** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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 **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
UNITED CHARITABLE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
44921 GEORGE WASHINGTON BLVD 230

City or town, state or province, country, and ZIP or foreign postal code
ASHBURN, VA 20147

F Name and address of principal officer: JULIA HEALEY
SAME AS C ABOVE

D Employer identification number
20-4286082

E Telephone number
571-620-3000

G Gross receipts $ 30,217,643.

H(a) Is this a group return for subordinates? ☐ Yes ☒ 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: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.UNITEDCHARITABLE.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2005 **M** State of legal domicile: VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: ADMINISTER DONOR-ADVISED FUNDS AND FISCALLY SPONSORED PROGRAMS.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	32
6	Total number of volunteers (estimate if necessary)	6	5163
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.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	21,256,865.	15,735,058.
9	Program service revenue (Part VIII, line 2g)	682,619.	557,556.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,345,395.	2,135,428.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-68,216.	1,267,107.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,216,663.	19,695,149.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,810,346.	10,294,386.
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)	2,566,499.	2,348,075.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 188,300.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,627,532.	3,425,111.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,004,377.	16,067,572.
19	Revenue less expenses. Subtract line 18 from line 12	9,212,286.	3,627,577.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	184,418,980.	186,837,966.
21	Total liabilities (Part X, line 26)	933,280.	500,863.
22	Net assets or fund balances. Subtract line 21 from line 20	183,485,700.	186,337,103.

Part II Signature Block

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

Sign Here

Signature of officer
JULIA HEALEY, CEO Julia Healey (Sep 9, 2025 13:59:02 EDT)
Type or print name and title

Date Sep 9, 2025

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
EDWARD T. YODER, CPA	EDWARD T. YODER, CPA	09/02/25	☒	P00239134

Firm's name PBMARES, LLP Firm's EIN 54-0737372

Firm's address 558 SOUTH MAIN STREET
HARRISONBURG, VA 22801 Phone no. 540 434-5975

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO GROW AND SUPPORT EACH CHARITABLE JOURNEY BY PROVIDING SIMPLE CUSTOMIZED VEHICLES THAT FULFILL YOUR PHILANTHROPIC ENDEAVORS BY ADMINISTERING DONOR-ADVISED FUNDS AND FISCALLY SPONSORED PROGRAMS.

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

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

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

4a (Code:) (Expenses $ 741,457. including grants of $ 1,000.) (Revenue $)
WATCHLIST ON CHILDREN AND ARMED CONFLICT IS A FISCALLY SPONSORED PROGRAM THAT STRIVES TO END VIOLATIONS AGAINST CHILDREN IN ARMED CONFLICTS AND GUARANTEE CHILDREN THEIR RIGHTS. THE PROGRAM DEDICATES ITSELF TO PROTECTING THE SECURITY AND RIGHTS OFCHILDREN GLOBALLY. AS A GLOBAL NETWORK, WATCHLIST BUILDS PARTNERSHIPS AMONG LOCAL, NATIONAL, AND INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS, ENHANCING MUTUAL CAPACITIES AND STRENGTHS. WORKING TOGETHER, THE PROGRAM AND ITS PARTNERS COLLECT AND DISSEMINATE INFORMATION ON VIOLATIONS AGAINST CHILDREN IN CONFLICT ZONES IN ORDER TO INFLUENCE KEY DECISION-MAKERS TO CREATE AND IMPLEMENT PROGRAMS AND POLICIES THAT EFFECTIVELY PROTECT CHILDREN.

4b (Code:) (Expenses $ 466,175. including grants of $ 120,000.) (Revenue $)
DEARTOMORROW - UMI FUND: DEARTOMORROW'S MISSION IS TO PROVIDE AN EASY TOOL, IN THE FORM OF A DIGITAL AND ARCHIVE SYSTEM, THAT ALLOWS PEOPLE TO PERSONALLY CONNECT WITH THE ISSUE OF CLIMATE CHANGE AND ENCOURAGE TAKING STRONGER ACTION BY SHARING PERSONAL STORIES WITH FRIENDS, FAMILIES AND THEIR SOCIAL NETWORKS. PARTICIPANTS SUBMIT LETTERS, VIDEOS AND PHOTOS DEDICATED TO THEIR CHILDREN, FAMILY, OR THEMSELVES ABOUT CLIMATE CHANGE, WHICH ARE THEN SHARED PUBLICLY ON THEIR WEBSITE AND PARTICIPANT'S SOCIAL NETWORKS. DEARTOMORROW ALSO PARTICIPATES IN GLOBAL EVENTS HELD BY THE UN AND OTHER INTERNATIONAL ORGANIZATIONS. THEIR FUNDRAISING TECHNIQUES FOCUS ON DONATIONS FROM INDIVIDUALS, CAMPAIGNS, PRIVATE GRANTS, AS WELL AS LARGE INTERNATIONAL GRANTS FROM ORGANIZATIONS THAT STRONGLY SUPPORT THEIR MISSION. THIS SPECIFIC GRANT

4c (Code:) (Expenses $ 286,024. including grants of $) (Revenue $)
DEARTOMORROW - GROWALD CLIMATE FUND: DEARTOMORROW'S MISSION IS TO PROVIDE AN EASY TOOL, IN THE FORM OF A DIGITAL AND ARCHIVE SYSTEM, THAT ALLOWS PEOPLE TO PERSONALLY CONNECT WITH THE ISSUE OF CLIMATE CHANGE AND ENCOURAGE TAKING STRONGER ACTION BY SHARING PERSONAL STORIES WITH FRIENDS, FAMILIES AND THEIR SOCIAL NETWORKS. PARTICIPANTS SUBMIT LETTERS, VIDEOS AND PHOTOS DEDICATED TO THEIR CHILDREN, FAMILY, OR THEMSELVES ABOUT CLIMATE CHANGE, WHICH ARE THEN SHARED PUBLICLY ON THEIR WEBSITE AND PARTICIPANT'S SOCIAL NETWORKS. DEARTOMORROW ALSO PARTICIPATES IN GLOBAL EVENTS HELD BY THE UN AND OTHER INTERNATIONAL ORGANIZATIONS. THEIR FUNDRAISING TECHNIQUES FOCUS ON DONATIONS FROM INDIVIDUALS, CAMPAIGNS, PRIVATE GRANTS, AS WELL AS LARGE INTERNATIONAL GRANTS FROM ORGANIZATIONS THAT STRONGLY SUPPORT THEIR MISSION. THIS

4d Other program services (Describe on Schedule O.)
(Expenses $ 12,139,142. including grants of $ 10,173,386.) (Revenue $ 2,363,810.)

4e Total program service expenses 13,632,798.

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	213		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

				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	32		
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		X	
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			

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	12		
	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	11		
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		
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 AL,AR,CA,FL,GA,IL,KS,KY,MD,MA,MI,MS

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

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

THE ORGANIZATION - 571-620-3000

44921 GEORGE WASHINGTON BLVD, 230, ASHBURN, VA 20147

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIA HEALEY	40.00									
CEO, SECRETARY OF BOARD		X		X				214,928.	0.	35,019.
(2) HANNIBAL NAVIES	40.00									
ATHLETES CHARITABLE, VICE PRESIDENT					X			170,530.	0.	24,127.
(3) STACY L SUMMITT	40.00									
CONTROLLER				X				129,516.	0.	33,474.
(4) JILL KUBIT	40.00									
DEAR TOMORROW, PROGRAM MANAGER						X		120,700.	0.	13,291.
(5) JOHN ISAAC LEETH	40.00									
COMPLIANCE MANAGER				X				101,462.	0.	25,324.
(6) EQEQUIEL HEFFES	40.00									
WATCHLIST, PROGRAM MANAGER						X		119,435.	0.	6,243.
(7) JOAN TOWNSEND	1.00									
CHAIRMAN		X		X				0.	0.	0.
(8) AEJAZ DAR	1.00									
TREASURER		X		X				0.	0.	0.
(9) RYAN RAMIREZ	1.00									
VICE CHAIR		X		X				0.	0.	0.
(10) MONICA GRAY	1.00									
DIRECTOR		X						0.	0.	0.
(11) DENNIS KELLY	1.00									
DIRECTOR		X						0.	0.	0.
(12) RENUKA RACHA	1.00									
DIRECTOR		X						0.	0.	0.
(13) RYAN MCNEIL	1.00									
DIRECTOR		X						0.	0.	0.
(14) ERIC AHN	1.00									
DIRECTOR		X						0.	0.	0.
(15) JABARI BELL	1.00									
DIRECTOR		X						0.	0.	0.
(16) TIM VAUGHN	1.00									
DIRECTOR		X						0.	0.	0.
(17) JASON LEE	1.00									
DIRECTOR		X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								856,571.	0.	137,478.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								856,571.	0.	137,478.

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 6

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GLOBALIZATION PARTNERS LLC, 175 FEDERAL STREET, FLOOR 17, BOSTON, MA 12110	PEO SERVICE FOR INTERNATIONAL EMPLOY	190,337.
UNITED HEALTHCARE PO BOX 94017, PALATINE, IL 60094	HEALTH INSURANCE CARRIER	148,278.

