABIGAIL GLEN DRIVE - CHARLOTTE, NC 28212	46-3145227	501(C)3	58,750.	0.			PROGRAM OPERATING COST
COMMUNITY LINK PROGRAMS OF TRAVELERS AID SOCIETY OF CENTRAL - 601 EAST 5TH STREET, SUITE 220 - CHARLOTTE, NC 28202	56-0530008	501(C)3	60,600.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, RESTRICTED PROGRAM FUNDING TO ACHIEVE
UNION COUNTY COMMUNITY SHELTER 160 MEADOW STREET MONROE, NC 28110	58-2121860	501(C)3	60,640.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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
BEDS FOR KIDS 1800 CAMDEN ROAD, SUITE 107-17 CHARLOTTE, NC 28203	27-4153074	501(C)3	62,048.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
WEST SIDE COMMUNITY LAND TRUST PO BOX 668023 CHARLOTTE, NC 28266	82-1143067	501(C)3	62,500.	0.			PROGRAM OPERATING COST
URBAN INSTITUTE FOR STRENGTHENING FAMILIES - 8410 PIT STOP COURT NW, SUITE 127 - CONCORD, NC 28027	81-4025067	501(C)3	65,000.	0.			PROGRAM OPERATING COST
CHARLOTTE WORKS 8601 MCALPINE PARK DR SUITE 130 CHARLOTTE, NC 28211	56-2098251	501(C)3	67,000.	0.			PROGRAM OPERATING COST
DESPIERTA 4108 PARK ROAD CHARLOTTE, NC 28209	85-4057069	501(C)3	68,000.	0.			PROGRAM OPERATING COST
FLORENCE CRITTENTON SERVICES, INC. 3350 HOLABIRD LANE CHARLOTTE, NC 28208	56-0577626	501(C)3	69,394.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CATERPILLAR MINISTRIES PO BOX 2155 HUNTERSVILLE, NC 28070	46-5034459	501(C)3	73,050.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
PROJECT 658 INC 3646 CENTRAL AVENUE CHARLOTTE, NC 28205	46-2956418	501(C)3	73,950.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
NOURISH UP 901 CARRIER DRIVE CHARLOTTE, NC 28216	56-1398498	501(C)3	74,545.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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
ESTHER'S HEART FOR TRANSFORMATION MINISTRY INC - 4139 ZEBULON AVE SW - CONCORD, NC 28027	26-3350792	501(C)3	76,925.	0.			PROGRAM OPERATING COST
UNION COUNTY CRISIS ASSISTANCE MINISTRY, INC. - 1335 W ROOSEVELT BLVD - MONROE, NC 28110	58-1631417	501(C)3	80,347.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CENTER 360 PO BOX 31653 CHARLOTTE, NC 28231	47-4832156	501(C)3	82,000.	0.			PROGRAM OPERATING COST
THE S.T.U.D.I.O 6150 MILLER ROAD KANNAPOLIS, NC 28081	35-2622358	501(C)3	83,125.	0.			PROGRAM OPERATING COST
CATHOLIC CHARITIES DIOCESE OF CHARLOTTE - 1123 SOUTH CHURCH STREET - CHARLOTTE, NC 28203	56-1058954	501(C)3	87,156.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, RESTRICTED PROGRAM FUNDING TO ACHIEVE
POP'S PASSION, INC. 11035 GOLF LINKS DR #77907 CHARLOTTE, NC 29277	85-2610895	501(C)3	87,500.	0.			PROGRAM OPERATING COST
SHE BUILT THIS CITY 920 BLAIRHILL ROAD B117 CHARLOTTE, NC 28217	84-3445543	501(C)3	91,195.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
YOUTH DEVELOPMENT INITIATIVES INC PO BOX 480480 CHARLOTTE, NC 28269	14-1954707	501(C)3	92,450.	0.			PROGRAM OPERATING COST
FREEDOM COMMUNITIES 3501 TUCKASEEGEE ROAD CHARLOTTE, NC 28208	82-2329303	501(C)3	97,230.	0.			PROGRAM OPERATING COST

