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****PUBLIC DISCLOSURE COPY****

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 **and ending** JUN 30, 2025

B Check if applicable: Address change; Name change; Initial return; Final return/terminated; Amended return; Application pending

C Name of organization: UNITED WAY OF GREATER CHARLOTTE, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 601 E. FIFTH ST. Room/suite: 350

City or town, state or province, country, and ZIP or foreign postal code: CHARLOTTE, NC 28202

D Employer identification number: 56-0529948

E Telephone number: 704-372-7170

G Gross receipts $ 17,578,840.

F Name and address of principal officer: KATHRYN FIRMIN-SELLERS
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes [X] No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.UNITEDWAYGREATERCLT.ORG

K Form of organization: [X] Corporation Trust Association Other

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

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	61
6	Total number of volunteers (estimate if necessary)	6	2162
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	19,853,011.	15,547,527.
	9	Program service revenue (Part VIII, line 2g)	260,073.	51,275.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	495,104.	1,514,207.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,608,188.	17,113,009.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,634,779.	11,377,995.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,435,725.	4,465,175.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 1,635,623.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,846,227.	6,557,513.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,916,731.	22,400,683.
	19	Revenue less expenses. Subtract line 18 from line 12	691,457.	-5,287,674.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	32,199,529.	26,676,212.
	21	Total liabilities (Part X, line 26)	7,543,251.	7,226,189.
	22	Net assets or fund balances. Subtract line 21 from line 20	24,656,278.	19,450,023.

Part II Signature Block

Under pena d this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correc er than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signed by: Kathryn Firmin-Sellers
D9AF32E16E7B430...

Signature of officer — Date 4/4/2026

KATHRYN FIRMIN-SELLERS, PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
KATHERINE A WARLICK	KATHERINE A WARLICK	03/27/26		P02065266

Firm's name: CLIFTONLARSONALLEN LLP — Firm's EIN: 41-0746749

Firm's address: 227 WEST TRADE STREET, SUITE 800
CHARLOTTE, NC 28202 — Phone no. 7049985200

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

LHA **For Paperwork Reduction Act Notice, see the separate instructions.**

432001 12-10-24 Form **990** (2024)

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 $ 9,278,706. including grants of $ 6,362,381.) (Revenue $ 51,275.)
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)

4b (Code:) (Expenses $ 5,291,130. including grants of $ 3,283,433.) (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.

4c (Code:) (Expenses $ 1,732,181. including grants of $ 1,732,181.) (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 16,302,017.

SEE SCHEDULE O FOR CONTINUATION(S)

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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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4		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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b	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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I.* See instructions	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	59		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 61			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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. Indicate how you made these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

ASCEND NONPROFIT SOLUTIONS - (704)943-9400

601 EAST 5TH STREET, SUITE 510, CHARLOTTE, NC 28202

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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 X

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) KATHRYN FIRMIN-SELLERS	40.00									
INTERIM PRESIDENT /CEO (AS OF 7/24)				X				200,321.	0.	32,201.
(2) LAURA YATES CLARK	40.00									
PRESIDENT/CEO (THRU 6/24)				X				213,116.	0.	17,363.
(3) CLINT HILL	40.00									
CHIEF DEVELOP. OFFICER (THRU 3/25)				X				177,651.	0.	19,560.
(4) KENDRA GREEN	40.00									
CHIEF ADMIN. OFFICER (AS OF 7/24)						X		130,597.	0.	6,140.
(5) JAMESE IVY	40.00									
CHIEF IMPACT OFFICER (AS OF 7/24)						X		119,422.	0.	3,878.
(6) LEANNE SKIPPER	40.00									
INT. CHIEF DEV. OFFICER (AS OF 3/25)				X				101,805.	0.	18,762.
(7) O'SHAUNA HUNTER	40.00									
DIRECTOR OF HOUSING SOLUTIONS						X		105,507.	0.	4,591.
(8) ROBERT WILKINSON	40.00									
DIRECTOR OF FINANCE (THRU 8/2024)						X		100,841.	0.	3,148.
(9) BILL CURRENS	3.00									
BOARD CHAIR		X		X				0.	0.	0.
(10) RON MESSENGER	3.00									
VICE CHAIR		X		X				0.	0.	0.
(11) HANK ALSTON	3.00									
CABARRUS COUNTY CHAIR		X		X				0.	0.	0.
(12) LULA JACKSON	3.00									
ANSON COUNTY CHAIR		X		X				0.	0.	0.
(13) RHETT BROWN	3.00									
UNION COUNTY CHAIR		X		X				0.	0.	0.
(14) JOE WALL	3.00									
FINANCE CHAIR		X		X				0.	0.	0.
(15) AVALEEN CRAWFORD WILLIAMS	3.00									
FINANCE VICE CHAIR		X		X				0.	0.	0.
(16) CATHY CAMPBELL	3.00									
CAMPAIGN CHAIR		X		X				0.	0.	0.
(17) HENDRICK ELLIS	3.00									
CAMPAIGN VICE CHAIR		X		X				0.	0.	0.

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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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) BRIAN MIDDLETON COMMUNITY IMPACT CHAIR	3.00	X		X				0.	0.	0.
(19) LORETTA AYERS BOARD DIRECTOR	1.00	X						0.	0.	0.
(20) MICHAEL BRYANT BOARD DIRECTOR	1.00	X						0.	0.	0.
(21) JOHN FAGG BOARD DIRECTOR	1.00	X						0.	0.	0.
(22) BEAU FISHER BOARD DIRECTOR	1.00	X						0.	0.	0.
(23) SIL GANZO PARTNER AGENCY REP	1.00	X						0.	0.	0.
(24) MITCH GIBSON BOARD DIRECTOR	1.00	X						0.	0.	0.
(25) KEITH GIDDENS BOARD DIRECTOR	1.00	X						0.	0.	0.
(26) MICHELE JULIANA ASCEND AGENCY REP	1.00	X						0.	0.	0.
1b Subtotal								1,149,260.	0.	105,643.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,149,260.	0.	105,643.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 8

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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	298,887.
UPIC SOLUTIONS, 7870 E. KEMPER RD, SUITE 470, CINCINNATI, OH 45249	CRM PROCESSING & PROFESSIONAL SERVICES	152,097.
FORSYTH STREET ADVISORS, 588 BROADWAY, SUITE 1208, NEW YORK , NY 10012	AHFA CONSULTING SERVICES	105,000.

2 Total number of independent contractors (including but not listed to those listed above) who received more than $100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) HEATHER KESNER BOARD DIRECTOR	1.00	X						0.	0.	0.
(28) MICHAEL MARTINO BOARD DIRECTOR	1.00	X						0.	0.	0.
(29) RAJ NATARAJAN PAST BOARD CHAIR	3.00	X						0.	0.	0.
(30) MICHAEL J. O'LEARY BOARD DIRECTOR	1.00	X						0.	0.	0.
(31) TODD PEARCE BOARD DIRECTOR	1.00	X						0.	0.	0.
(32) WILL PITTS BOARD DIRECTOR	1.00	X						0.	0.	0.
(33) MARCEL SOLOMON VOLUNTEER ADVISORY REP	1.00	X						0.	0.	0.
(34) HEATHER TAMOL BOARD DIRECTOR	1.00	X						0.	0.	0.
(35) DENNIS WILLIAMS BOARD DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	42,302.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,184,263.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,320,962.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			15,547,527.			
Program Service Revenue			Business Code				
	2 a NET ADMINISTRATIVE FEE		900099	34,235.	34,235.		
	b						
	c						
	d						
	e						
	f All other program service revenue		900099	17,040.	17,040.		
	g **Total.** Add lines 2a-2f			51,275.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			828,475.			828,475.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6 a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	7a	1,151,563.				
	b Less: cost or other basis and sales expenses	7b	465,831.				
	c Gain or (loss)	7c	685,732.				
	d Net gain or (loss)			685,732.			685,732.
	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			Business Code				
	11 a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			17,113,009.	51,275.	0.	1,514,207.