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

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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	256,118.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	829,643.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,649,297.				
	g Noncash contributions included in lines 1a-1f	1g	$ 6,875,987.				
	h **Total.** Add lines 1a-1f			15,735,058.			
Program Service Revenue		**Business Code**					
	2a PROGRAM FEES	900099		557,556.	557,556.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			557,556.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			329,174.			329,174.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	12,023,702.				
	b Less: cost or other basis and sales expenses	7b	10,217,448.				
	c Gain or (loss)	7c	1,806,254.				
	d Net gain or (loss)			1,806,254.	1,806,254.		
	8a Gross income from fundraising events (not including $ 256,118. of contributions reported on line 1c). See Part IV, line 18	8a	263,853.				
	b Less: direct expenses	8b	305,046.				
	c Net income or (loss) from fundraising events			-41,193.			-41,193.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a 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**					
	11a LIFE INSURANCE PROCEEDS	900099		1,308,300.			1308300.
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			1,308,300.			
	12 **Total revenue.** See instructions			19,695,149.	2,363,810.	0.	1596281.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,224,176.	9,224,176.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	709,144.	709,144.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	361,066.	361,066.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	539,722.		485,750.	53,972.
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	1,485,784.	675,801.	717,086.	92,897.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,003.	24,840.	41,109.	5,054.
9 Other employee benefits	109,344.	71,076.	33,190.	5,078.
10 Payroll taxes	142,222.	55,679.	77,540.	9,003.
11 Fees for services (nonemployees):				
a Management				
b Legal	92,385.	3,929.	88,456.	
c Accounting	70,160.		70,160.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	308,504.		308,504.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	151,609.	151,494.		115.
13 Office expenses	72,155.	60,020.	8,699.	3,436.
14 Information technology	74,384.	2,115.	72,269.	
15 Royalties				
16 Occupancy	204,224.	123,936.	79,180.	1,108.
17 Travel	265,721.	197,981.	50,103.	17,637.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,240.	16,259.	4,981.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,955.	1,955.		
23 Insurance	122,850.	76,548.	46,302.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CONTRACT LABOR	1,525,721.	1,430,076.	95,645.	
b EVENTS	165,102.	161,927.	3,175.	
c PROGRAM RELATED SUPPLIE	142,818.	142,818.		
d BANK & INVESTMENT FEES	92,837.	53,407.	39,430.	
e All other expenses	113,446.	88,551.	24,895.	
25 **Total functional expenses.** Add lines 1 through 24e	16,067,572.	13,632,798.	2,246,474.	188,300.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	2,000,193.	1	1,536,503.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	29,961.	3	1,094,773.
	4	Accounts receivable, net	21,688.	4	31,954.
	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	119,088.	9	147,970.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 31,532.			
	b	Less: accumulated depreciation — 10b: 31,532.	1,955.	10c	0.
	11	Investments - publicly traded securities	33,242,696.	11	38,692,205.
	12	Investments - other securities. See Part IV, line 11	143,234,879.	12	140,614,874.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,768,520.	15	4,719,687.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	184,418,980.	16	186,837,966.
Liabilities	17	Accounts payable and accrued expenses	629,550.	17	299,162.
	18	Grants payable		18	
	19	Deferred revenue	23,534.	19	25,000.
	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	280,196.	25	176,701.
	26	**Total liabilities.** Add lines 17 through 25	933,280.	26	500,863.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	13,261,413.	27	12,209,867.
	28	Net assets with donor restrictions	170,224,287.	28	174,127,236.
		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	183,485,700.	32	186,337,103.
	33	Total liabilities and net assets/fund balances	184,418,980.	33	186,837,966.

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	19,695,149.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,067,572.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,627,577.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	183,485,700.
5	Net unrealized gains (losses) on investments	5	-776,174.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	186,337,103.

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		

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 CHARITABLE

Employer identification number

20-4286082

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	8225627.	17083907.	17108852.	21256865.	15769690.	79444941.
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	8225627.	17083907.	17108852.	21256865.	15769690.	79444941.
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)						9123159.
6 **Public support.** Subtract line 5 from line 4.						70321782.

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	8225627.	17083907.	17108852.	21256865.	15769690.	79444941.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6521019.	1737997.	657,802.	7237250.	329,174.	16483242.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						95928183.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	73.31 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	71.98 %

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 ☐

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 ☐

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		

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**		

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).

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			

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 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

UNITED CHARITABLE

Employer identification number

20-4286082

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).

Name of organization

UNITED CHARITABLE

Employer identification number

20-4286082

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		$ 2,869,648.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
2		$ 502,003.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3		$ 397,167.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
4		$ 1,082,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 412,361.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 324,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

UNITED CHARITABLE

Employer identification number

20-4286082

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 705,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 350,000.	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.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNITED CHARITABLE

Employer identification number: 20-4286082

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
1	LLC INTEREST	$ 2,869,648.	12/19/24
2	MULTIPLE SECURITIES	$ 502,003.	03/01/24
3	MULTIPLE SECURITIES	$ 397,167.	08/28/24
		$	
		$	
		$	

Name of organization: UNITED CHARITABLE

Employer identification number: 20-4286082

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 CHARITABLE

Employer identification number
20-4286082

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	476	
2	Aggregate value of contributions to (during year)	7,926,066.	
3	Aggregate value of grants from (during year)	4,847,475.	
4	Aggregate value at end of year	180,996,201.	

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? [X] 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? [X] 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 $ _____

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment _____%
b Permanent endowment _____%
c Term endowment _____%

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		31,532.	31,532.	0.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				0.

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	140,614,874.	END-OF-YEAR MARKET VALUE
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	140,614,874.	

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE	176,701.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	176,701.

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

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	18,886,443.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-776,174.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	275,972.		
e	Add lines 2a through 2d			2e	-500,202.
3	Subtract line 2e from line 1			3	19,386,645.
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	308,504.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	308,504.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	19,695,149.

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	16,035,040.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	275,972.		
e	Add lines 2a through 2d			2e	275,972.
3	Subtract line 2e from line 1			3	15,759,068.
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	308,504.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	308,504.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	16,067,572.

Part XIII Supplemental Information

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

PART X, LINE 2:
THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES.

THE MOST SIGNIFICANT TAX POSITIONS OF THE ORGANIZATION ARE ITS ASSERTION THAT IT IS EXEMPT FROM INCOME TAXES AND ITS DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS TAX. THE ORGANIZATION ADOPTED THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS AS REQUIRED BY FASB ACCOUNTING STANDARD CODIFICATION (ASC) TOPIC 740, INCOME TAXES; HOWEVER, MANAGEMENT DOES NOT BELIEVE IT IS EXPOSED TO ANY SUCH POSITIONS AS DEFINED IN THIS GUIDANCE, NOR DO THEY EXPECT THIS TO CHANGE SIGNIFICANTLY OVER THE NEXT 12 MONTHS. THE ORGANIZATION FILES FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, ANNUALLY WITH THE UNITED STATES DEPARTMENT OF THE TREASURY. SUCH RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS FROM THE DATE THE RETURNS ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	305,046.
ADMIN FEES	-29,074.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	275,972.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

FUNDRAISING EXPENSES	305,046.
ADMIN FEES	-29,074.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	275,972.

SCHEDULE F (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Employer identification number

20-4286082

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☐ **Yes** ☒ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			GRANTS		96,816.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,			GRANTS		140,625.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES			GRANTS		35,000.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,			GRANTS		10,300.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,			GRANTS		61,500.
SOUTH AMERICA			GRANTS		16,825.
3 a Subtotal	0	0			361,066.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			361,066.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) (Rev. 12-2024)**

LHA 432071 01-15-25

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA CARRIBBEAN	RAINFOREST SURVEILLANCE PROJECT	37,816.	WIRE	0.		FMV
		CENTRAL AMERICA CARRIBBEAN	SUPPORT EDUCATION IN THE LAKE ATITLAN REGION OF GUATEMALA. FUNDS WILL BE USED	26,000.	WIRE	0.		FMV
		CENTRAL AMERICA CARRIBBEAN	WE SUPPORT EDUCATIONAL ENDEAVORS GLOBALLY. THIS IS A SMALL SCHOOL FOR	33,000.	WIRE	0.		FMV
		EAST ASIA AND THE PACIFIC	THE GRANT WILL PROVIDE FUNDING FOR ITS SCALED PROJECT TO TRAIN AND CERTIFY	52,000.	WIRE	0.		FMV
		EAST ASIA AND THE PACIFIC	TO SUPPORT COMMUNITIES IN THE PHILIPPINES	88,625.	WIRE	0.		FMV
		NORTH AMERICA	TO ASSIST CHILDREN IN MEXICO THAT DO NOT HAVE THE RESOURCES TO LIVE AND ADAPT TO	35,000.	WIRE	0.		FMV
		SOUTH AMERICA	2024 PARTNERSHIP DONATION	10,000.	WIRE	0.		FMV
		SOUTH ASIA	TO HELP IN RUNNING THE NON-PROFIT FREE EDUCATIONAL SCHOOL - 100% TUITION-FREE	10,300.	WIRE	0.		FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 11

3 Enter total number of other organizations or entities 0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CONTINUE THE EXPANSION OF THE CLINIC WALLING	11,500.	WIRE	0.		FMV
		SUB-SAHARAN AFRICA	CHILDREN'S WELFARE	30,000.	WIRE	0.		FMV
		SUB-SAHARAN AFRICA	GREAT CHILD - CHILDREN IN HIGH POVERTY PARTICIPATE IN GREAT CHILD	18,500.	WIRE	0.		FMV

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
COMMUNITY DEVELOPMENT	SUB-SAHARAN AFRICA	2	31,500.	WIRE	0.		
EDUCATION	CENTRAL AMERICA AND THE CARIBBEAN	2	59,000.	WIRE	0.		
EDUCATION	EAST ASIA AND THE PACIFIC	2	15,960.	WIRE	0.		
EDUCATION	EUROPE (INCLUDING ICELAND & GREENLAND)	3	40,400.	WIRE	0.		
EDUCATION	NORTH AMERICA	1	20,000.	WIRE	0.		
EDUCATION	SOUTH AMERICA	1	15,000.	WIRE	0.		
EDUCATION	SOUTH ASIA	2	30,000.	WIRE	0.		
EDUCATION	SUB-SAHARAN AFRICA	5	52,639.	WIRE	0.		
ENVIRONMENTAL	CENTRAL AMERICA AND THE CARIBBEAN	1	37,816.	WIRE	0.		