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
WEST BOULEVARD NEIGHBORHOOD COALITION - PO BOX 669755 - CHARLOTTE, NC 28266	30-0401238	501(C)3	97,230.	0.			PROGRAM OPERATING COST
MENTAL HEALTH AMERICA OF CENTRAL CAROLINAS, INC. - 3701 LATROBE DRIVE, SUITE 140 - CHARLOTTE, NC 28211	56-0674267	501(C)3	97,716.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
EL PUENTE HISPANO 455 CONCORD PKWY N. STE #7441 CONCORD, NC 28027	82-3260968	501(C)3	98,076.	0.			PROGRAM OPERATING COST
FOR THE STRUGGLE, INC. 1420 BEATTIES FORD ROAD CHARLOTTE, NC 28216	83-4652690	501(C)3	99,152.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
SALVATION ARMY - CHARLOTTE AREA COMMAND - 1424 NORTHEAST EXPRESSWAY - BROOKHAVEN, GA 30329	58-0660607	501(C)3	99,400.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST, RESTRICTED PROGRAM
CARE RING, INC. 601 E 5TH STREET, SUITE 140 CHARLOTTE, NC 28202	56-0621073	501(C)3	101,425.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST, RESTRICTED FUNDING TO
MONEY MAGNETS CLUB PO BOX 1418 PINEVILLE, NC 28134	87-1776021	501(C)3	101,475.	0.			PROGRAM OPERATING COST
CHARLOTTE BILINGUAL PRESCHOOL 6300 HIGHLAND AVENUE CHARLOTTE, NC 28215	36-4522499	501(C)3	104,532.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UNC CHARLOTTE GRANTS & CONTRACTS CHARLOTTE, NC 28223-0001	56-0791228	NORTH CAROLINA	109,488.	0.			PROGRAM OPERATING COST

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
AMITY MEDICAL GROUP, INC. 6010 EAST W.T. HARRIS BOULEVARD CHARLOTTE, NC 28215	47-1195624	501(C)3	112,500.	0.			PROGRAM OPERATING COST
FAMILY MANKIND 1107 A BEATTIES FORD CHARLOTTE, NC 28216	83-3886078	501(C)3	115,000.	0.			PROGRAM OPERATING COST
REBUILDING TOGETHER OF GREATER CHARLOTTE, INC - 9801 SOUTHERN PINE BLVD. STE. E - CHARLOTTE, NC 28273	27-3101212	501(C)3	115,375.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
HABITAT FOR HUMANITY CHARLOTTE 20310 NORTH MAIN STREET CORNELIUS, NC 28031	56-1366233	501(C)3	130,700.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
PROMISE YOUTH DEVELOPMENT INC 5835 EXECUTIVE CENTER DR CHARLOTTE, NC 28212	81-1096615	501(C)3	135,000.	0.			PROGRAM OPERATING COST
NORTH END COMMUNITY COALITION 210 N MCDOWELL ST #30234 CHARLOTTE, NC 28230	81-2943846	501(C)3	147,230.	0.			PROGRAM OPERATING COST
OURBRIDGE, INC. 3925 WILLARD FARROW DR. CHARLOTTE, NC 28215	46-3784901	501(C)3	152,292.	0.			PROGRAM OPERATING COST
HISTORIC WEST END PARTNERS, INC. 309 LIMA AVENUE CHARLOTTE, NC 28208	27-1880057	501(C)3	157,230.	0.			PROGRAM OPERATING COST
CHARLOTTE SPEECH AND HEARING CENTER, INC. - 741 KENILWORTH AVE, SUITE 100 - CHARLOTTE, NC 28204	56-0892041	501(C)3	203,405.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)3	203,657.	0.			PROGRAM OPERATING COST
THE LIFE PROJECT OF NORTH CAROLINA 333 JEREMIAH BLVD CHARLOTTE, NC 28262	46-4331987	501(C)3	212,869.	0.			PROGRAM OPERATING COST
CHARLOTTE CENTER FOR LEGAL ADVOCACY - 5535 ALBEMARLE ROAD - CHARLOTTE, NC 28212	56-1202940	501(C)3	220,350.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
THE BULB GALLERY 933 LOUISE AVE. STE. 493 CHARLOTTE, NC 28205	81-4676117	501(C)3	232,021.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CROSSROADS CORPORATION 3623 LATROBE AVE. STE. 208 CHARLOTTE, NC 28211	26-2787742	501(C)3	232,481.	0.			PROGRAM OPERATING COST
ADA JENKINS FAMILIES AND CAREERS DEVELOPMENT CENTER, INC. - PO BOX 1842 - DAVIDSON, NC 28036	56-1927067	501(C)3	235,176.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST, RESTRICTED PROGRAM
RENAISSANCE WEST COMMUNITY INITIATIVE - 3610 NOBLES AVENUE - CHARLOTTE, NC 28208	27-1396021	501(C)3	257,206.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
LAKEWOOD NEIGHBORHOOD ALLIANCE INC. - 330 LAKEWOOD AVE - CHARLOTTE, NC 28208	38-4015347	501(C)3	270,395.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
HOUSING COLLABORATIVE PO BOX 35305 CHARLOTTE, NC 28235	56-2173215	501(C)3	1,609,832.	0.			RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES

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:

COMMUNITY LINK PROGRAMS OF TRAVELERS AID SOCIETY OF CENTRAL

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED FOR GENERAL

SUPPORT, RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES DIOCESE OF CHARLOTTE