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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 [X]

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	11,377,995.	11,377,995.		
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	660,212.	330,106.	330,106.	
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	2,924,342.	1,631,961.	255,618.	1,036,763.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	104,261.	56,090.	11,515.	36,656.
9 Other employee benefits	497,907.	266,293.	71,088.	160,526.
10 Payroll taxes	278,453.	152,526.	42,929.	82,998.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	82,878.		82,878.	
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.)	2,440,392.	1,809,227.	571,559.	59,606.
12 Advertising and promotion	49,344.	18,080.	20,175.	11,089.
13 Office expenses	57,628.	21,115.	23,562.	12,951.
14 Information technology	135,442.	49,626.	55,378.	30,438.
15 Royalties				
16 Occupancy	293,509.	164,375.	48,671.	80,463.
17 Travel	76,954.	55,976.	6,262.	14,716.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	47,591.	29,239.	12,526.	5,826.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	97,830.	54,788.	16,223.	26,819.
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 BAD DEBT EXPENSE	2,865,478.	0.	2,865,478.	0.
b EVENTS	200,114.	154,544.	4,643.	40,927.
c UNITED WAY DUES	171,019.	106,839.	32,090.	32,090.
d MISCELLANEOUS	23,508.	15,722.	7,283.	503.
e All other expenses	15,826.	7,515.	5,059.	3,252.
25 **Total functional expenses.** Add lines 1 through 24e	22,400,683.	16,302,017.	4,463,043.	1,635,623.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [ ] if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		3,980,133.	1	2,501,881.
	2	Savings and temporary cash investments		517,931.	2	1,104,440.
	3	Pledges and grants receivable, net		10,143,455.	3	5,354,661.
	4	Accounts receivable, net		12,421.	4	42,294.
	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		94,543.	9	71,435.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,427,464.			
	b	Less: accumulated depreciation	10b 1,065,780.	459,514.	10c	361,684.
	11	Investments - publicly traded securities		11,538,400.	11	12,203,149.
	12	Investments - other securities. See Part IV, line 11		2,864,661.	12	2,458,406.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,588,471.	15	2,578,262.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		32,199,529.	16	26,676,212.
Liabilities	17	Accounts payable and accrued expenses		783,556.	17	405,343.
	18	Grants payable		3,791,506.	18	3,825,556.
	19	Deferred revenue		387.	19	111,571.
	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		2,967,802.	25	2,883,719.
	26	**Total liabilities.** Add lines 17 through 25		7,543,251.	26	7,226,189.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** X **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		19,848,218.	27	15,222,559.
	28	Net assets with donor restrictions		4,808,060.	28	4,227,464.
		Organizations that do not follow FASB ASC 958, check here ☐ **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		24,656,278.	32	19,450,023.
	33	Total liabilities and net assets/fund balances		32,199,529.	33	26,676,212.

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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	17,113,009.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,400,683.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,287,674.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,656,278.
5	Net unrealized gains (losses) on investments	5	87,825.
6	Donated services and use of facilities	6	-6,406.
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	19,450,023.

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: ☐ Cash ☒ Accrual ☐ 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	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	3b	X	

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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

2024

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).** (Attach Schedule E (Form 990).)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [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).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,158,396.	22,876,635.	20,245,701.	19,845,638.	15,547,527.	99,673,897.
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	21,158,396.	22,876,635.	20,245,701.	19,845,638.	15,547,527.	99,673,897.
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.						99,673,897.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	21,158,396.	22,876,635.	20,245,701.	19,845,638.	15,547,527.	99,673,897.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	820,754.	150,499.	608,421.	684,030.	828,475.	3,092,179.
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						104,055,164.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 517,573.

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** ..... ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) ..... 14 95.79 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 ..... 15 96.77 %

16a **33 1/3% support test - 2024.** 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 ..... ☒

b **33 1/3% support test - 2023.** 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 ..... ☐

17a **10% -facts-and-circumstances test - 2024.** 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 ..... ☐

b **10% -facts-and-circumstances test - 2023.** 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 ..... ☐

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 ..... ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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 ☐

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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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* **Part VI.**	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
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? *If "Yes," provide detail in* **Part VI.**	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

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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 (*explain in detail in* **Part VI**):			
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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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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 2024 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-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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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.

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****PUBLIC DISCLOSURE COPY****

Schedule B (Form 990)
(Rev. December 2024)
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

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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.

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Name of organization	Employer identification number
UNITED WAY OF GREATER CHARLOTTE, INC.	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		$ 4,471,642.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
2		$ 944,393.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
3		$ 500,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Docusign Envelope ID: 776C55F6-E93B-4BA2-BC65-AFA7018C1DFF

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
		$	

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

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

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

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

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

Docusign Envelope ID: 776C55F6-E93B-4BA2-BC65-AFA7018C1DFF

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)
(Rev. December 2024)
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

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.

		(a) Donor advised funds	(b) Funds and other accounts
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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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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	2,864,661.	2,618,225.	2,446,178.	2,871,127.	2,128,723.
b Contributions				5,206.	254,287.
c Net investment earnings, gains, and losses	332,454.	291,436.	222,047.	-410,538.	514,706.
d Grants or scholarships					
e Other expenditures for facilities and programs	738,708.				
f Administrative expenses		45,000.	50,000.	19,617.	26,589.
g End of year balance	2,458,407.	2,864,661.	2,618,225.	2,446,178.	2,871,127.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 45.6870 %
b Permanent endowment 34.9090 %
c Term endowment 19.4020 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		796,505.	434,821.	361,684.
d Equipment		630,959.	630,959.	0.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				361,684.

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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	2,458,406.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,458,406.	

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	108,848.
(2) RIGHT OF USE ASSET - OPERATING	2,235,846.
(3) DONATED FACILITIES RECEIVABLE	233,568.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	2,578,262.

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	228,069.
(3) CAMPAIGNS PROCESSED FOR OTHERS	350,535.
(4) RIGHT OF USE LEASE LIABILITY - OPERATING	2,305,115.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	2,883,719.

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 ... [X]

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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	15,354,815.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	87,825.		
b	Donated services and use of facilities	2b	186,162.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-1,732,181.		
e	Add lines 2a through 2d			2e	-1,458,194.
3	Subtract line 2e from line 1			3	16,813,009.
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	300,000.		
c	Add lines 4a and 4b			4c	300,000.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	17,113,009.

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

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

1	Total expenses and losses per audited financial statements			1	20,561,070.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	192,568.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	-300,000.		
e	Add lines 2a through 2d			2e	-107,432.
3	Subtract line 2e from line 1			3	20,668,502.
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	1,732,181.		
c	Add lines 4a and 4b			4c	1,732,181.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	22,400,683.

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, 2025.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
DONOR DESIGNATIONS -1,732,181.

PART XI, LINE 4B - OTHER ADJUSTMENTS:
BADE DEBT EXPENSE 300,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
BAD DEBT EXPENSE -300,000.

PART XII, LINE 4B - OTHER ADJUSTMENTS:
DONOR DESIGNATIONS 1,732,181.

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Part XIII Supplemental Information *(continued)*

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SCHEDULE I (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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? [X] 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
09004 AMERICAN NATIONAL RED CROSS 2025 EAST STREET, NW 7TH FLOOR WASHINGTON, DC 20006	53-0196605	501(C)3	13,013.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
A BRIGHTER DAY- BND MINSITRIES 5234 DAYAN DRIVE CHARLOTTE, NC 28216	45-2814630	501(C)3	64,487.	0.			PROGRAM OPERATING COST
A GIVING HEART PROJECT, INC. 4833 BEREWICK TOWN CENTER DR UNITE CHARLOTTE, NC 28278	82-4277215	501(C)3	50,199.	0.			PROGRAM OPERATING COST
ACHIEVING SUCCESS ON PURPOSE, INC. 5333 BELLFLOWER LANE CHARLOTTE, NC 28227	46-0878912	501(C)3	32,500.	0.			PROGRAM OPERATING COST
ADA JENKINS FAMILIES AND CAREERS DEVELOPMENT CENTER, INC. - PO BOX 1842 - DAVIDSON, NC 28036	56-1927067	501(C)3	241,195.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST,
ALLIANCE CENTER FOR EDUCATION, INC. - 700 PARKWOOD AVENUE - CHARLOTTE, NC 28203	56-0543244	501(C)3	31,000.	0.			PROGRAM OPERATING COST

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 211.