Part III **Continuation of Grants and Other Assistance to Individuals Outside the United States.** (Schedule F (Form 990), Part III)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
HUMAN SERVICES	EAST ASIA AND THE PACIFIC	1	52,000.	WIRE	0.		
INTERNATIONAL - ENVIRONMENT	SOUTH AMERICA	1	10,000.	WIRE	0.		
INTERNATIONAL - YOUTH	EAST ASIA AND THE PACIFIC	1	88,625.	WIRE	0.		
INTERNATIONAL - YOUTH	NORTH AMERICA	1	35,000.	WIRE	0.		
INTERNATIONAL - YOUTH	SOUTH ASIA	1	10,300.	WIRE	0.		
INTERNATIONAL - YOUTH	SUB-SAHARAN AFRICA	2	30,000.	WIRE	0.		

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

PART I, LINE 2:
UNITED CHARITABLE HAS ESTABLISHED GUIDELINES WHICH MUST BE FOLLOWED WHEN GIFTS ARE MADE TO CHARITABLE ORGANIZATIONS OUTSIDE THE UNITED STATES. FOR GRANTS TO INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS (NGO), UNITED CHARITABLE USES A COMBINATION OF EXPENDITURE RESPONSIBILITY AND CHARITABLE EQUIVALENCY TO DETERMINE THE GRANT WORTHINESS OF A FOREIGN ORGANIZATION. THERE IS A PROCESS OF PREAPPROVAL OF THE ORGANIZATION AS WELL AS APPROVAL FOR PLANNED USE OF FUNDS. AMONG THE REQUIREMENTS IS CONFIRMING THAT THE GRANT WILL NOT VIOLATE GOVERNMENT ORDERS REGARDING FINANCIAL TERRORIST ORGANIZATIONS; REGISTRATION DOCUMENATION SHOWING THAT THE NGO IS APPROPRIATELY REGISTERED AS A CHARITABLE ORGANIZATION IN ITS HOME COUNTRY; RECEIVING DOCUMENATION ON ORGANIZATIONS MISSION, KEY STAFF AND ACTIVITIES; AND RECEIVING REPORTS FROM THE NGO OF EXPENDITURE OF DONATED FUNDS.

PART II, COLUMN (D):
REGION: CENTRAL AMERICA CARRIBBEAN
(D) PURPOSE OF GRANT: SUPPORT EDUCATION IN THE LAKE ATITLAN REGION OF GUATEMALA. FUNDS WILL BE USED DIRECTLY BY A SCHOOL IN THAT REGION WHICH PROVIDES SCHOLARSHIPS TO POOR INDIGENOUS CHILDREN.

REGION: CENTRAL AMERICA CARRIBBEAN
(D) PURPOSE OF GRANT: WE SUPPORT EDUCATIONAL ENDEAVORS GLOBALLY. THIS IS A SMALL SCHOOL FOR INDIGENOUS STUDENTS.

REGION: EAST ASIA AND THE PACIFIC
(D) PURPOSE OF GRANT: THE GRANT WILL PROVIDE FUNDING FOR ITS SCALED PROJECT TO TRAIN AND CERTIFY COMMUNITY HEALTH WORKERS IN INDONESIA

REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: TO ASSIST CHILDREN IN MEXICO THAT DO NOT HAVE THE RESOURCES TO LIVE AND ADAPT TO SOCIETY.

REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: GREAT CHILD - CHILDREN IN HIGH POVERTY PARTICIPATE IN GREAT CHILD CLASSES

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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 CHARITABLE

Employer identification number

20-4286082

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of nongovernment grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF AND PICKLEBALL E (event type)	(b) Event #2 ANNUAL SAN DIEGO CAUSE (event type)	(c) Other events 8 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	219,278.	89,886.	196,728.	505,892.
	2 Less: Contributions	157,124.	11,398.	80,396.	248,918.
	3 Gross income (line 1 minus line 2)	62,154.	78,488.	116,332.	256,974.
Direct Expenses	4 Cash prizes	997.	1,694.	515.	3,206.
	5 Noncash prizes				
	6 Rent/facility costs	95,339.	11,225.	29,563.	136,127.
	7 Food and beverages		13,767.	14,810.	28,577.
	8 Entertainment	4,247.	5,500.	10,080.	19,827.
	9 Other direct expenses	22,187.	22,936.	39,263.	84,386.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				272,123.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-15,149.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV **Supplemental Information** *(continued)*

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 CHARITABLE

Employer identification number
20-4286082

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [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
MITCHELL THORP FOUNDATION 6965 EL CAMINO REAL SUITE 105-433 CARLSBAD, CA 92009	27-0824320	501(C)(3)	3,479,862.	0.			TRANSFER TO OTHER 501C3
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET, STE. 8000 - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	419,800.	0.			TO FURTHER BALANCED AND RESPONSIBLE JOURNALISM
NORTHWELL HEALTH FOUNDATION 2000 MARCUS AVENUE NEW HYDE PARK, NY 11042	11-2965575	501(C)(3)	250,000.	0.			TEENOK HEART FOUNDATION PEDIATRIC CARDIOLOGY IMAGING FELLOWSHIP ENDOWMENT
THE GIFFORD FLORIDA YOUTH ORCHESTRA INCORPORATED - P.O. BOX 691166 - VERO BEACH, FL 32969	80-0605983	501(C)(3)	225,413.	0.			4Q 24- OFFICE RENT AND SUPPORT SERVICES
FOUNDATION AGAINST INTOLERANCE & RACISM, INC. - 178 BROADWAY, 3RD FLOOR #3668 - NEW YORK, NY 10001	86-1487741	501(C)(3)	182,566.	0.			DONATION FROM FAIR
CHABAD OF BAKERSFIELD INC 6901 MING AVE BAKERSFIELD, CA 93309	20-0796930	501(C)(3)	180,000.	0.			LEGACY GIFT

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (Rev. 12-2024)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

LHA 432101 01-02-25

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL LEGAL FOUNDATION P.O. BOX 64427 VIRGINIA BEACH, VA 23467	54-1325665	501(C)(3)	100,500.	0.			CONFERENCE EXPENSES
VIENNA PRESBYTERIAN CHURCH 124 PARK STREET NE VIENNA, VA 22180	54-6025443	501(C)(3)	100,008.	0.			WRIGHT FAMILY SUPPORT OF CHURCH
UNIVERSITY OF MIAMI POST OFFICE BOX 025388 MIAMI, FL 33102	59-0624458	501(C)(3)	100,000.	0.			LEVEL UP ENDOWED SCHOLARSHIP
MERCY CHURCH PO BOX 79084 CHARLOTTE, NC 28271	47-3086949	501(C)(3)	100,000.	0.			CHRISTMAS MISSIONS OFFERING
MOBILIZE LOVE PO BOX 16103 SAN FRANCISCO, CA 94116	82-1148375	501(C)(3)	100,000.	0.			MOBILIZE LOVE
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION INC. - 225 N. MICHIGAN AVE. FLOOR 17 - CHICAGO, IL 60601	13-3039601	501(C)(3)	55,238.	0.			DONATION VIA SENIOR PLANNING ADVISORS ALZHEIMER'S WALK
ST JUDE CHILDRENS RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	53,340.	0.			CHILDREN'S CANCER RESEARCH
CHANGE OUR FUTURE FOUNDATION 45 E CITY AVE. SUITE 1688 BALA CYNWYD, PA 19004	92-2694927	501(C)(3)	52,458.	0.			CLOSING ACCOUNT WITH UC AND TRANSFERRING TO ITS OWN 501(C)3
ASSOCIATION OF GRADUATES OF THE UNITED STATES MILITARY ACADEMY - 698 MILLS ROAD HERBERY ALUMNI CENTER - WEST POINT, NY 10996	14-1260763	501(C)(3)	50,000.	0.			MEN'S LACROSSE COACH'S ENDOWMENT

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A KID AGAIN INC. 777-G DEARBORN PARK LANE COLUMBUS, OH 43085	31-1440073	501(C)(3)	48,000.	0.			MICHIGAN - HOLIDAY ADVENTURE WITH A KID AGAIN WHERE THE KIDS ARE ABLE TO ENJOY A FUN
CHEYANNA'S CHAMPIONS 4 CHILDREN 11701 BEE CAVES ROAD SUITE 200 AUSTIN, TX 78738	45-3772547	501(C)(3)	45,000.	0.			2025 N2U PRESENTING SPONSORSHIP
CITY OF PRAISE FAMILY MINISTRIES INC - 8501 JERICHO CITY DR - LANDOVER, MD 20785	46-3506083	501(C)(3)	42,000.	0.			FURTHER THE KINGDOM
JEWS FOR JESUS 60 HAIGHT STREET SAN FRANCISCO, CA 94102	94-2222464	501(C)(3)	40,000.	0.			ISRAEL SALVATION
LEUKEMIA & LYMPHOMA SOCIETY PO BOX 22324 NEW YORK, NY 10087	13-5644916	501(C)(3)	38,700.	0.			RESEARCH SUPPORT
RISE UP INDUSTRIES 8530 ROLAND ACRES DRIVE SANTEE, CA 92071	80-0908912	501(C)(3)	35,000.	0.			IN HONOR OF KEVIN DUNN
CHURCH OF TOLLHOUSE P.O. BOX 160 TOLLHOUSE, CA 93667	95-2549995	501(C)(3)	34,916.	0.			FOR USE AS ELDERS DIRECT
RADIUS BOOKS INC 227 E. PALACE AVE SUITE W SANTA FE, NM 87501	14-1997383	501(C)(3)	32,500.	0.			PROJECT SUPPORT, 2ND EDITION
SOUTHVIEW COMMUNITY CHURCH 2620 RESTON PKWY HERNDON, VA 20171	54-1139785	501(C)(3)	32,500.	0.			GENERAL SUPPORT

