Public Disclosure Copy

EXTENDED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑF	or the	e 2023 calendar year, or tax year beginning and e	ending		
3 c	heck if	C Name of organization		D Employer identific	cation number
	Addres	UNITED WAY OF CENTRAL ILLINOIS INC			
	Name change			37-07160	60
	Initial return Final return/	1999 WEST WABASH AVE STE 107	Room/suite	E Telephone number (217) 72	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,827,664.
	Amend	SPRINGFIELD, IL 02/04		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: MAKNE FAOSEK		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	1	list. See instructions
	Vebsit	ee: UWCIL.ORG organization: X Corporation Trust Association Other	I Voor	H(c) Group exemptio	n number 1 State of legal domicile: IL
Pa	rt I	Summary	L Year	or formation: 1922 N	1 State of legal domicile; 11
		Briefly describe the organization's mission or most significant activities: IMPRO	VING	LIVES BY ADI	DRESSING
ဥ		BASIC NEEDS, FINANCIAL STABILITY AND HEALT			
nar.		Check this box if the organization discontinued its operations or dispose			
Activities & Governance	3	·		3	28
ၓ၂	4	Number of independent voting members of the governing body (Part VI, line 1b)			28
စ္ခ		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			10
ij		Total number of volunteers (estimate if necessary)			745
딍		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,979,008.	1,506,309.
	9	Program service revenue (Part VIII, line 2g)		59,018.	137,334.
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		746,003.	455,726.
"	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,230.	21,790.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,790,259.	2,121,159.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,189,246.	1,156,922.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
န္မ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		549,724.	618,073.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	·····	0.	0.
×		Total fundraising expenses (Part IX, column (D), line 25) 120, 37		254 545	254 224
۳۱		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		354,545.	351,834.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,093,515.	2,126,829.
	19	Revenue less expenses. Subtract line 18 from line 12		696,744.	-5,670.
t Assets or id Balances			Re	ginning of Current Year	End of Year
Sser	20	Total assets (Part X, line 16)		8,269,663. 948,042.	8,482,688.
as \square		Total liabilities (Part X, line 26)		7,321,621.	781,454. 7,701,234.
	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		1,341,041.	1,101,434.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and helief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which		-	Milowidago ana bonon, icio
9		, , , , , , , , , , , , , , , , , , , ,	1 -1-0.01	,	
Sign	1	Signature of officer		Date	
Here		MARNE FAUSER, PRESIDENT			
_		Type or print name and title			
		Print/Type preparer's name Preparer's signature	l l	Date Check	PTIN
Paid		BRIDGETTE MUGGE BRIDGETTE MUGGE	0	9/09/24 self-employ	
rep	arer	Firm's name SIKICH LLC		Firm's EIN 3	6-3168081
Jse	Only	Firm's address 3051 HOLLIS DRIVE, 3RD FLOOR			
		SPRINGFIELD, IL 62704		Phone no. 21	7-793-3363
Иау	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE UNITED WAY OF CENTRAL ILLINOIS, INC. IS A NOT-FOR-PROFIT
	CORPORATION WITH A MISSION TO IMPROVE LIVES BY UNITING OUR COMMUNITY
	TO ADRESS THE BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTH
	OF EVERY PERSON. VISION: BUILDING SANGAMON AND MENARD COUNTIES INTO A
2	Did the organization undertake any significant program services during the year which were not listed on the
_	
	prior Form 990 or 990-EZ? 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?
3	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.
7	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.
 4а	420 700
4 a	EDUCATION - FUNDED OUT OF THE COMMUNITY FUND, THESE PROGRAMS ADDRESS
	OUR EDUCATION PRIORITIES AND STRATEGIES WHICH ARE FUNDED TO HELP
	CHILDREN LEARN, ACHIEVE, AND SUCCEED WHILE ENGAGING FAMILIES AND
	COMMUNITIES. EDUCATION PROGRAMS ADDRESS ACCESS TO HIGH-QUALITY EARLY
	CHILDHOOD EDUCATION SUPPORTS, ON-TIME ACHIEVEMENT, SOCIAL EMOTIONAL
	DEVELOPMENT, AND SUPPORTS TO HELP STUDENTS GRADUATE WITH A PLAN FOR THE
	FUTURE.
	1010KH.
4b	(Code:) (Expenses \$ 220 , 275 • including grants of \$ 220 , 275 •) (Revenue \$)
	BASIC NEEDS - FUNDED OUT OF THE COMMUNITY FUND, THESE PROGRAMS ADDRESS
	OUR BASIC NEEDS PRIORITIES AND STRATEGIES WHICH ARE FUNDED TO SUPPORT A
	SAFETY NET OF FOOD AND SHELTER FOR OUR COMMUNITY'S MOST VULNERABLE
	MEMBERS. BASIC NEEDS PROGRAMS ADDRESS ACCESS TO EMERGENCY FOOD AND
	EMERGENCY SHELTER AND PROVISIONS.
4c	(Code:) (Expenses \$186,436. including grants of \$186,436.) (Revenue \$)
	FINANCIAL STABILITY - FUNDED OUT OF THE COMMUNITY FUND, THESE PROGRAMS
	ADDRESS OUR FINANCIAL STABILITY PRIORITIES AND STRATEGIES WHICH ARE
	FUNDED TO PROVIDE INDIVIDUALS AND FAMILIES WITH THE EDUCATION, SKILLS,
	AND SUPPORTS NEEDED TO LEAD FINANCIALLY STABLE LIVES. FINANCIAL
	STABILITY PROGRAMS ADDRESS SAFE AND AFFORDABLE HOUSING, INCREASE
	EMPLOYMENT OPPORTUNITIES, AND EXPAND FINANCIAL LITERACY SKILLS. THIS
	WORK ALSO EXPANDS TO HELP SENIORS MAINTAIN INDEPENDENCE IN THEIR OWN
	HOME.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 910,197. including grants of \$ 319,423.) (Revenue \$ 137,334.)
4e	Total program service expenses 1,747,696.