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR THE MENTALLY ILL METROLINA CHAPTER - 300 HAWTHORNE LANE - CHARLOTTE, NC 28204	23-7114604	501(C)3	20,000.	0.			PROGRAM OPERATING COST
ALWAYS WILLING TO SERVE INC 5108 REAGAN DR STE 8 CHARLOTTE, NC 28206	88-3889999	501(C)3	12,500.	0.			PROGRAM OPERATING COST
AMITY MEDICAL GROUP, INC. 6010 EAST W.T. HARRIS BOULEVARD CHARLOTTE, NC 28215	47-1195624	501(C)3	96,250.	0.			PROGRAM OPERATING COST
ANOTHER CHANCE: HOUSE OF REFUGE 1708 CHAMBERS DR UNIT 15 MATTHEWS, NC 28105	84-3777471	501(C)3	45,000.	0.			PROGRAM OPERATING COST
ANSON COUNTY HOMES OF HOPE 308 E WADE ST WADESBORO, NC 28170	82-4688778	501(C)3	5,863.	0.			PROGRAM OPERATING COST
ANSON COUNTY PARTNERSHIP FOR CHILDREN - 117 SOUTH GREENE STREET - WADESBORO, NC 28170	56-1987729	501(C)3	8,927.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
APPARO SOLUTION, INC. 1117 EAST MOREHEAD STREET SUITE 100 CHARLOTTE, NC 28204	57-1140089	501(C)3	21,250.	0.			PROGRAM OPERATING COST
AUGUSTINE LITERACY PROJECT-CHARLOTTE - 115 WEST 7TH STREET - CHARLOTTE, NC 28202	83-0822641	501(C)3	10,000.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT, PROGRAM OPERATING COST
B.T.E.P., INC. C/O CROSSROADS CORPORATION 1030 EDGEHILL RD S, STE 306 - CHARLOTTE, NC 28207	47-4752291	501(C)3	12,500.	0.			PROGRAM OPERATING COST

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

(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
BARRE BELLE 5643 TIPPERLINN WAY CHARLOTTE, NC 28278	83-3468094	501(C)3	52,500.	0.			PROGRAM OPERATING COST
BEATTIES FORD ROAD VOCATIONAL TRADE CENTER, INC. - 1406 BEATTIES FORD RD - CHARLOTTE, NC 28216	81-4832881	501(C)3	22,500.	0.			PROGRAM OPERATING COST, RESTRICTED FUNDING TO ACHIEVE CONTRACTED SERVICES
BEAUTY AFTER THE BARS 2735 COWLES ROAD CHARLOTTE, NC 28208	82-2353604	501(C)3	12,500.	0.			PROGRAM OPERATING COST
BEDS FOR KIDS 1800 CAMDEN ROAD, SUITE 107-17 CHARLOTTE, NC 28203	27-4153074	501(C)3	70,755.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
BFIT BIG DREAMS YOUTH INC 6125 DWIGHTWARE BLVD CHARLOTTE, NC 28227	86-2135723	501(C)3	32,500.	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	28,834.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
BIRTHRIGHT INC 4136 STACY BLVD CHARLOTTE, NC 28209	93-2656365	501(C)3	12,500.	0.			PROGRAM OPERATING COST
BOYS AND GIRLS CLUB OF CABARRUS COUNTY, INC. - 247 SPRING STREET NW - CONCORD, NC 28025	56-0577630	501(C)3	29,358.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
BREAKTHROUGH T1D-NORTH CAROLINA CHAPTER - 205 REGENCY EXECUTIVE PARK DR, SUITE 102 - CHARLOTTE, NC 28217	23-1907729	501(C)3	35,045.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUILDING HOPE BUILDING COMMITMENT INC - C/O ASCEND NONPROFIT SOLUTIONS 5028 CHESTNUT KNOLL LANE - CHARLOTTE, NC 28269	85-4155225	501(C)3	12,500.	0.			PROGRAM OPERATING COST
CABARRUS COOPERATIVE CHRISTIAN MINISTRY FOUNDATION - 246 COUNTRY CLUB DRIVE NE - CONCORD, NC 28025	56-1320818	501(C)3	6,678.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
CARE RING, INC. 601 E 5TH STREET, SUITE 140 CHARLOTTE, NC 28202	56-0621073	501(C)3	105,531.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST, RESTRICTED FUNDING TO
CATAWBA COUNTY UNITED WAY 2760 TATE BOULEVARD SE HICKORY, NC 28602	56-0774714	501(C)3	15,792.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
CATERPILLAR MINISTRIES PO BOX 2155 HUNTERSVILLE, NC 28070	46-5034459	501(C)3	70,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CATHOLIC CHARITIES DIOCESE OF CHARLOTTE - 1123 SOUTH CHURCH STREET - CHARLOTTE, NC 28203	56-1058954	501(C)3	284,207.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT, RESTRICTED PROGRAM FUNDING TO
CENTER 360 PO BOX 31653 CHARLOTTE, NC 28231	47-4832156	501(C)3	71,000.	0.			PROGRAM OPERATING COST
CHAMPIONS OF CHANGE, INC. 120 ACADEMY STREET FORT MILL, SC 29715	81-2922258	501(C)3	43,433.	0.			PROGRAM OPERATING COST
CHANGE UNIVERSITY 1202 BEATTIES FORD RD SUITE E CHARLOTTE, NC 28216	86-3391919	501(C)3	20,000.	0.			PROGRAM OPERATING COST

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

(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
CHANGING LIVES OUTREACH CENTER CDC 5009 BEATTIES FORD ROAD, STE 107 CHARLOTTE, NC 28216	83-2124745	501(C)3	32,500.	0.			PROGRAM OPERATING COST
CHARLOTTE BILINGUAL PRESCHOOL 6300 HIGHLAND AVENUE CHARLOTTE, NC 28215	36-4522499	501(C)3	57,476.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHARLOTTE CENTER FOR LEGAL ADVOCACY - 5535 ALBEMARLE ROAD - CHARLOTTE, NC 28212	56-1202940	501(C)3	35,300.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHARLOTTE FAMILY HOUSING, INC. 300 HAWTHORNE LANE CHARLOTTE, NC 28204	58-1599120	501(C)3	10,110.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
CHARLOTTE GAYMERS NETWORK, INC. 1162 EAST 36TH STREET CHARLOTTE, NC 28205	87-2591704	501(C)3	42,102.	0.			PROGRAM OPERATING COST
CHARLOTTE SPEECH AND HEARING CENTER, INC. - 741 KENILWORTH AVE, SUITE 100 - CHARLOTTE, NC 28204	56-0892041	501(C)3	164,885.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CHARLOTTE WORKS 8601 MCALPINE PARK DR SUITE 130 CHARLOTTE, NC 28211	56-2098251	501(C)3	68,500.	0.			PROGRAM OPERATING COST
CHARLOTTEEAST PO BOX 9011 CHARLOTTE, NC 28299	47-2951440	501(C)3	102,246.	0.			PROGRAM OPERATING COST
CHILD CARE RESOURCES INC. 200B REGENCY EXECUTIVE PARK DR SUIT CHARLOTTE, NC 28217	56-1316030	501(C)3	13,750.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

(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
CHRISTIAN MINISTRY OF EAST LINCOLN COUNTY, INC. - 4278 CATAWBA BURRIS ROAD - DENVER, NC 28037	56-1394959	501(C)3	5,772.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
CHRISTLINK 2225 FREEDOM DRIVE STE 5 CHARLOTTE, NC 28208	82-1799633	501(C)3	32,500.	0.			PROGRAM OPERATING COST
CINE CASUAL, LLC C/O ASHEVILLE CREATIVE ARTS 12721 GLOWING PEAK RD - HUNTERSVILLE, NC 28078	46-4551364	501(C)3	12,500.	0.			PROGRAM OPERATING COST
CLASSROOM CENTRAL, INC. 2116 WILKINSON BOULEVARD CHARLOTTE, NC 28208	03-0455618	501(C)3	18,293.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF CHARLOTTE-MECKLENBURG, INC. - 601 E 5TH STREET, SUITE 300 - CHARLOTTE, NC 28202	58-1661795	501(C)3	55,552.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
COMMUNITY HEALTH SERVICES OF UNION COUNTY, INC. - 1338 EAST SUNSET DRIVE SUITE C - MONROE, NC 28112	46-0495947	501(C)3	31,240.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, 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	140,826.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, RESTRICTED PROGRAM FUNDING TO
CONNECTING THE GAP 12358 HONEY HILL LANE CHARLOTTE, NC 28273	83-1857527	501(C)3	50,000.	0.			PROGRAM OPERATING COST
COOK COMMUNITY CLINIC INC PO BOX 2398 HUNTERSVILLE, NC 28070	04-3723062	501(C)3	15,000.	0.			PROGRAM OPERATING COST