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CROWN POINT COMMUNITY FOUNDATION INC - PO BOX 522 - CROWN POINT, IN 46308	31-0247014	501(C)(3)	30,000.	0.			WHERE IT'S NEEDED MOST
WIND OF LIFE CHURCH 12420 MAR VISTA ST WHITTIER, CA 90602	82-4816397	501(C)(3)	30,000.	0.			SUPPORT FOR FINALLY FREE INTERNATIONAL MINISTRIES FROM THE WRIGHTS
THE TENDER FOUNDATION 2792 EAST POINT ST UNIT 108 EAST POINT, GA 30344	84-3052350	501(C)(3)	30,000.	0.			GENERAL SUPPORT
UNCHAINED REALITIES INC 7401 SEVEN OAKS ROAD NEW ORLEANS, LA 70128	46-2528585	501(C)(3)	30,000.	0.			THE CHARITABLE GIFT TO THIS ORGANIZATION WILL GO TOWARDS THE TECHNOLOGY, RENOVATION PROJECT AND
FOUNDATION FOR THE HIGHER GOOD INC 303 N STADIUM BLVD STE. 200 COLUMBIA, MO 65203	74-3104767	501(C)(3)	29,000.	0.			CARPENTERS FOR CHRIST | 1 HOUSE FOR WIDOW IN NUEVA CAPITAL, KARLA MALDONADO
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	25,800.	0.			TO HELP CIVILIAN VICTIMS OF WAR
IMPACT INVESTING CHARITABLE FOUNDATION - PO BOX 25277 - OVERLAND PARK, KS 66225-5277	47-3574130	501(C)(3)	25,750.	0.			KEYSTONE INVESTING HOLDINGS
ST MICHAEL THE ARCHANGEL ORTHODOX CHURCH - 26355 WEST CHICAGO ROAD - REDFORD, MI 48239	38-6066692	501(C)(3)	25,400.	0.			GENERAL DONATIONS
OPERATION UNDERGROUND RAILROAD INC PO BOX 560902 DENVER, CO 80256	46-3614979	501(C)(3)	25,200.	0.			HELP CHARITY

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FORCEY BIBLE CHURCH 2130 E. RANDOLPH ROAD SILVER SPRING, MD 20904	53-0178404	501(C)(3)	25,000.	0.			CHURCH MINISTRY
BEAUMONT HEALTH FOUNDATION SITE 433 5D 26901 BEAUMONT BLVD. SOUTHFIELD, MI 48033	36-4852171	501(C)(3)	25,000.	0.			DONATION FROM WAW
AMERICAN ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT ST STE 1700 - PHILADELPHIA, PA 19106	23-6251648	501(C)(3)	25,000.	0.			SPECIAL PROGRAM FOR HIGH SCHOOL STUDENTS ANNUAL MEETING AND HEALTH CARE DISPARITIES CONFERENCE,
SENTINEL FOUNDATION 210 DELBURG ST. DAVIDSON, NC 28036	82-2634849	501(C)(3)	25,000.	0.			STOP CHILD TRAFFICKING
AMBLESIDE SCHOOL 1510 EAST PHILLIPS AVENUE CENTENNIAL, CO 80122	27-1507931	501(C)(3)	25,000.	0.			CAMPUS CAMPAIGN
THE ATHLIFE FOUNDATION 273 MAIN STREET - 2ND FLOOR HUNTINGTON, NY 11743	27-0821899	501(C)(3)	25,000.	0.			TO SUPPORT A GRANT TO 2 ATLANTA HIGH SCHOOLS (WESTLAKE HIGH AND FREDERICK DOUGLASS HIGH)
AFRICA INLAND MISSION INTERNATIONAL INCORPORATED - P O BOX 3611 - PEACHTREE CITY, GA 30269	11-1873101	501(C)(3)	24,950.	0.			MINISTRY OF MORAD
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	23,800.	0.			HURRICANE RELIEF, CONTINUE YOUR GOOD WORK
MARINE CORPS ASSOCIATION FOUNDATION - 715 BROADWAY STREET - QUANTICO, VA 22134	80-0340923	501(C)(3)	23,400.	0.			USMC EDUCATIONAL WORKS

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ZIONSVILLE PRESBYTERIAN CHURCH 4775 W 116TH ST. ZIONSVILLE, IN 46077	35-1617555	501(C)(3)	23,000.	0.			GENERAL OPERATING
NEW ENGLAND INSTITUTE OF RELIGIOUS RESEARCH INC - PO BOX 878 - LAKEVILLE, MA 02347	04-3166599	501(C)(3)	22,000.	0.			WRIGHT FAMILY SUPPORT
RIPE FOR HARVEST WORLD OUTREACH P.O. BOX 62009 COLORADO SPRINGS, CO 80962	20-2322235	501(C)(3)	21,000.	0.			MOLD
SACRED HEART CATHOLIC CHURCH 3702 QUINN DRIVE PASCAGOULA, MS 39581	64-0429285	501(C)(3)	20,500.	0.			CHURCH SACRISTY RENOVATIONS
FEED MY STARVING CHILDREN (FMSC) 401 93RD AVE NW COON RAPIDS, MN 55433	41-1601449	501(C)(3)	20,000.	0.			FEED DISADVANTAGED CHILDREN
BEACH ASSEMBLY OF GOD PO BOX 7145 OCEAN ISLE BEACH, NC 28469	56-1871467	501(C)(3)	20,000.	0.			MINISTRY
HILLWOOD ESTATE MUSEUM & GARDENS 4155 LINNEAN AVENUE NW WASHINGTON, DC 20008	52-6080752	501(C)(3)	20,000.	0.			COME SAIL AWAY: 2025 VALENTINE'S DAY CELEBRATION
GOSPEL LIFE 4446 SUMMIT BRIDGE RD SECOND FLOOR, UNIT 3 - MIDDLETOWN, DE 19709	85-4227704	501(C)(3)	19,927.	0.			GENERAL FUND
UNIVERSITY CORPORATION AT MONTEREY BAY - 100 CAMPUS CENTER DRIVE, BLDG 97 - SEASIDE, CA 93955	77-0387459	501(C)(3)	19,600.	0.			EDUCATION

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WOUNDED WARRIOR PROJECT INC. PO BOX 758516 TOPEKA, KS 66675-8516	20-2370934	501(C)(3)	19,000.	0.			SUPPORT THE WOUNDED WARRIORS
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BLVD - STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	18,764.	0.			SUPPORT OUR HEROES, CONTINUE YOUR GOOD WORK
BETHESDA CHRISTIAN CHURCH 14000 METROPOLITAN PARKWAY STERLING HEIGHTS, MI 48312	38-1412440	501(C)(3)	18,700.	0.			TITHE/OFFERINGS
WORLD CENTRAL KITCHEN, INC PO BOX 96538 WASHINGTON, DC 20090	27-3521132	501(C)(3)	18,690.	0.			DISASTER RELIEF, CONTINUE YOUR GOOD WORK
EKAL VIDYALAYA FOUNDATION OF USA PO BOX 821369 HOUSTON, TX 77077	77-0554248	501(C)(3)	18,250.	0.			SPONSOR 50 SCHOOLS IN RURAL & TRIBAL AREAS IN INDIA
BURKE COMMUNITY CHURCH 9900 OLD KEENE MILL ROAD BURKE, VA 22015	54-0992705	501(C)(3)	18,000.	0.			GOD'S WORK THROUGH BURKE COMMUNITY
PLYMOUTH FIRST UNITED METHODIST CHURCH - 45201 N TERRITORIAL RD - PLYMOUTH, MI 48170	38-6007732	501(C)(3)	18,000.	0.			PLEDGE
DETROIT PUBLIC MEDA DBA DETROIT PBS - 48325 ALPHA DR STE 150 - WIXOM, MI 48393	38-1440200	501(C)(3)	17,300.	0.			FOR PBS GENERAL NEEDS
MICHIGAN HUMANE SOCIETY 2937 E. GRAND BLVD. SUITE 800 DETROIT, MI 48202	38-1358206	501(C)(3)	17,050.	0.			ANIMAL SHELTER

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SHALOM AUSTIN 7300 HART LANE AUSTIN, TX 78731	74-1469465	501(C)(3)	17,000.	0.			2024 ANNUAL CAMPAIGN PLEDGE
CENTERPOINTE CHURCH P.O. BOX 4445 FAIRFAX, VA 22038	54-1192491	501(C)(3)	16,310.	0.			CHURCH MISSIONS
UNIVERSITY OF DETROIT MERCY 4001 W. MCNICHOLS RD DETROIT, MI 48221	38-1360586	501(C)(3)	16,000.	0.			EDUCATION IN SE MI
FOOD GATHERERS PO BOX 131037 ANN ARBOR, MI 48113	38-2853858	501(C)(3)	15,512.	0.			ROCKING FOR THE HUNGRY FUNDRAISING DRIVE
FELLOWSHIP FOUNDATION, INC PO BOX 45960 BALTIMORE, MD 21297	53-0204604	501(C)(3)	15,100.	0.			TO ACCOUNT 309-001 TRIBAL CHILDREN
TEXAS HERITAGE MUSIC FOUNDATION PO BOX 2435 FREDERICKSBURG, TX 78624	74-2495227	501(C)(3)	15,000.	0.			OPPORTUNITY TO PROVIDE MUSIC TO ASSISTED LIVING AND NURSING HOMES IN THE TEXAS HILL COUNTRY
FAR REACHING MINISTRIES 38615 CALISTOGA DRIVE STE 100 MURIETTA, CA 92563-4883	33-0776828	501(C)(3)	15,000.	0.			MEXICO WIDOW AND GRANDCHILDREN
FRIENDS OF THE ISRAEL DEFENSE FORCES - PO BOX 4224 - NEW YORK, NY 10163	13-3156445	501(C)(3)	15,000.	0.			2024 PLEDGE JP NEWMAN
ST. LINUS CATHOLIC CHURCH 6466 N EVANGELINE DEARBORN HEIGHTS, MI 48127	38-1550062	501(C)(3)	15,000.	0.			TO SUPPORT ST. LINUS PARISH