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED FOR GENERAL

SUPPORT, RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

SALVATION ARMY - CHARLOTTE AREA COMMAND

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED FOR GENERAL

SUPPORT, PROGRAM OPERATING COST, RESTRICTED PROGRAM FUNDING TO ACHIEVE

CONTRACTED OUTCOMES

NAME OF ORGANIZATION OR GOVERNMENT: CARE RING, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED FOR GENERAL

SUPPORT, PROGRAM OPERATING COST, RESTRICTED FUNDING TO ACHIEVE CONTRACTED

SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

ADA JENKINS FAMILIES AND CAREERS DEVELOPMENT CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED FOR GENERAL

SUPPORT, PROGRAM OPERATING COST, RESTRICTED PROGRAM FUNDING TO ACHIEVE

CONTRACTED OUTCOMES

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2023

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
 UNITED WAY OF GREATER CHARLOTTE, INC.

Employer identification number
 56-0529948

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 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 checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2023

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.	10,996.	187,609.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATHRYN FIRMIN-SELLERS 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 J, PART II

UNITED WAY OF GREATER CHARLOTTE HAS FILED AN AMENDED FORM 990 FOR TAX
YEAR 2022 TO CORRECT OFFICER AND HIGHEST COMPENSATED EMPLOYEE
COMPENSATION REPORTED. ON THE ORIGINAL 2022 FORM 990, COMPENSATION WAS
INADVERTENTLY REPORTED FOR CALENDAR YEAR 2023. THE AMENDED RETURN
CORRECTS THIS TO REPORT COMPENSATION FOR CALENDAR YEAR 2022.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

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 BUILD PATHWAYS TO ECONOMIC
OPPORTUNITY FOR ALL, PRIMARILY THROUGH NEIGHBORHOOD-BASED, GRASSROOTS
AND RESPONSIVE SOLUTIONS. AT UNITED WAY, WE FIND FRESH SOLUTIONS TO
SOLVE
OUR REGIONS MOST URGENT CHALLENGES, 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.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

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

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 DEEPEDED OUR

COMMITMENT TO UNITED NEIGHBORHOODS, INVESTING \$4.9M IN 50+ HISTORICALLY

DISINVESTED NEIGHBORHOODS IN THE CITY OF CHARLOTTE, AND IN NORTHERN

MECKLENBURG COUNTY.

UNITED NEIGHBORHOODS FOCUSES ON PARTNERSHIPS WITH RESIDENTS, COMMUNITY

LEADERS, BUSINESSES, AND NONPROFITS, BACKED BY MULTI-YEAR FUNDING AND

STAFF RESOURCES FROM UNITED WAY. FROM FY18 TO FY23, NEARLY 50 COMMUNITY

PARTNERS PROVIDED SUPPORT THROUGH THE UNITED NEIGHBORHOODS PROGRAM. IN

FY24, 63 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 SMALL NEIGHBORHOOD

ORGANIZATIONS, FUNDING COMMUNITY ENGAGEMENT ACTIVITIES AND COMPLETING

RESIDENT-DRIVEN NEIGHBORHOOD PLANNING TO IDENTIFY NEEDS AND SOLUTIONS.

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

2) UNITE CHARLOTTE SUPPORTS NEW AND GRASSROOTS ORGANIZATIONS THROUGH GRANTS AND CAPACITY-BUILDING ACTIVITIES. THROUGH THIS INITIATIVE, UNITED WAY SUPPORTS 55 SMALL AND GRASSROOTS ORGANIZATIONS. THE FOUNDERS AND LEADERS OF THESE GRASSROOTS ORGANIZATIONS HAVE A BACKGROUND AND EXPERIENCE IN THE COMMUNITY THEY SERVE.

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, 55 SMALL ORGANIZATIONS, WORKING TO SUPPORT AND EMPOWER ALL CHARLOTTE RESIDENTS, RECEIVED GRANTS RANGING FROM \$20,000 TO \$60,000 AS WELL AS CAPACITY-BUILDING TRAINING.

UNITED WAY FUNDING, TECHNICAL ASSISTANCE AND GUIDANCE HELP STABILIZE AND GROW NONPROFITS, PREPARING THEM TO SECURE ADDITIONAL PUBLIC AND PRIVATE FUNDING. WE ALSO WORK TO STRENGTHEN THE LEADERSHIP CAPABILITIES WITHIN UNITE CHARLOTTE ORGANIZATIONS. IN FY24, 89 DEDICATED VOLUNTEERS PARTICIPATED IN THE GRANT REVIEW PROCESS, EVALUATING AGENCY APPLICATIONS TO IDENTIFY THOSE ORGANIZATIONS THAT CAN GENERATE THE GREATEST IMPACT. 15 OF THOSE VOLUNTEERS WERE COMMUNITY MEMBERS WHO ARE CLOSE TO ISSUES THIS INITIATIVE AIMS TO ADDRESS.