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CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY SUITE 2300 NEW YORK, NY 10006	13-3600232	501(C)3	250,736.	0.			PROGRAM OPERATING COST
COUNCIL ON AGING IN UNION COUNTY, INC. - 1401 SKYWAY DRIVE - MONROE, NC 28110	56-1081558	501(C)3	33,522.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CRISIS ASSISTANCE MINISTRY (MECKLENBURG) - 500-A SPRATT STREET - CHARLOTTE, NC 28206	56-1416719	501(C)3	76,794.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
CROSSROADS CORPORATION 3623 LATROBE AVE. STE. 208 CHARLOTTE, NC 28211	26-2787742	501(C)3	216,996.	0.			PROGRAM OPERATING COST
CULINARY CONNECTIONS INCORPORATED 2525 PHEASANT CHASE LANE CHARLOTTE, NC 28216	82-4297650	501(C)3	20,000.	0.			PROGRAM OPERATING COST
CYSTIC FIBROSIS FOUNDATION (CAROLINAS CHAPTER) - 7506 E. INDEPENDENCE, SUITE 102 - CHARLOTTE, NC 28227	13-1930701	501(C)3	20,434.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
DA TRIBE INC 1908 BILLINGSVILLE SCHOOL CT CHARLOTTE, NC 28214	93-1484651	501(C)3	12,500.	0.			PROGRAM OPERATING COST
DEEP ROOTS FARM FOUNDATION 2401 PRIMM ROAD CHARLOTTE, NC 28216	88-4102762	501(C)3	34,500.	0.			PROGRAM OPERATING COST
DESPIERTA 4108 PARK ROAD CHARLOTTE, NC 28209	85-4057069	501(C)3	169,500.	0.			PROGRAM OPERATING COST

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DIGI-BRIDGE 1026 JAY STREET, SUITE B-128 CHARLOTTE, NC 28206	46-4859045	501(C)3	63,500.	0.			PROGRAM OPERATING COST
DO GREATER FOUNDATION, INC. 14101 MISTY BROOK LANE CHARLOTTE, NC 28273	82-3722201	501(C)3	37,810.	0.			PROGRAM OPERATING COST
DREAMKEY PARTNERS INC. 4601 CHARLOTTE PARK DRIVE, STE 350 CHARLOTTE, NC 28217	56-1620516	501(C)3	122,400.	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
EL PUENTE HISPANO 455 CONCORD PKWY N. STE #7441 CONCORD, NC 28027	82-3260968	501(C)3	83,225.	0.			PROGRAM OPERATING COST
ELIZABETH HOUSE FOUNDATION 10130 MALLARD CREEK RD CHARLOTTE, NC 28262	35-2425174	501(C)3	20,794.	0.			PROGRAM OPERATING COST
EMBRACE ALL LATINO VOICES 3719 LATROBE DRIVE OFFICE 830 CHARLOTTE, NC 28211	38-4281347	501(C)3	20,054.	0.			PROGRAM OPERATING COST
ERIKA'S CLOSET PO BOX 29547 CHARLOTTE, NC 28229	82-4939775	501(C)3	32,500.	0.			PROGRAM OPERATING COST
ESTHER'S HEART FOR TRANSFORMATION MINISTRY INC - 4139 ZEBULON AVE SW - CONCORD, NC 28027	26-3350792	501(C)3	117,322.	0.			PROGRAM OPERATING COST

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EVOLUTIONARY AQUATICS 1327 MORETZ AVE CHARLOTTE, NC 28206	83-2312803	501(C)3	32,920.	0.			PROGRAM OPERATING COST
EXODUS FOUNDATION ORG 13016 EASTFIELD ROAD HUNTERSVILLE, NC 28078	56-2163753	501(C)3	30,000.	0.			PROGRAM OPERATING COST
EXPOSURE PROJECT INCORPORATED 1213 W MOREHEAD ST CHARLOTTE, NC 28208	84-3719663	501(C)3	60,000.	0.			PROGRAM OPERATING COST
FAITH MEMORIAL COMMUNITY OUTREACH CENTER INC - 211 LAKEWOOD AVE - CHARLOTTE, NC 28208	83-2627536	501(C)3	10,000.	0.			PROGRAM OPERATING COST
FAMILIES FORWARD CHARLOTTE, INC 5612 IVYGATE LANE CHARLOTTE, NC 28226	82-0790354	501(C)3	27,130.	0.			PROGRAM OPERATING COST
FAMILY MANKIND 1107 A BEATTIES FORD CHARLOTTE, NC 28216	83-3886078	501(C)3	106,667.	0.			PROGRAM OPERATING COST
FEARLESS BROWN GIRLS INCORPORATED 3020 PROSPERITY CHURCH RD STE I #9 CHARLOTTE, NC 28269	85-2360008	501(C)3	12,500.	0.			PROGRAM OPERATING COST
FEED MY LAMBS 2290 US-74 WADESBORO, NC 28170	56-2158694	501(C)3	30,043.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
FEEDING CHARLOTTE INC POBOX221812 CHARLOTTE, NC 28222	84-3548764	501(C)3	16,535.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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FEEDING CHARLOTTE INC PO BOX 221812 CHARLOTTE, NC 28222	84-3548764	501(C)3	14,500.	0.			PROGRAM OPERATING COST
FLORENCE CRITTENTON SERVICES, INC. 3350 HOLABIRD LANE CHARLOTTE, NC 28208	56-0577626	501(C)3	40,006.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
FOR THE STRUGGLE, INC. 1420 BEATTIES FORD ROAD CHARLOTTE, NC 28216	83-4652690	501(C)3	73,667.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)3	55,443.	0.			PROGRAM OPERATING COST
FREEDOM COMMUNITIES 3501 TUCKASEEGEE ROAD CHARLOTTE, NC 28208	82-2329303	501(C)3	105,246.	0.			PROGRAM OPERATING COST
FREEDOM FIGHTING MISSIONARIES INC. 1635 WAYBRIDGE LN APT 3A CHARLOTTE, NC 28210	85-2791045	501(C)3	20,500.	0.			PROGRAM OPERATING COST
FREEDOM IN ME BUSINESS SHOWERS 125 REMOUNT RD CHARLOTTE, NC 28203	86-2951094	501(C)3	32,500.	0.			PROGRAM OPERATING COST
FREEDOM SCHOOL PARTNERS INC 1030 AROSA AVENUE CHARLOTTE, NC 28203	56-2169158	501(C)3	51,015.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT, PROGRAM OPERATING COST
GENERATIONAL WEALTH EDUCATORS 1213 W. MOREHEAD STREET SUITE 500 CHARLOTTE, NC 28208	87-0898692	501(C)3	32,500.	0.			PROGRAM OPERATING COST