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SOLANUS CASEY CENTER 1820 MT. ELLIOTT STREET DETROIT, MI 48207	38-1525161	501(C)(3)	15,000.	0.			TO HELP SUSTAIN THE MISSION OF THE SOLANUS CASEY CENTER.
KNOX PRESBYTERIAN CHURCH 2065 S. WAGNER RD. ANN ARBOR, MI 48103	38-3224451	501(C)(3)	15,000.	0.			FOR GENERAL NEEDS
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 92123	95-1644024	501(C)(3)	15,000.	0.			IN HONOR OF KEVIN DUNN
JUDSON BAPTIST CHURCH OF WALKER LOUISIANA - 32470 WALKER ROAD NORTH - WALKER, LA 70785	72-1023553	501(C)(3)	14,300.	0.			SUPPORTS MINISTRY OF OUR LOCAL CHURCH
GOODRICH UNITED METHODIST CHURCH 8071 S. STATE RD. GOODRICH, MI 48438	38-2308170	501(C)(3)	14,228.	0.			PLEDGE MAY-JULY
THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS - 50 EAST NORTH TEMPLE, FLOOR 22 - SALT LAKE CITY, UT 84150	87-0234341	501(C)(3)	13,380.	0.			SUPPORT RELIGIOUS ACTIVITIES OF THE CHURCH OF LATTER-DAY SAINTS.
NATIONAL MULTIPLE SCLEROSIS SOCIETY - PO BOX 91891 - WASHINGTON, DC 20090	13-5661935	501(C)(3)	13,000.	0.			CHALLENGE WALK MS: SOUTHERN CALIFORNIA 2024
HERE'S LIFE AFRICA 2001 W. PLANO PKWY STE 3435 PLANO, TX 75075	63-0713453	501(C)(3)	13,000.	0.			RELIGION RELATED, SPIRITUAL DEVELOPMENT
GIBRALTAR BIBLE BAPTIST CHURCH 29321 FRYER DR. GIBRALTAR, MI 48173	38-2499248	501(C)(3)	12,900.	0.			LOCAL CHURCH SUPPORT

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ST. THOMAS THE APOSTLE CHURCH 265 KING STREET CRYSTAL LAKE, IL 60014	36-2361102	501(C)(3)	12,750.	0.			SAINT THOMAS ATHLETICS I SCHOOL KIDS NEED EQUIPMENT
INDEPENDENT MISSIONARY NETWORK (IMN) - P.O. BOX 688 - NOBLESVILLE, IN 46061	46-1465912	501(C)(3)	12,700.	0.			HOME FOR WIDOW - REINA
ALL STARS PROJECT INC. PO BOX 8054 NEW YORK, NY 10116	13-3148295	501(C)(3)	12,500.	0.			GENERAL FUND
MOSAIC VIRGINIA 19415 DEERFIELD AVE STE 109 LANSDOWNE, VA 20176	54-1663986	501(C)(3)	12,500.	0.			AS NEEDED FOR OPERATIONS
NORTHRIDGE CHURCH 49555 N TERRITORIAL RD PLYMOUTH, MI 48170	38-1415416	501(C)(3)	12,300.	0.			FAITH GIVING
THE NAVIGATORS PO BOX 50500 COLORADO SPRINGS, CO 80949	84-6007896	501(C)(3)	12,200.	0.			SUPPORT FOR SHARING THE GOSPEL
SEACOAST COMMUNITY CHURCH 1050 REGAL ROAD ENCINITAS, CA 92024	33-0335463	501(C)(3)	12,000.	0.			OPERATIONS
LASALLE HIGH SCHOOL 3091 NORTH BEND ROAD CINCINNATI, OH 45239	31-0624664	501(C)(3)	12,000.	0.			SCHOLARSHIP
LIVING STONES FELLOWSHIP CHURCH, INC. - 909 PRATT ST. - CROWN POINT, IN 46307	35-1536191	501(C)(3)	11,800.	0.			RELIGION RELATED, SPIRITUAL DEVELOPMENT

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PREGNANCY CARE CENTER OF MHC 314 FAIRY STREET EXT STE E MARTINSVILLE, VA 24112	26-4148243	501(C)(3)	11,500.	0.			FUND RAISING TABLE SPONSOR
WASHBURN UNIVERSITY FOUNDATION 1729 SW MACVICAR AVE. TOPEKA, KS 66604	48-6105561	501(C)(3)	11,250.	0.			JOAB MULVANE ENDOWED FUND FOR MULVANE ART MUSEUM
LEAH'S SISTERS P.O BOX 17-1234 IRVING, TX 75017-1234	75-2940983	501(C)(3)	11,250.	0.			SOUTHEAST ASIA HUMANITARIAN AID
CORNERSTONE CHAPEL 650 BATTLEFIELD PARKWAY LEESBURG, VA 20175	54-1688498	501(C)(3)	11,000.	0.			CHURCH SUPPORT
JOHN M PERKINS FOUNDATION FOR RECONCILIATION AND DEVELOPMENT INC - PO BOX 10773 - JACKSON, MS 39289	95-3818477	501(C)(3)	11,000.	0.			SUPPORT PERKINS FOUNDATION
NELLIE E BIRD ELEMENTARY FAMILY FACULTY ORGANIZATION - 220 N SHELDON RD - PLYMOUTH, MI 48170	83-3340710	501(C)(3)	11,000.	0.			WALKIE TALKIES
FORGOTTEN HARVEST 15000 W. EIGHT MILE RD. OAK PARK, MI 48237	38-2926476	501(C)(3)	10,900.	0.			FOR GENERAL ACTIVITIES
100 BLACK MEN OF ATLANTA INC 101 JACKSON ST, N.E., 2ND FLOOR ATLANTA, GA 30312	58-1721923	501(C)(3)	10,859.	0.			WE WANT TO SPONSOR A DINNER FOR THE AJ TERRELL 24 FOR 24 SCHOLARS AWARDS CEREMONY.
C I HOLDER MINISTRIES INC 604 N HIGHWAY 27 STE 1 MINNEOLA, FL 34715	83-1438269	501(C)(3)	10,631.	0.			FEES TO HOST EVERYDAY LEADER ROUNDTABLE BREAKFAST.

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MARIAN FATHERS OF THE IMMACULATE CONCEPTION OF THE B.V.M., INC. - THE MARIANS OF THE IMMACULATE CONCEPTION EDEN HILL -	20-8599030	501(C)(3)	10,500.	0.			TO SUPPORT THE MIC
THE SHAPE FOUNDATION 11991 FREEDOM DR. SUITE 730 RESTON, VA 20190	88-3597565	501(C)(3)	10,500.	0.			COMMUNITY AND YOUTH
OUR LADY OF GOOD COUNSEL PARISH PLYMOUTH - 1062 CHURCH ST - PLYMOUTH, MI 48170	38-1438663	501(C)(3)	10,500.	0.			TECHNOLOGY FOR SCHOOL YEAR 2024-25
ADAT SHALOM SYNAGOGUE 29901 MIDDLEBELT ROAD FARMINGTON HILLS, MI 48334	38-1437934	501(C)(3)	10,300.	0.			BALANCE OF CONGREGATION DUES
CHILD PROTECTION CENTER, INC 720 SOUTH ORANGE AVE. SARASOTA, FL 34236	59-2113850	501(C)(3)	10,100.	0.			DONATION
HAMPTON UNIVERSITY 40 ENTERPRISE PKWY HAMPTON, VA 23666	27-1984576	501(C)(3)	10,000.	0.			THE FUNDS WILL BE USED FOR THE HAMPTON UNIVERSITY PROTON CANCER INSTITUTE STUDENT
ANNAPOLIS AREA CHRISTIAN SCHOOL ASSOCIATION INC - 109 BURNS CROSSING RD. - SEVERN, MD 21144	52-0936379	501(C)(3)	10,000.	0.			ANCHOR FUND
GLOBAL CONNECTIONS 70 BRICKERTON STREET COLUMBUS, MS 39701	20-8241793	501(C)(3)	10,000.	0.			LIMURU CHILDREN CENTRE BABY HOME
ST THOMAS THE APOSTLE PARISH ANN ARBOR - 530 ELIZABETH STREET - ANN ARBOR, MI 48104	38-1359587	501(C)(3)	10,000.	0.			CLERGY SUPPORT - FATHER CHRIS