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 FY24, VOLUNTEERS AWARDED FUNDING TO FOUR AGENCIES WORKING

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

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 FY24, VOLUNTEERS AWARDED FUNDING TO SIX AGENCIES WORKING IN CABARRUS COUNTY.

IN UNION COUNTY, UNITED WAY'S FUNDING SUPPORTS ORGANIZATIONS ADDRESSING 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 FY24, VOLUNTEERS AWARDED FUNDING TO 12 AGENCIES WORKING IN UNION COUNTY.

IN MECKLENBURG COUNTY, UNITED WAY PARTNERS WITH MECKLENBURG COUNTY, THE CITY OF CHARLOTTE, AND OVER 250 PEOPLE REPRESENTING 150+ AGENCIES AND COMMUNITY LEADERS WHO HAVE EXPERIENCED HOMELESSNESS TO ADVANCE A HOME FOR ALL, A COMMUNITY PLAN TO ADDRESS HOMELESSNESS AND HOUSING INSTABILITY ON A SYSTEMIC LEVEL. A HOME FOR ALL'S VISION IS A COMMUNITY IN WHICH UNITED WAY OF GREATER CHARLOTTE, INC. HOMELESSNESS IS RARE, BRIEF, AND NONRECURRING AND EVERY PERSON HAS ACCESS TO PERMANENT AFFORDABLE HOUSING AND RESOURCES TO SUSTAIN IT.

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

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 AND IMPROVING THE SYSTEMS THAT SERVE
 CHILDREN AND FAMILIES.

RESULTS FROM AGENCY PROGRAMS FUNDED BY UNITED WAY:

- 28,521 INDIVIDUALS ACCESSED PRODUCTS AND SERVICES TO INCREASE THEIR
FOOD SECURITY.
- 9,717 INDIVIDUALS PARTICIPATING IN UNITED WAY FUNDED PARTNER PROGRAMS
ACCESSED HIGH QUALITY HEALTH OR MENTAL HEALTH CARE.
- 6,024 INDIVIDUALS AND FAMILIES ACCESSED AFFORDABLE PRESCRIPTION
MODIFICATION.
- 5,597 STUDENTS IMPROVED OR DEMONSTRATED POSITIVE BEHAVIORS WITH PEERS
AND ADULTS.
- 3,268 INDIVIDUALS AND/OR FAMILIES EXPERIENCING HOMELESSNESS OBTAINED
SAFE, AFFORDABLE HOUSING.

UNITED WAY'S BOARD APPROVES GRANT AWARDS ANNUALLY. GRANT FUNDING CYCLES
 GENERALLY BEGIN ON JANUARY 1 AND CONCLUDE ON DECEMBER 31. WE MAXIMIZE
 THE FUNDS PROVIDED BY DONORS BY DIRECTING THEM TOWARD CRITICAL PROGRAMS
 THAT BUILD PATHWAYS TO ECONOMIC OPPORTUNITY FOR ALL.

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

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

FLEXIBLE FUNDING TO MORE THAN 100 NONPROFITS 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 OF 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. VOLUNTEER OPPORTUNITIES ARE OFFERED DIRECTLY IN OUR NEIGHBORHOODS. YEAR-ROUND OPPORTUNITIES SUCH AS LIVE UNITED DAY AND MLK DAY OF SERVICES OFFER VOLUNTEERS MEANINGFUL SERVICE OPPORTUNITIES THAT DIRECTLY IMPACT THE RESIDENTS WE SERVE THROUGH UNITED NEIGHBORHOODS.

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:

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

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 CHIEF OF STAFF 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.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2024.

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, PART VII, SECTION A

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

UNITED WAY OF GREATER CHARLOTTE HAS FILED AN AMENDED FORM 990 FOR TAX

YEAR 2022 TO CORRECT OFFICER AND HIGHEST COMPENSATED EMPLOYEE

COMPENSATION REPORTED. ON THE ORIGINAL 2022 FORM 990, COMPENSATION WAS

INADVERTENTLY REPORTED FOR CALENDAR YEAR 2023. THE AMENDED RETURN

CORRECTS THIS TO REPORT COMPENSATION FOR CALENDAR YEAR 2022.

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.

Form **8868**
(Rev. January 2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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

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.

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.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. UNITED WAY OF GREATER CHARLOTTE, INC.	Taxpayer identification number (TIN) 56-0529948
	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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of ASCEND NONPROFIT SOLUTIONS
601 E 5TH STREET, SUITE 510 - 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, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning JUL 1, 20 23, and ending JUN 30, 2024

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)