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GIRL FLOW INC 16023 RAPTOR CRT CHARLOTTE, NC 28278	47-4704009	501(C)3	12,500.	0.			PROGRAM OPERATING COST
GIRL MAGIC INCORPORATED 11401 TAVERNAY PARKWAY CHARLOTTE, NC 28262	86-1280190	501(C)3	35,000.	0.			PROGRAM OPERATING COST
GIRL SCOUTS, HORNETS' NEST COUNCIL 7007 IDLEWILD ROAD CHARLOTTE, NC 28212	56-0563842	501(C)3	28,942.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
GREEN BOX SOLUTIONS PO BOX 26463 CHARLOTTE, NC 28221	81-3031691	501(C)3	7,500.	0.			PROGRAM OPERATING COST
HABITAT FOR HUMANITY CHARLOTTE 20310 NORTH MAIN STREET CORNELIUS, NC 28031	56-1366233	501(C)3	17,880.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
HACK & HUSTLE SOCIAL ENTREPRENEURSHIP ACADEMY, INCORPORATED - 9445 MEADOWMONT VIEW DRIVE - CHARLOTTE, NC 28269	82-4105991	501(C)3	20,000.	0.			PROGRAM OPERATING COST
HARD GRINDERZ KINGS GROWING KINGS MENTORING - 5819 HUNTING RIDGE LANE APT D - CHARLOTTE, NC 28212	85-3231770	501(C)3	32,500.	0.			PROGRAM OPERATING COST
PROSPERITY KITCHEN PROSPERUS GRACE 901 LAKEVIEW AVE UNIT D DAVIDSON, NC 28036	83-0678589	501(C)3	5,557.	0.			PROGRAM OPERATING COST
HEALING VINE HARBOR INC. 10354 ROUNDHOUSE CIR CHARLOTTE, NC 28227	46-2512680	501(C)3	31,430.	0.			PROGRAM OPERATING COST

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HEALTHQUEST OF UNION COUNTY, INC. 415 EAST FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)3	17,713.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
HEARTS FOR THE INVISIBLE CHARLOTTE COALITION INC. - 8640 UNIVERSITY CITY BLVD - CHARLOTTE, NC 28213	85-2199656	501(C)3	32,500.	0.			PROGRAM OPERATING COST
HIGH COUNTRY UNITED WAY 1675 BLOWING ROCK ROAD, SUITE 400 BOONE, NC 28607	56-1218079	501(C)3	10,823.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
HISPANIC FEDERATION INC 55 EXCHANGE PLACE STE 501 NEW YORK, NY 10005	13-3573852	501(C)3	26,350.	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
HISTORIC WEST END PARTNERS, INC. 309 LIMA AVENUE CHARLOTTE, NC 28208	27-1880057	501(C)3	102,246.	0.			PROGRAM OPERATING COST
HOME4ME 6038 BAYSWATER LANE CHARLOTTE, NC 28212	82-2587130	501(C)3	12,500.	0.			PROGRAM OPERATING COST
HOUSING COLLABORATIVE PO BOX 35305 CHARLOTTE, NC 28235	56-2173215	501(C)3	1,178,487.	0.			RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES
JENNINGS O'NEIL CAREER ACADEMY & WORKFORCE DEVELOPMENT - 18500 SUMMER COTTAGE LANE - CORNELIUS, NC 28031	26-3616497	501(C)3	20,000.	0.			PROGRAM OPERATING COST

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JOSHUA'S WERK 3835 CAMERON CREEK DRIVE MATTHEWS, NC 28105	47-4094453	501(C)3	12,500.	0.			PROGRAM OPERATING COST
JUMPING DREAMS DD 2701 FREEDOM DRIVE CHARLOTTE, NC 28208	82-5458853	501(C)3	46,250.	0.			PROGRAM OPERATING COST
JUST DO IT MOVEMENT INC 601 E 5TH ST CHARLOTTE, NC 28202	85-0641373	501(C)3	50,000.	0.			PROGRAM OPERATING COST
KIKAS HOUSE 3615 ROGERS STREET CHARLOTTE, NC 28208	86-2066022	501(C)3	13,496.	0.			PROGRAM OPERATING COST
KONSPICUOUS FOUNDATION, INC 8405 CONNER RIDGE LANE CHARLOTTE, NC 28269	85-3924552	501(C)3	15,092.	0.			PROGRAM OPERATING COST
LAKEWOOD NEIGHBORHOOD ALLIANCE INC. - 330 LAKEWOOD AVE - CHARLOTTE, NC 28208	38-4015347	501(C)3	259,996.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
LET'S TALK ABOUT IT-THE AUTISM CENTER, INC. - 5825 FALLS RIDGE LANE - CHARLOTTE, NC 28269	83-1884562	501(C)3	53,061.	0.			PROGRAM OPERATING COST
LIFE INTERVENTIONS INCORPORATED 4312 CANIPE DRIVE CHARLOTTE, NC 28269	84-2272421	501(C)3	32,500.	0.			PROGRAM OPERATING COST
MANNA FOOD BANK 627 SWANNANOA RIVER ROAD ASHEVILLE, NC 28805	58-1514800	501(C)3	10,200.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT

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MECKLENBURG COUNTY COUNCIL - BOY SCOUTS OF AMERICA - 1410 EAST 7TH STREET - CHARLOTTE, NC 28204	56-0529957	501(C)3	23,228.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
MENTAL HEALTH AMERICA OF CENTRAL CAROLINAS, INC. - 3701 LATROBE DRIVE, SUITE 140 - CHARLOTTE, NC 28211	56-0674267	501(C)3	95,855.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
MISSIONARY ATHLETES INTERNATIONAL 9303 MONROE RD CHARLOTTE, NC 28270	33-0017152	501(C)3	54,000.	0.			PROGRAM OPERATING COST
MONEY MAGNETS CLUB PO BOX 1418 PINEVILLE, NC 28134	87-1776021	501(C)3	91,040.	0.			PROGRAM OPERATING COST
NATIONAL ALLIANCE ON MENTAL ILLNESS CABARRUS - PO BOX 1795 - CONCORD, NC 28026	56-2126684	501(C)3	10,000.	0.			PROGRAM OPERATING COST
NC MEDASSIST 601 E. 5TH ST., SUITE 350 CHARLOTTE, NC 28202	56-2018957	501(C)3	95,000.	0.			PROGRAM OPERATING COST
NC MEDASSIST 4428 TAGGART CREEK ROAD, SUITE 101 CHARLOTTE, NC 28208	56-2018957	501(C)3	95,550.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
NEO PHILANTHROPY, INC. 1001 AVENUE OF THE AMERICAS, 12TH F NEW YORK, NY 10018	13-3191113	501(C)3	30,000.	0.			PROGRAM OPERATING COST
NORTH END COMMUNITY COALITION 210 N MCDOWELL ST #30234 CHARLOTTE, NC 28230	81-2943846	501(C)3	47,231.	0.			PROGRAM OPERATING COST

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NOURISH UP 901 CARRIER DRIVE CHARLOTTE, NC 28216	56-1398498	501(C)3	66,030.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
OPERA CAROLINA 1600 ELIZABETH AVENUE CHARLOTTE, NC 28204	56-6019660	501(C)3	10,550.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
OURBRIDGE, INC. 3925 WILLARD FARROW DR. CHARLOTTE, NC 28215	46-3784901	501(C)3	152,246.	0.			PROGRAM OPERATING COST
PARENTCHILD+ 242 WEST 30TH STREET, SUITE 1100 NEW YORK, NY 10001	11-2495601	501(C)3	33,333.	0.			PROGRAM OPERATING COST
PATHWAYS NC INC. 2647 FREEDOM DRIVE CHARLOTTE, NC 28208	85-3578177	501(C)3	13,900.	0.			PROGRAM OPERATING COST
PEOPLES PRIVATE LEARNING CENTER, INC. - 10660 SOUTH TRYON - CHARLOTTE, NC 28273	85-3553235	501(C)3	48,759.	0.			PROGRAM OPERATING COST
POP'S PASSION, INC. 11035 GOLF LINKS DR #77907 CHARLOTTE, NC 29277	85-2610895	501(C)3	50,000.	0.			PROGRAM OPERATING COST
POTTSTOWN HERITAGE GROUP 301 DELLWOOD DR HUNTERSVILLE, NC 28078	88-2375374	501(C)3	20,000.	0.			PROGRAM OPERATING COST
POWER IS GIVING INC 3615 THE PLAZA CHARLOTTE, NC 28205	47-5592642	501(C)3	12,500.	0.			PROGRAM OPERATING COST