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
UNIVERSITY OF DETROIT JESUIT HIGH SCHOOL AND ACADEMY - 8400 S. CAMBRIDGE AVENUE - DETROIT, MI 48221	38-1360587	501(C)(3)	10,000.	0.			ENDOWMENT FUND
EQUIPNET P.O. BOX 860 ALAMO, CA 94507	94-3359561	501(C)(3)	10,000.	0.			MISSION WORK
AVATAR MEHER BABA HEARTLAND CENTER 7804 NBU, 1319 N BARTA AVE PRAGUE, OK 74864	38-3652621	501(C)(3)	10,000.	0.			SUPPORT THE HEARTLAND CENTER WHICH SERVES TO NURTURE THE AWARENESS OF THE TEACHINGS OF AVATAR
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH - 200 1ST STREET SW - ROCHESTER, MN 55902	41-6011702	501(C)(3)	10,000.	0.			CHARITABLE DONATION
CROSSROADS YOUNG MENS CHRISTIAN ASSOCIATION INC - 9801 CONNECTICUT DRIVE, SUITE 150 - CROWN POINT, IN 46307	35-1369437	501(C)(3)	10,000.	0.			2024 ANNUAL CAMPAIGN METRO
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	10,000.	0.			HURRICANE DISASTER DONATION
DEMOLAY FOUNDATION 10200 NW AMBASSADOR DRIVE KANSAS CITY, MO 64153	43-0893446	501(C)(3)	10,000.	0.			YOUTH PROGRAM SUPPORT
AKSHAYA PATRA FOUNDATION USA P.O. BOX 14220 FREEMONT, CA 94539	01-0574950	501(C)(3)	10,000.	0.			FREE FOOD FOR SCHOOL CHILDREN
HIRSHBERG FOUNDATION FOR PANCREATIC CANCER RESEARCH - 2990 S SEPULVEDA BLVD. SUITE 300C - LOS ANGELES, CA 90064	95-4640311	501(C)(3)	10,000.	0.			PANCREATIC CANCER RESEARCH

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
FAIRFAX STATION CHRIST UNITED METHODIST CHURCH - 7600 OX ROAD - FAIRFAX STATION, VA 22039	54-1421924	501(C)(3)	10,000.	0.			FULFILLING THE PROMISE CAMPAIGN
CHRISTENDOM EDUCATIONAL CORPORATION - 134 CHRISTENDOM DRIVE - FRONT ROYAL, VA 22630	54-1031437	501(C)(3)	10,000.	0.			NEW CHAPEL
ADVOCATE CHARITABLE FOUNDATION 2025 WINDSOR DRIVE OAK BROOK, IL 60523	36-3297360	501(C)(3)	10,000.	0.			SUPPORT OF THE NEO NATAL UNIT
CHANGE A LIFE FOUNDATION 1602 VILLAGE MARKET BLVD SUITE 235 LEESBURG, VA 20175	30-0058798	501(C)(3)	10,000.	0.			ZIM MISSIONS TRIP
NEW COLLEGE FOUNDATION INCORPORATED - 5800 BAY SHORE RD - SARASOTA, FL 34243-2109	59-0911744	501(C)(3)	10,000.	0.			DONATION
ENDOWMENT FUND OF NC STATE UNIVERSITY - CAMPUS BOX 7472 - RALEIGH, NC 27695	56-6000756	501(C)(3)	10,000.	0.			ENDOWMENT TO SUPPORT NC AGRICULTURAL & LIFE SCIENCES APICULTURE RESEARCH.
COUNTY OF OAKLAND, A MICHIGAN CONSTITUTIONAL CORPORATION - 1200 NORTH TELEGRAPH ROAD BUILDING 42E - PONTIAC, MI 48341	38-6004876	501(C)(3)	10,000.	0.			CARE OF SHELTER ANIMALS AND FACILITATE PET ADOPTIONS
OCTAVIAN VILLAGE 715 SUMMERLEA ST PITTSBURG, PA 15232	86-2239196	501(C)(3)	10,000.	0.			GENERAL FUND SUPPORT
SERVANT HARTS 273 RILEY WAY ELIZABETHTOWN, KY 42701	85-1671282	501(C)(3)	10,000.	0.			SERVANT HARTS CLINIC

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
RIVERBEND CENTRE FOR THE ARTS 4214 N CAPITAL OF TEXAS HWY AUSTIN, TX 78746	27-4595284	501(C)(3)	10,000.	0.			AUSTIN'S SUNDAY SVC@SXSW
THOMAS JEFFERSON UNIVERSITY P.O. BOX 71331 PHILADELPHIA, PA 19176	23-1352651	501(C)(3)	10,000.	0.			PROVIDING SCHOLARSHIP FOR JEFFERSON'S NURSING STEP-UP AND STEP-UP MEDICINE PROGRAMS.
MARCH FOR OUR LIVES FOUNDATION PO BOX 3417 NEW YORK, NY 10008-3417	83-0885411	501(C)(3)	10,000.	0.			GENERAL FUND
ESSELSTYN FAMILY FOUNDATION INC 3 PEPPER RIDGE RD. PEPPER PIKE, OH 44124	83-3193194	501(C)(3)	10,000.	0.			YOUR UNDERTAKING OF GROWING THE PLANTS BASED NATION AND HELPING PEOPLE ACHIEVE GREAT HEALTH IS
LIVING WORD FULL GOSPEL FELLOWSHIP 1029 GEORGE II HIGHWAY WINNABOW, NC 28479	56-2122488	501(C)(3)	10,000.	0.			TOWARDS CHURCH LOAN.
OIL AND GAS ACTION NETWORK 1958 UNIVERSITY AVE BERKELEY, CA 94704	82-0941015	501(C)(3)	10,000.	0.			FOR CLIMATE FAMILIES NYC FOR HOSTING NY CLIMATE WEEK OKC DELEGATION, AND FOR DEVELOPING A CREATIVE
ANGEL BY NATURE PO BOX 6130 KATY, TX 77491	80-0269551	501(C)(3)	10,000.	0.			CHARITABLE DONATION TO SUPPORT THEIR MISSION
QUARRY KINGDOM DEVELOPMENT 1100 BULVERDE RD BULVERDE, TX 78163	46-5047758	501(C)(3)	10,000.	0.			AS NEEDED - SXSW FOR PATRICK FARRELL
TURNER CHAPEL AME CHURCH 492 NORTH MARIETTA PARKWAY MARIETTA, GA 30060	58-2307439	501(C)(3)	10,000.	0.			HOLIDAY TURKEY DRIVE

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 SALVATION ARMY GREAT LAKES DIVISION - 16130 NORTHLAND DRIVE - SOUTHFIELD, MI 48075	38-1370971	501(C)(3)	9,850.	0.			TO ASSIST THOSE IN NEED IN SOUTHEASTERN MICHIGAN
FELLOWSHIP OF NEW TESTAMENT MINISTRIES - P.O. BOX 587 - CARROLLTON, GA 30112	31-1538518	501(C)(3)	9,500.	0.			RELIGION RELATED, SPIRITUAL DEVELOPMENT
GUATEMALAN DREAM CENTER, INC. PO BOX 123 SAFETY HARBOR, FL 34695	81-2203532	501(C)(3)	9,415.	0.			BUYONEBUILDONE MISSION TEAM EXPENSES 7/12-7/20/24
ST JAMES PARISH NOVI 46325 TEN MILE ROAD NOVI, MI 48374	38-2889083	501(C)(3)	9,300.	0.			GENERAL PURPOSE
SCHOOL BOARD OF ORANGE COUNTY FLORIDA - 445 WEST AMELIA STREET - ORLANDO, FL 32801	59-6000771	501(C)(3)	9,186.	0.			GENERAL SUPPORT
CAMP CAVELL CONSERVANCY 3335 LAKESHORE RD. LEXINGTON, MI 48450	46-2336793	501(C)(3)	9,000.	0.			UNRESTRICTED
DALE CITY CHRISTIAN CHURCH 14022 LINDENDALE RD DALE CITY, VA 22193	54-1242284	501(C)(3)	8,965.	0.			TERMINATING THE SCHOLARSHIP PROGRAM
TEMPLE RODEF SHALOM PO BOX 223433 CHANTILLY, VA 20153	54-0733866	501(C)(3)	8,658.	0.			GENERAL USE
AMERICAN CENTER FOR LAW AND JUSTICE - P.O. BOX 90555 - WASHINGTON, DC 20090-0555	54-1586817	501(C)(3)	8,500.	0.			DEFENDING LIBERTY AND FREEDOM

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
SHRINERS HOSPITALS FOR CHILDREN PO BOX 947765 ATLANTA, GA 30394	36-2193608	501(C)(3)	8,500.	0.			RESEARCH AND CURE
CHADTOUGH DEFEAT DIPG FOUNDATION P. O. BOX 907 SALINE, MI 48176	47-4041494	501(C)(3)	8,500.	0.			THE PURPOSE OF THIS GIFT IS TO PROVIDE FUNDS TO DIPG RESEARCH IN HOPE THAT ONE DAY THERE WILL
CHABAD OF SOUTH BROWARD 1295 EAST HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009	59-2796454	501(C)(3)	8,480.	0.			SEFER TORAH DEDICATION
WORLD MISSIONS ADVANCE INC PO BOX 764408 DALLAS, TX 75376	01-0596752	501(C)(3)	8,250.	0.			RELIGION RELATED, SPIRITUAL DEVELOPMENT
ST. KENNETH ROMAN CATHOLIC CHURCH 14951 NORTH HAGGERTY ROAD PLYMOUTH, MI 48170	38-1861052	501(C)(3)	8,250.	0.			ST. KENNETH CATHOLIC CHURCH SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129	44-0610626	501(C)(3)	8,200.	0.			SUPPORT FOR MA LOCATION
PREGNANCY RESOURCE CENTER 1830 HACIENDA DRIVE STE 8 VISTA, CA 92081	33-0809605	501(C)(3)	7,900.	0.			YEAR END CAMPAIGN
HABITAT FOR HUMANITY OF HURON VALLEY - 950 VICTORS WAY SUITE 50 - ANN ARBOR, MI 48108	38-2874694	501(C)(3)	7,500.	0.			FOR GENERAL NEEDS
PLACER COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 200 TAHOE AVENUE - ROSEVILLE, CA 95678	94-2607682	501(C)(3)	7,500.	0.			GENERAL SUPPORT