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PROJECT 658 INC 3646 CENTRAL AVENUE CHARLOTTE, NC 28205	46-2956418	501(C)3	75,882.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
PROJECT 70FORWARD 3115 GRIERTON CT UNIT 8 CHARLOTTE, NC 28205	83-3057506	501(C)3	12,500.	0.			PROGRAM OPERATING COST
PROJECT OUTPOUR 1800 CAMDEN R CHARLOTTE, NC 28203	82-4237112	501(C)3	33,053.	0.			PROGRAM OPERATING COST
PROJECTIGIVE, INC 537 WEST SUGER CREEK ETE 202, PMB 1 CHARLOTTE, NC 28213	47-2966856	501(C)3	20,000.	0.			PROGRAM OPERATING COST
PROMISE YOUTH DEVELOPMENT INC 5835 EXECUTIVE CENTER DR CHARLOTTE, NC 28212	81-1096615	501(C)3	101,200.	0.			PROGRAM OPERATING COST
QUEEN CITY COCOA BEANS INCORPORATED - 10887 GARDENS OAKS LANE - CHARLOTTE, NC 28273	85-2912068	501(C)3	32,500.	0.			PROGRAM OPERATING COST
QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVENUE CHARLOTTE, NC 28274	56-0530003	501(C)3	8,000.	0.			PROGRAM OPERATING COST
RAICES LATINO ARTS 12721 GLOWING PEAK RD HUNSTERSVILLE, NC 28078	99-1980432	501(C)3	20,000.	0.			PROGRAM OPERATING COST
RAISE A CHILD OF THE CAROLINAS 3515 DAVID COX ROAD UNIT 481662 CHARLOTTE, NC 28269	82-2096738	501(C)3	12,500.	0.			PROGRAM OPERATING COST

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RAO COMMUNITY HEALTH 321 W. 11TH STREET CHARLOTTE, NC 28202	82-1055298	501(C)3	57,500.	0.			PROGRAM OPERATING COST
REBUILDING TOGETHER OF GREATER CHARLOTTE, INC - 9801 SOUTHERN PINE BLVD. STE. E - CHARLOTTE, NC 28273	27-3101212	501(C)3	133,750.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT, PROGRAM OPERATING COST
REFUGEE SUPPORT SERVICES OF THE CAROLINAS - 3925 WILLARD FARROW DR - CHARLOTTE, NC 28215	20-5972063	501(C)3	50,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
RENAISSANCE WEST COMMUNITY INITIATIVE - 3610 NOBLES AVENUE - CHARLOTTE, NC 28208	27-1396021	501(C)3	197,871.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ROOF ABOVE, INC. 945 NORTH COLLEGE STREET CHARLOTTE, NC 28206	56-1837620	501(C)3	14,738.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
SALVATION ARMY - CHARLOTTE AREA COMMAND - 1424 NORTHEAST EXPRESSWAY - BROOKHAVEN, GA 30329	58-0660607	501(C)3	207,771.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST,
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)3	30,756.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
SECOND HARVEST FOOD BANK OF METROLINA - 500 SPRATT STREET B - CHARLOTTE, NC 28206	56-1352593	501(C)3	34,245.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
SHE BUILT THIS CITY 920 BLAIRHILL ROAD B117 CHARLOTTE, NC 28217	84-3445543	501(C)3	93,795.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

(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
SMITHVILLE COMMUNITY INC PO BOX 1206 CORNELIUS, NC 28031	46-1055584	501(C)3	51,100.	0.			PROGRAM OPERATING COST
SPRINGCLEAN INC 932 SEIGLE AVENUE CHARLOTTE, NC 28205	83-4195019	501(C)3	12,500.	0.			PROGRAM OPERATING COST
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)3	13,725.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
STEP UP TO LEADERSHIP PO BOX 412 HARRISBURG, NC 28075	47-5594920	501(C)3	20,000.	0.			PROGRAM OPERATING COST
STILETTO BOSS UNIVERSITY, UNITE CHARLOTTE - 1026 JAY ST - CHARLOTTE, NC 28208	82-1467018	501(C)3	5,500.	0.			PROGRAM OPERATING COST
STRIVECLT, INC. 1009 EAST BOULEVARD CHARLOTTE, NC 28203	87-4644219	501(C)3	32,500.	0.			PROGRAM OPERATING COST
TEAM TRUBLUE 2600 NEWLAND ROAD CHARLOTTE, NC 28216	47-2187901	501(C)3	23,333.	0.			PROGRAM OPERATING COST
THE ACADEMY OF GOAL ACHIEVERS, INC. - 7569 ABIGAIL GLEN DRIVE - CHARLOTTE, NC 28212	46-3145227	501(C)3	58,250.	0.			PROGRAM OPERATING COST
THE AGAP ALLEN'S FOUNDATION II 2415 PROVIDENCE CHURCH RD SALISBURY, NC 28081	87-4432518	501(C)3	32,500.	0.			PROGRAM OPERATING COST

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

(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 BIG E THE ELEPHANT IN THE ROOM LIFE CHANGERS INC - 794 BARTRAM AVENUE - CONCORD, NC 28025	87-2943433	501(C)3	15,000.	0.			PROGRAM OPERATING COST
THE BOOST PAD 933 LOUISE AVE CHARLOTTE, NC 28204	84-3158649	501(C)3	12,500.	0.			PROGRAM OPERATING COST
THE BULB GALLERY 933 LOUISE AVE. STE. 493 CHARLOTTE, NC 28205	81-4676117	501(C)3	276,631.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
THE CENTER FOR COMMUNITY TRANSITIONS - P. O. BOX 33533 - CHARLOTTE, NC 28233	51-0185383	501(C)3	35,500.	0.			PROGRAM OPERATING COST
THE EDUCATION OVER DEBT FOUNDATION 1021 PEGRAM ST. CHARLOTTE, NC 28205	85-3590360	501(C)3	32,650.	0.			PROGRAM OPERATING COST
THE ETHIOPIAN COMMUNITY ASSOCIATION OF CHARLOTTE & SURROUNDI - C/O ASCEND NONPROFIT SOLUTIONS 401 HAWTHORNE LANE SUITE	56-2196387	501(C)3	12,500.	0.			PROGRAM OPERATING COST
THE FACTS INITIATIVE 229 S BREVARD STREET CHARLOTTE, NC 28202	83-1240388	501(C)3	30,000.	0.			PROGRAM OPERATING COST
THE FRANKIE MAE FOUNDATION PO BOX 37 HUNTERSVILLE, NC 28070	87-1527068	501(C)3	96,250.	0.			PROGRAM OPERATING COST
THE HELPS EDUCATION FUND, INC. PO BOX 6667 RALEIGH, NC 27628	45-2046989	501(C)3	12,600.	0.			PROGRAM OPERATING COST

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

(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 INSTITUTE FOR PHILANTHROPIC LEADERSHIP - 1235 EAST BLVD BOX 235 - CHARLOTTE, NC 28203	46-1270290	501(C)3	10,000.	0.			PROGRAM OPERATING COST
THE LIFE PROJECT OF NORTH CAROLINA 333 JEREMIAH BLVD CHARLOTTE, NC 28262	46-4331987	501(C)3	234,132.	0.			PROGRAM OPERATING COST
THE LYNNWOOD FOUNDATION, INC. 400 HERMITAGE ROAD CHARLOTTE, NC 28207	56-1987315	501(C)3	9,000.	0.			PROGRAM OPERATING COST
THE MALES PLACE INC. PO BOX 16184 CHARLOTTE, NC 28297	46-2830186	501(C)3	30,500.	0.			PROGRAM OPERATING COST
THE QC FAMILY TREE INC 2910 PARKWAY AVENUE CHARLOTTE, NC 28208	20-4091165	501(C)3	12,500.	0.			PROGRAM OPERATING COST
THE RELATIVES INC 119 EAST 8TH STREET CHARLOTTE, NC 28202	56-1082022	501(C)3	15,422.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
THE S.T.U.D.I.O 6150 MILLER ROAD KANNAPOLIS, NC 28081	35-2622358	501(C)3	111,725.	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
THOMPSON CHILD & FAMILY FOCUS 6800 SAINT PETER'S LANE MATHEWS, NC 28105	56-0547460	501(C)3	8,215.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THRIVE LIBERATION COMMUNITY CENTER 4030 WAKE FOREST RD STE 349 RALEIGH, NC 27609	92-0392351	501(C)3	12,500.	0.			PROGRAM OPERATING COST
TRANSFORMATIONS BY CHARLOTTE ANGELS - PO BOX 77755 - CHARLOTTE, NC 28271	84-4893067	501(C)3	12,500.	0.			PROGRAM OPERATING COST
TRUSOLACE COMMUNITY FOUNDATION 4308 KITTY DRIVE CHARLOTTE, NC 28216	92-3889245	501(C)3	32,500.	0.			PROGRAM OPERATING COST
TURNING POINT OF UNION COUNTY, INC. - PO BOX 952 - MONROE, NC 28111	58-1698701	501(C)3	53,453.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UNC CHARLOTTE GRANTS & CONTRACTS CHARLOTTE, NC 28223-0001	56-0791228	501(C)3	146,825.	0.			PROGRAM OPERATING COST
UNION COUNTY COMMUNITY SHELTER 160 MEADOW STREET MONROE, NC 28110	58-2121860	501(C)3	57,478.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UNION COUNTY CRISIS ASSISTANCE MINISTRY, INC. - 1335 W ROOSEVELT BLVD - MONROE, NC 28110	58-1631417	501(C)3	81,151.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
UNION DIVERSIFIED INDUSTRIES, INC. 2815 WALKUP AVENUE MONROE, NC 28110	56-0987710	501(C)3	50,299.	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	29,589.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST

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

(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 JEWISH CHARITIES OF GREATER CHARLOTTE, INC. - 5007 PROVIDENCE ROAD, SUITE 101 - CHARLOTTE, NC 28226	56-1951745	501(C)3	6,907.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF ASHEVILLE & BUNCOMBE COUNTY, INC. - 50 SOUTH FRENCH BROAD AVENUE - ASHEVILLE, NC 28801	56-0576157	501(C)3	25,827.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF CLEVELAND COUNTY NC, INC. - 132 WEST GRAHAM STREET - SHELBY, NC 28150	56-6030073	501(C)3	6,239.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF FORSYTH COUNTY INC 301 NORTH MAIN STREET, SUITE 1700 WINSTON SALEM, NC 27101	23-7357234	501(C)3	6,299.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF GASTON COUNTY INC 200 EAST FRANKLIN BOULEVARD GASTONIA, NC 28052	56-0653356	501(C)3	20,287.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF IREDELL COUNTY 305 NORTH CENTER STREET STATESVILLE, NC 28687	56-0792674	501(C)3	8,464.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF LANCASTER COUNTY INC 109 SOUTH WYLIE STREET LANCASTER, SC 29720	57-0564440	501(C)3	5,292.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF LINCOLN COUNTY, INC. 101 EAST MAIN STREET, 2ND FLOOR LINCOLNTON, NC 28092	23-7125926	501(C)3	19,553.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF NORTH CAROLINA 1130 KILDARE FARM ROAD, SUITE 100 CARY, NC 27511	56-0564547	501(C)3	20,635.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT

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(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 PALM BEACH COUNTY 477 S ROSEMARY AVENUE, SUITE 230 WEST PALM BEACH, FL 33401	59-0683258	501(C)3	6,515.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
UNITED WAY OF STANLY COUNTY, INC. 116 EAST NORTH STREET ALBEMARLE, NC 28001	56-0841588	501(C)3	6,244.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY OF THE GREATER TRIANGLE INC - 800 PARK OFFICES DRIVE, SUITE 204 - DURHAM, NC 27709	56-1949103	501(C)3	5,590.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
UNITED WAY OF YORK COUNTY, SC 226 NORTHPARK DRIVE, SUITE 100 ROCK HILL, SC 29730	57-0360058	501(C)3	22,165.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
UNITED WAY WORLDWIDE 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314	13-1635294	501(C)3	8,330.	0.			DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT
URBAN INSTITUTE FOR STRENGTHENING FAMILIES - 8410 PIT STOP COURT NW, SUITE 127 - CONCORD, NC 28027	81-4025067	501(C)3	60,000.	0.			PROGRAM OPERATING COST
URBAN LEAGUE OF CENTRAL CAROLINAS, INC. - 740 WEST 5TH STREET - CHARLOTTE, NC 28202	56-1218704	501(C)3	12,177.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
URBAN PROMISE CHARLOTTE PO BOX 12213 CHARLOTTE , NC 28220	47-2302870	501(C)3	48,812.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
WEST BOULEVARD NEIGHBORHOOD COALITION - PO BOX 669755 - CHARLOTTE, NC 28266	30-0401238	501(C)3	102,246.	0.			PROGRAM OPERATING COST

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG BLACK LEADERSHIP ALLIANCE 4112 OLD PINEVILLE ROAD CHARLOTTE, NC 28217	26-2984776	501(C)3	7,775.	0.			DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT
YOUNG ICONS 3711 LATROBE DR STE 510 CHARLOTTE, NC 28211	85-3635794	501(C)3	12,500.	0.			PROGRAM OPERATING COST
YOUTH DEVELOPMENT INITIATIVES INC PO BOX 480480 CHARLOTTE, NC 28269	14-1954707	501(C)3	68,703.	0.			PROGRAM OPERATING COST
YOUTH STYLE FITNESS INC 4205 STUART ANDREW BLVD STE I CHARLOTTE, NC 28217	83-2026413	501(C)3	32,500.	0.			PROGRAM OPERATING COST
YWCA CENTRAL CAROLINAS 3420 PARK ROAD CHARLOTTE, NC 28209	56-0532139	501(C)3	44,189.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT, PROGRAM OPERATING COST
ZEALOUS EMPOWERING NURTURER 3733 PROSPERITY CHURCH RD CHARLOTTE, NC 28269	87-2675769	501(C)3	12,500.	0.			PROGRAM OPERATING COST

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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.

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

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Part IV Supplemental Information

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

PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT:
ADA JENKINS FAMILIES AND CAREERS DEVELOPMENT CENTER, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED (AND 3RD PARTY) 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:
CATHOLIC CHARITIES DIOCESE OF CHARLOTTE
(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED 3RD PARTY FOR GENERAL SUPPORT, RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES

NAME OF ORGANIZATION OR GOVERNMENT:
COMMUNITY LINK PROGRAMS OF TRAVELERS AID SOCIETY OF CENTRAL
(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES

NAME OF ORGANIZATION OR GOVERNMENT:
SALVATION ARMY - CHARLOTTE AREA COMMAND
(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED (AND 3RD PARTY) FOR GENERAL SUPPORT, PROGRAM OPERATING COST, RESTRICTED PROGRAM FUNDING TO ACHIEVE CONTRACTED OUTCOMES

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number: 56-0529948

Part I Questions Regarding Compensation

			Yes	No
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. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
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. ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) (Rev. 12-2024)

LHA 432111 01-15-25

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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) KATHRYN FIRMIN-SELLERS	(i)	180,321.	20,000.	0.	6,896.	25,305.	232,522.	0.
INTERIM PRESIDENT /CEO (AS OF 7/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAURA YATES CLARK	(i)	178,116.	35,000.	0.	9,601.	7,762.	230,479.	0.
PRESIDENT/CEO (THRU 6/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CLINT HILL	(i)	172,651.	5,000.	0.	4,035.	15,525.	197,211.	0.
CHIEF DEVELOP. OFFICER (THRU 3/25)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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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.