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

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COMMUNITY HELP NETWORK, INC. 550 EAST BURRELL DRIVE CROWN POINT, IN 46307	85-1092043	501(C)(3)	7,500.	0.			BUDDY BAGS
THEOLOGICAL HORIZONS 1841 UNIVERSITY CIRCLE CHARLOTTESVILLE, VA 22903	58-1594037	501(C)(3)	7,500.	0.			SUPPORT MINISTRY
ARTISTS IN CHRISTIAN TESTIMONY INTL, INC - PO BOX 1649 - BRENTWOOD, TN 37024	95-3660821	501(C)(3)	7,450.	0.			SUPPORT MISSION OF BEN AND ERIN ROUNDTREE
YOUNG LIFE P.O. BOX 520 COLORADO SPRINGS, CO 80901	84-0385934	501(C)(3)	7,400.	0.			YOUTH MINISTRY
GLEANERS COMMUNITY FOOD BANK INC 2131 BEAUFAIT DETROIT, MI 48207	38-2156255	501(C)(3)	7,025.	0.			COMBAT FOOD INSECURITY
VICTORY CHRISTIAN FELLOWSHIP P.O. BOX 426 MURPHEYSBORO, IL 62966	37-1270529	501(C)(3)	7,000.	0.			RELIGION RELATED, SPIRITUAL DEVELOPMENT
MOST HOLY REDEEMER SCHOOL FOUNDATION - 9536 S. MILLARD - EVERGREEN PARK, IL 60805	85-2191579	501(C)(3)	7,000.	0.			MOST HOLY REDEEMER SCHOOL IS HELPING KIDS GO TO SCHOOL WHO CAN'T AFFORD IT
CATHOLIC RELIEF SERVICES, INC. P.O. BOX 5200 HARLAN, IA 51593	13-5563422	501(C)(3)	6,989.	0.			SOUTH SUDAN FOOD RELIEF
MISERICORDIA FOUNDATION 6300 NORTH RIDGE AVENUE CHICAGO, IL 60660	23-7285834	501(C)(3)	6,963.	0.			PROVIDE SUPPORT TO DEVELOPMENTALLY DISABLED ADULTS

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

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CONGREGATION BETH ISRAEL 3901 SHOAL CREEK BLVD AUSTIN, TX 78756	74-2827868	501(C)(3)	6,750.	0.			2023-2024 BLDG FEE & ANNUAL COMMITMENT
COMMUNITY FOUNDATION OF BOONE COUNTY, INC - 102 N. LEBANON STREET SUITE 200 - LEBANON, IN 46052	35-1829585	501(C)(3)	6,650.	0.			LIFE POLICY AND ENDOWMENT FUND
KING OF KINGS LUTHERAN CHURCH 2685 PACKARD STREET ANN ARBOR, MI 48104	38-1118365	501(C)(3)	6,600.	0.			BUILDING FUND, LITTLE FOOD PANTRY
ST. LUKE LUTHERAN CHURCH 5589 VAN ATTA ROAD HASLETT, MI 48840	38-2690546	501(C)(3)	6,600.	0.			MONTHLY GIVING
SCOTTSDALE WORSHIP CENTER, INC 6508 E. CACTUS RD. SCOTTSDALE, AZ 85254	86-0619852	501(C)(3)	6,500.	0.			DARBRO PROJECT
BELLA VITA NETWORK 716 N. WESTWOOD AVE. TOLEDO, OH 43607	34-1441574	501(C)(3)	6,500.	0.			PRO LIFE MINISTRY
DETROIT RESCUE MISSION MINISTRIES GENESIS HOUSE I, II, III & OASIS - 150 STIMSON ST - DETROIT, MI 48201	38-1459371	501(C)(3)	6,200.	0.			OPERATIONS AND HOMELESSNESS SERVICES
OLD NEWSBOYS GOODFELLOW FUND OF DETROIT - PO BOX 44444 - DETROIT, MI 48244-0444	38-6061491	501(C)(3)	6,200.	0.			GENERAL DONATION
UNIVERSITY OF THE NATIONS KONA INC 75-5851 KUAKINI HWY #256 KAILUA-KONA, HI 96740	99-0240539	501(C)(3)	6,000.	0.			FROM THE BRAMBLETT'S :)

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

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HOLY TRINITY CATHOLIC CHURCH 8213 LINTON HALL ROAD GAINESVILLE, VA 20155	54-2044339	501(C)(3)	6,000.	0.			CONTRIBUTE TO REDUCING PARISH EXPENSES
CATHOLIC CHARITIES OF THE DIOCESE OF ARLINGTON - P.O. BOX 1900 - MERRIFIELD, VA 22116	54-0515706	501(C)(3)	6,000.	0.			DONATION TO BISHOP'S ANNUAL APPEAL
FRIENDS FOR ANIMALS OF METRO DETROIT - 16121 RECKINGER ROAD - DEARBORN, MI 48126	38-3171570	501(C)(3)	6,000.	0.			UNRESTRICTED DONATION
THE NEW HORIZONS FOUNDATION INC 731 CHAPEL HILLS DR. COLORADO SPRINGS, CO 80920	84-1123082	501(C)(3)	6,000.	0.			MINISTRY OF STEVE MOORE
SHEPHERD OF THE LAKES LUTHERAN CHURCH - WELS - P.O. BOX 715 - LINDEN, MI 48451	38-3751171	501(C)(3)	6,000.	0.			GENERAL FUND SOTL
SALINE AREA SOCIAL SERVICES 1259 INDUSTRIAL DR SALINE, MI 48176	23-7134646	501(C)(3)	6,000.	0.			TINY HEARTS HEALING FUND
THE INDIANA FFA FOUNDATION INC P. O. BOX 9 TRAFALGAR, IN 46181	35-6056070	501(C)(3)	6,000.	0.			GENERAL OPERATING
MIO FRONTIERS P.O. BOX 60730 PHOENIX, AZ 85082-0730	95-3731505	501(C)(3)	6,000.	0.			SUPPORT R. & H. N. (6897)
HIGH TECH PRAYER BREAKFAST-DC METRO - 1930 ISAAC NEWTON SQUARE, SUITE 200 - RESTON, VA 20190	41-2026074	501(C)(3)	5,950.	0.			HTPB

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

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UNION FOR REFORM JUDAISM 633 THIRD AVENUE 7TH FLOOR NEW YORK, NY 10017-6778	13-1663143	501(C)(3)	5,770.	0.			GENERAL CHARITABLE PURPOSES
SAINT JOSEPH OF MAPLETON 12675 CENTER ROAD TRAVERSE CITY, MI 49686	74-3061471	501(C)(3)	5,700.	0.			GENERAL EXPENSES
GRACE CENTERS OF HOPE PO BOX 430618 PONTIAC, MI 48343	38-6094602	501(C)(3)	5,700.	0.			HELP RECOVER FROM ADDICTION, ABUSE, HOMELESSNESS...
PARALYZED VETERANS OF AMERICA P.O. BOX 758589 TOPEKA, KS 66675-8532	13-1946868	501(C)(3)	5,600.	0.			DONATION SUPPORTS PARALYZED VETERANS IN MICHIGAN
OVEREATERS ANONYMOUS INC 6075 ZENITH COURT NE, PO BOX 44727 RIO RANCHO, NM 87174	23-7016806	501(C)(3)	5,600.	0.			TO REACH THE STILL SUFFERING COMPULSIVE OVEREATERS
PURDUE RESEARCH FOUNDATION PO BOX 772401 DETROIT, MI 48277	35-1052049	501(C)(3)	5,500.	0.			DONATIONS TO VARIOUS PURDUE UNIVERSITY INITIATIVES
OAKLAND UNIVERSITY 3151 UNIVERSITY DR AUBURN HILLS, MI 48326	38-1714400	501(C)(3)	5,500.	0.			OUWB ENDOWED SCHOLARSHIP
FULL CIRCLE FOUNDATION 17006 MACK AVENUE GROSSE POINTE PARK, MI 48230	45-3141975	501(C)(3)	5,500.	0.			PROGRAMS FOR ADULTS WITH AUTISM
OPERATION GRADUATION JALEN ROSE: 15000 TROJAN STREET DETROIT, MI 48235	27-2308036	501(C)(3)	5,500.	0.			EDUCATE UNDER PRIVILEGED

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

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SHELTER ASSOCIATION OF WASHTENAW COUNTY - P.O. BOX 7078 - ANN ARBOR, MI 48107	38-2533030	501(C)(3)	5,500.	0.			OPERATIONS AND HOMELESSNESS SERVICES
AMERICAN CANCER SOCIETY, INC. PO BOX 6704 HAGERSTOWN, MD 21741	13-1788491	501(C)(3)	5,450.	0.			GENERAL SUPPORT
PROVINCE OF ST JOSEPH OF THE CAPUCHIN ORDER - 1820 MT. ELLIOTT ST - DETROIT, MI 48207	38-1525161	501(C)(3)	5,350.	0.			FOOD, SUBSTANCE ABUSE ASSISTANCE AND MORE...
CHRIST CHURCH 118 N. WASHINGTON STREET ALEXANDRIA, VA 22314	54-0506451	501(C)(3)	5,300.	0.			SUPPORT CHURCH ACTIVITY BOTH IN ALEXANDRIA AND MISSIONS
ARCHDIOCESE OF DETROIT 12 STATE STREET DETROIT, MI 48226-1823	38-1359274	501(C)(3)	5,250.	0.			GENERAL SUPPORT FOR ST. KENNETH CATHOLIC CHURCH (CSA)
DETROIT SYMPHONY ORCHESTRA 3711 WOODWARD AVE DETROIT, MI 48201	38-1385132	501(C)(3)	5,150.	0.			PROGRAM SUPPORT
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037	53-0196605	501(C)(3)	5,100.	0.			DISASTER RELIEF SERVICES TO THE AFFECTED PEOPLE
DAWN, INC. 502 W HURON ANN ARBOR, MI 48104	23-7318277	501(C)(3)	5,100.	0.			ANY GENERAL PURPOSE AS NEEDED
UNIVERSITY OF WISCONSIN FOUNDATION U.S. BANK LOCKBOX : BOX 78807 MILWAUKEE, WI 53278-0807	39-0743975	501(C)(3)	5,100.	0.			UNRESTRICTED FUNDS