PART I, LINE 4B:
LAURA YATES CLARK'S COMPENSATION REPORTED ON FORM 990, PART VII INCLUDED
$2,117 FOR SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN; TERMS AND CONDITIONS
WERE AS FOLLOWS: 457 PLAN
KATHRYN FIRMIN-SELLERS'S COMPENSATION REPORTED ON FORM 990, PART VII
INCLUDED $2,084 FOR SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN; TERMS AND
CONDITIONS WERE AS FOLLOWS: 457 PLAN
CLINTON HILL'S COMPENSATION REPORTED ON FORM 990, PART VII INCLUDED $1,773
FOR SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN; TERMS AND CONDITIONS WERE AS
FOLLOWS: 457 PLAN

SCHEDULE O (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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 REGION'S 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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
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 NEIGHBORHOOD REVITALIZATION EFFORTS THAT IMPROVE ECONOMIC MOBILITY SO THAT A PERSON'S ZIP CODE NO LONGER DETERMINES THEIR FUTURE SUCCESS IN THE CHARLOTTE REGION. UNITED WAY LAUNCHED UNITED NEIGHBORHOODS IN SEPTEMBER 2017 WITH AN INVESTMENT OVER THREE YEARS INTO THE GRIER HEIGHTS AND RENAISSANCE WEST NEIGHBORHOODS IN CHARLOTTE. WE EXPANDED TO THE LAKEVIEW NEIGHBORHOOD IN FY22. IN FY23, UNITED WAY DEEPENED OUR COMMITMENT TO UNITED NEIGHBORHOODS, INVESTING $4.9M IN 50+ HISTORICALLY DISINVESTED NEIGHBORHOODS IN THE 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. UNITED NEIGHBORHOODS SERVES 50+ NEIGHBORHOOD'S IN MECKLENBURG COUNTY FOCUSING ON FUNDING COMMUNITY QUARTERBACK ORGANIZATIONS FOR EACH GEOGRAPHY AS WELL AS NONROFIT AGENCIES PROVIDING DIRECT PROGRAMS AND SERVICES BASED ON NEIGHBORHOOD PRIORTIES. NEIGHBORHOOD RESIDENTS PARTICIPATE IN CREATING PRIORITIES AND SERVING ON GRANT REVIEW PANELS, SELECTING THE NONPROFITS THAT RECEIVE FUNDING TO PROVIDE SERVICES WITHIN THEIR COMMUNITIES. 51% OF EACH NEIGHBORHOOD GRANT REVIEW PANEL MUST BE NEIGHBORHOOD RESIDENTS.

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

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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.

2) UNITE CHARLOTTE SUPPORTS NEW AND GRASSROOTS ORGANIZATIONS THROUGH GRANTS AND CAPACITY-BUILDING ACTIVITIES. 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, UNITED WAY SUPPORTS 55 SMALL AND GRASSROOTS ORGANIZATIONS, WORKING TO SUPPORT AND EMPOWER ALL CHARLOTTE RESIDENTS. UNITED CHARLOTTE AGENCIES RECEIVE GRANTS RANGING FROM $20,000 TO $60,000 AS WELL AS CAPACITY BUILDING TRAINING. THE FOUNDERS AND LEADERS OF THESE GRASSROOTS ORGANIZATIONS HAVE A BACKGROUND AND EXPERIENCE IN THE COMMUNITY THEY SERVE.

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

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

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

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

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BRIEF, AND NONRECURRING AND EVERY PERSON HAS ACCESS TO PERMANENT AFFORDABLE HOUSING AND RESOURCES TO SUSTAIN IT.

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.

ACROSS ALL INITIATIVES, NONPROFITS RECEIVING UNITED WAY FUNDING SERVED, 88,665 PEOPLE IN THE REGION.

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 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 A, LINE 1A:
THE EXECUTIVE COMMITTEE ACTS AS A "COMPENSATION COMMITTEE" IN THE CONTEXT OF ESTABLISHING COMPENSATION FOR THE CEO/EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 11B:
THE DRAFT FORM 990 IS PROVIDED TO THE FINANCE & AUDIT COMMITTEE SEVERAL DAYS IN ADVANCE OF THE MEETING AT WHICH IT IS REVIEWED BY THE PREPARER. UPON APPROVAL IT IS SENT TO THE BOARD OF DIRECTORS AT LEAST SEVERAL DAYS IN ADVANCE OF THE MEETING AT WHICH IT IS REVIEWED.

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES TO ANNUALLY DISCLOSE ANY CONFLICT OF INTEREST AND SIGN A CONFLICT OF INTEREST STATEMENT. THIS IS DONE AT THE FIRST BOARD MEETING OF THE YEAR.THE CHIEF OF

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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 NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE IS REFERENCED IN COMPENSATION DECISIONS.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2025.

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
DURING THE TAX YEAR, SEVERAL STAFF MEMBERS REPORTED IN PART VII SERVED IN MULTIPLE ROLES DUE TO MID-YEAR TRANSITIONS. THE FOLLOWING INDIVIDUALS HELD TWO POSITIONS WITHIN THE ORGANIZATION DURING THE TAX YEAR:

* KATHRYN FIRMIN-SELLERS, CHIEF IMPACT OFFICER (THRU 6/2024), INTERIM PRESIDENT/CEO (AS OF 7/2024)
* KENDRA GREEN, AVP OF DONOR OPERATIONS (THRU 7/2024), CHIEF ADMINISTRATIVE OFFICER (AS OF 8/2024)
* JAMESE IVY, DIRECTOR OF COMMUNITY INITIATIVES (THUR 6/2024), INTERIM CHIEF IMPACT OFFICER (AS OF 7/2024)
* LEANNE SKIPPER - VP RESOURCE DEVELOPMENT (THRU 2/2025), INTERIM CHIEF DEVELOPMENT OFFICER (AS OF 3/2025)

FORM 990, PART IX, LINE 11G, OTHER FEES:
CONTRACT LABOR AND SERVICES:

PROGRAM SERVICE EXPENSES	1,809,227.
MANAGEMENT AND GENERAL EXPENSES	571,559.
FUNDRAISING EXPENSES	59,606.
TOTAL EXPENSES	2,440,392.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,440,392.

FORM 990, PART IX, LINE 24A
DURING THE YEAR ENDED JUNE 30, 2025, THE ORGANIZATION RECOGNIZED A TOTAL REDUCTION IN NET ASSETS OF APPROXIMATELY $5,206,000, PRIMARILY DRIVEN BY A BAD DEBT LOSS OF APPROXIMATELY $300,000 AND BAD DEBT EXPENSE OF APPROXIMATELY $2,565,000, RELATED TO SPECIFIC GRANT AND GOVERNMENT RECEIVABLES, RESPECTIVELY. THE ORGANIZATION RECEIVED THREE SEPARATE NOTIFICATIONS FROM DONORS AND GRANTORS THAT LED MANAGEMENT TO DETERMINE THE COLLECTION OF THESE SPECIFIC RECEIVABLES WAS NO LONGER

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

Employer identification number: 56-0529948

PROBABLE. BASED ON KNOWN INFORMATION THROUGH DECEMBER 12, 2025, MANAGEMENT BELIEVES THAT ALL THREE INSTANCES ARE ISOLATED, UNRELATED, AND NOT INDICATIVE OF THE ORGANIZATION'S ONGOING PROGRAMMATIC OPERATIONS OR STANDARD COLLECTION EXPERIENCE. THUS, MANAGEMENT BELIEVES THAT THE REMAINING RECEIVABLES ARE COLLECTIBLE.

FURTHERMORE, THE ORGANIZATION MAINTAINS APPROXIMATELY $14,676,000 IN INVESTMENTS, OF WHICH APPROXIMATELY $13,340,000 DOES NOT HAVE ANY DONOR RESTRICTIONS. THESE HIGHLY LIQUID ASSETS ARE AVAILABLE TO BE USED IN OPERATIONS AT MANAGEMENT'S DISCRETION TO SUPPORT ONGOING OPERATIONS AND MITIGATE THE FINANCIAL IMPACT ON THE ORGANIZATION'S ABILITY TO FURTHER ITS MISSION IN THE COMMUNITY FROM THESE ISOLATED EVENTS.

AS PART OF THE ONGOING MANAGEMENT OF LIQUIDITY, THE ORGANIZATION MONITORS ITS CASH FLOWS AND AVAILABILITY OF RESOURCES. THE ORGANIZATION HAS A POLICY TO STRUCTURE ITS FINANCIAL ASSETS TO BE AVAILABLE AS GENERAL EXPENDITURES, FUNDS FOR WHICH ARE CONSIDERED TO BE FOR ONGOING ACTIVITIES OF THE ORGANIZATION.

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.

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Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
UNITED WAY OF GREATER CHARLOTTE, INC.	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) 01

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	Form 990-T (governmental entities)	15

- 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 EAST 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 26, 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 24, and ending JUN 30, 20 25

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.