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
ANIMAL WELFARE	26	25,761.	0.		
BASIC NEEDS SUPPORT	251	254,480.	0.		
DISASTER RELIEF	105	151,500.	0.		
EDUCATION	46	118,800.	0.		
GENERAL SUPPORT	155	157,003.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:
UNITED CHARITABLE HAS ESTABLISHED GUIDELINES WHICH MUST BE FOLLOWED WHEN GIFTS ARE MADE TO CHARITABLE ORGANIZATIONS IN THE UNITED STATES. FOR GIFTS TO RECOGNIZED 501(C)(3) PUBLIC CHARITIES, UNITED CHARITABLE REQUIRES A COPY OF THE IRS DETERMINATION LETTER OR TIN OF THE ORGANIZATION, AND/OR PARENT IF NECESSARY. FOR CHURCHES, SYNAGOGUES, MOSQUEST AND OTHER RELIGIOUS ORGANIZATIONS, UNITED CHARITABLE HAS A WHOLE SEPARATE SET OF CRITERIA, PARTICULARLY IF THE RELIGIOUS ORGANIZATION IS NOT A 501(C)(3). FOR GRANTS TO FEDERAL, STATE, COUNTY OR CITY GOVERNMENTS OR GOVERNMENTAL ENTITIES, UNITED CHARITABLE REQUIRES WRITTEN CONFIRMATION THAT THE GRANTEE IS A GOVERNMENTAL ENTITY. FOR ALL OTHER GRANT RECIPIENTS, SUCH AS SOCIAL WELFARE ORGANIZATIONS, VETERAN ORGANIZATIONS, FRATERNAL ORGANIZATIONS, ETC., UNITED CHARITABLE REQUIRES APPLICATION FOR THE GRANT WITH APPROVAL ON A CASE BY CASE BASIS WITH VARIOUS CRITERIA HAVING TO BE MET.

PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: A KID AGAIN INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: MICHIGAN - HOLIDAY ADVENTURE WITH A

Part III **Continuation of Grants and Other Assistance to Domestic Individuals** (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
HEALTH SUPPORT	3.	1,600.	0.		

Part IV Supplemental Information

KID AGAIN WHERE THE KIDS ARE ABLE TO ENJOY A FUN HOLIDAY NIGHT OUT WITH THEIR FAMILIES ON NOVEMBER 17TH.

NAME OF ORGANIZATION OR GOVERNMENT: UNCHAINED REALITIES INC
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHARITABLE GIFT TO THIS ORGANIZATION WILL GO TOWARDS THE TECHNOLOGY, RENOVATION PROJECT AND PROGRAMMING FOR THE LYON RECREATION CENTER COMPUTER LAB AND TEEN CENTER FOR STERLING LEGACY COMMUNITY DAY

NAME OF ORGANIZATION OR GOVERNMENT:
AMERICAN ASSOCIATION FOR CANCER RESEARCH
(H) PURPOSE OF GRANT OR ASSISTANCE: SPECIAL PROGRAM FOR HIGH SCHOOL STUDENTS ANNUAL MEETING AND HEALTH CARE DISPARITIES CONFERENCE, AND MINORITY SCHOLAR IN CANCER RESEARCH TRAVEL AWARD

NAME OF ORGANIZATION OR GOVERNMENT: THE ATHLIFE FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A GRANT TO 2 ATLANTA HIGH SCHOOLS (WESTLAKE HIGH AND FREDERICK DOUGLASS HIGH) THAT WILL COVER EXPENSES OF HIRING AN ACADEMIC ATHLETIC COACH TO SUPPORT DEVELOPMENT OF STUDENT ATHLETES

NAME OF ORGANIZATION OR GOVERNMENT: HAMPTON UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: THE FUNDS WILL BE USED FOR THE HAMPTON UNIVERSITY PROTON CANCER INSTITUTE STUDENT INTERNSHIP PROGRAM. A TOTAL OF 10 UNDERGRADUATE STUDENTS WILL RECEIVE STIPENDS THROUGH OUR DONATION.

NAME OF ORGANIZATION OR GOVERNMENT: AVATAR MEHER BABA HEARTLAND CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE HEARTLAND CENTER WHICH SERVES TO NURTURE THE AWARENESS OF THE TEACHINGS OF AVATAR MEHER BABA BY MAINTAINING A PLACE FOR RETREAT, PRAYER, PILGRIMAGE AND STUDY

NAME OF ORGANIZATION OR GOVERNMENT: ESSELSTYN FAMILY FOUNDATION INC
(H) PURPOSE OF GRANT OR ASSISTANCE: YOUR UNDERTAKING OF GROWING THE PLANTS BASED NATION AND HELPING PEOPLE ACHIEVE GREAT HEALTH IS ADMIRABLE.

NAME OF ORGANIZATION OR GOVERNMENT: OIL AND GAS ACTION NETWORK
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CLIMATE FAMILIES NYC FOR HOSTING NY CLIMATE WEEK OKC DELEGATION, AND FOR DEVELOPING A CREATIVE ACTION DURING SUMMIT OF THE FUTURE (AT THE UNITED NATIONS) AND NYCW.

NAME OF ORGANIZATION OR GOVERNMENT: CHADTOUGH DEFEAT DIPG FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GIFT IS TO PROVIDE FUNDS TO DIPG RESEARCH IN HOPE THAT ONE DAY THERE WILL BE A CURE FOR KIDS WHO ARE BATTLING INCURABLE TUMORS WHICH END UP FATAL.

NAME OF ORGANIZATION OR GOVERNMENT: TEAM GUTS
(H) PURPOSE OF GRANT OR ASSISTANCE: THIS DONATION WILL HELP WITH FINANCIAL ASSISTANCE TO ALLOW CAMPERS WHO NORMALLY WOULD NOT BE ABLE TO AFFORD THE CAMP TO ATTEND.

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 CHARITABLE

Employer identification number

20-4286082

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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ 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**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JULIA HEALEY	(i)	209,928.	5,000.	0.	0.	35,019.	249,947.	0.
CEO, SECRETARY OF BOARD	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HANNIBAL NAVIES	(i)	168,530.	2,000.	0.	0.	24,127.	194,657.	0.
ATHLETES CHARITABLE, VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STACY L SUMMITT	(i)	127,516.	2,000.	0.	0.	33,474.	162,990.	0.
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

Employer identification number

20-4286082

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X		3,789,294.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests	X	1	3,086,648.	APPRAISAL
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

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 CHARITABLE

Employer identification number
20-4286082

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
ACCOUNT FOCUSES ON STRENGTHENING THE CLIMATE-PARENT FELLOWSHIP AND THE CORE WORK OF OUR KIDS' CLIMATE. IT IS FUNDED BY MULTIPLE PARTIES WITH A SIMILAR MISSION OF REDUCING CARBON FOOTPRINTS AND ADVOCATING ABOUT CLIMATE CHANGE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
SPECIFIC GRANT ACCOUNT FOCUSES ON STRENGTHENING THE CLIMATE-PARENT FELLOWSHIP AND THE CORE WORK OF OUR KIDS' CLIMATE. THIS ACCOUNT IS FUNDED SOLELY BY GROWALD CLIMATE FUND.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
UC PROGRAMS PERFORM A WIDE VARIETY OF SERVICES TO THE COMMUNITY. THE MAJORITY OF THEM HAVE WELL-DEVELOPED WEBSITES, AS WELL AS ONLINE FUNDRAISING AND SOCIAL MEDIA PRESENCE. OUR TOP PERFORMING PROGRAMS FALL INTO THE FOLLOWING CATEGORIES: CHILDREN/YOUTH, EDUCATION, FAITH-BASED MINISTRIES, COMMUNITY DEVELOPMENT, ENVIRONMENT, SOCIAL JUSTICE, AND HEALTH. ON AVERAGE, EACH UC PROGRAM HAS AT LEAST TEN VOLUNTEERS THAT ASSIST THEM THROUGHOUT THE YEAR, WITH A TOTAL OF 5,163 VOLUNTEERS FOR ALL OF UC IN 2024. OUR PROGRAMS HAVE ADVISORY COMMITTEES CONSISTING OF AT LEAST THREE INDIVIDUALS THAT MEET AN AVERAGE OF 4 TIMES A YEAR, AND MOST PROGRAMS ARE LOCATED NEAR LARGE METROPOLITAN AREAS. THE MAJORITY OF UC'S TOP-PERFORMING PROGRAMS CONDUCT FUNDRAISERS, INCLUDING SEVERAL WITH WELL-ESTABLISHED GOLF TOURNAMENTS AND GALAS. ON AVERAGE, UC PROGRAMS HAVE AROUND TEN OR MORE YEARS OF EXPERIENCE OPERATING UNDERNEATH A FISCAL SPONSOR.
EXPENSES $ 12,139,142. INCL GRANTS OF $ 10,173,386. REVENUE $ 2,363,810.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE CEO, TREASURER, AND THE AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C:
REVIEW OF RELATIONSHIPS IS PERFORMED ON A REGULAR BASIS.

FORM 990, PART VI, SECTION B, LINE 15:
REVIEW AND DETERMINATION OF ALL SALARIES BY THE DISINTERESTED COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS USING A CORPORATE SALARY SURVEY AS GUIDANCE.

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

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

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

2024 990 UC Public Disclosure Copy

Final Audit Report 2025-09-09

Created:	2025-09-09
By:	Stacy Summitt (stacy@unitedcharitable.org)
Status:	Signed
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