332002 12-21-23

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
·	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		<u> </u>
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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
С	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		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	Schedule D, Parts XI and XII	12a	х	
h		IZa	- 21	<u> </u>
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the appropriation projection of the control of the United Otelson	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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			_V
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
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	Х	<u> </u>
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		Х
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	Х	
				-

332003 12-21-23

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 22 " "Yes," complete Schedule (Parts I and III 22 X X to the organization aware "Yes" to Part IX, socious, and highly an activated to the organization sweeth "Yes", complete Schedule (Parts I and III 22 X X to the organization have at axe exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule (Part II 24 X X 24 Did the organization have at axe exempt bond issue with an outstanding principal amount of more than \$1,000,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule (Part I 24 Did the organization maintain an escrew account other than a retunding secrew at any time during the year to defease any tax exempt bonds? If yes a section \$10(5), 80 (10(4)), and \$51(4)(28) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I 25 X X Y X Yes (10(4), 30 (10(4)), and \$51(4)(28) organizations. Did the organization engage 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 sport from \$900 or \$90 (250 (12 Y Yes," complete Schedule I. Part I 25 X X Y X Yes, "Complete Schedule I. Part I 25 X X Y X Yes, "Complete Schedule I. Part I 25 X X Y X Yes," Complete Schedule I. Part I 25 X X Y X Yes, "Complete Schedule I. Part II 25 X X Yes I X X Yes I X Yes, "Complete Schedule I. Part II 25 X X Yes I X Yes," Complete Schedule I. Part II 25 X X Yes I X Yes I X X Yes I X Yes I X Yes I X Yes I X X Yes I X Yes I X Yes I X Yes I X X Yes I X Yes I X Yes I X Yes I X X Yes I X Yes	Form	1990 (2023) UNITED WAY OF CENTRAL ILLINOIS INC 57-0/10	000	P	age '
22 X 25 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X. Country A. (Inc. 27, 1976). Complete Schedule J. Part II and III M. 27 S. (Inc. 27, 27). The organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization sourcert and former officers, directors, trustees, key employees, and highest compensation of the organization sourcert and former officers, directors, trustees, key employees, and highest compensation of more than \$100,000 as of the last day of the year, that was issued after December \$1,0002 if "Yes," answer lines 24b through 24d and complete Schedule K. If "No," or to line 25s. 24a Did the organization invest say proceeds of fax-exempt bonds beyond a temporary period exception? 25b Did the organization invest say proceeds of fax-exempt bonds beyond a temporary period exception? 26b Did the organization answer that the repogated in an excess brendfit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I be 18 the organization aware that the repagad in an excess brendfit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I be 18 the organization aware that the repagad in an excess brendfit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I be 18 the organization aware that the repagad in an excess brendfit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I be 18 the organization aware that the repagad in an excess brendfit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization from or payables to any current or former of the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former of the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or th	Pai	rt IV Checklist of Required Schedules (continued)		Vos	No
Part IX. Column (Al, line 2? If "Nes," complete Schedule I, Parts I and III. 20 Did the organization asserse" vis* of Part IVI, Section A, Ino. 3. 4, or 6, about compensation of the organization's current and former officers, directors, fursitees, key employees, and highest compensated employees? If "Yes," complete Schedule I and the India of	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
23 Dit the organization answer "Yes" to Part WI, Section A, line 3. 4, or 5, about compensation of the organization sourcest and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Dit 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 \$1, 2002? If "Yes," answer lines 240 through 24 and complete Schedule K. If "No," yo to line 25a 25 Dit the organization marks as you proceeds of tax-exempt bonds beyond a temporary period exception? 26 Dit the organization marks an your proceeds of tax-exempt bonds beyond a temporary period exception? 26 Dit the organization marks and an excrow account ofter than a refunding excrow at any time during the year to defease any tax-exempt bonds? 27 Did the organization marks and a sin on behalf of issuer for bonds outstanding at any time during the year? 28 Section \$10(5)\$, \$01(4)\$, 40 and \$01(2)\$20 argustations. Did the organization such that the reparalization was an an an analysis of the section of the section with a disqualified person during the year? 28 Section \$10(5)\$, \$01(4)\$, 40 and \$01(2)\$20 argustations. Did the organization person in a prior year, and that the transaction has not been reported on any of the organization person between the tax of the section of the section with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization person of the year. Person \$00 or 900 EZ? If "Yes," complete Schedule I, Part II 28 Dit the organization aware that in engaged in an excess benefit transaction with a disqualified person during the year. 29 Dit 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 90 tax 30% controlled entity (including an employee thereof) or family member of an			22		X
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," compilete Schedule J. 24 a Did the organization have a tax-eventor 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 24th through 24th and complete Schedule K. If "No.", go to line 25e 24b Did the organization invest any proceeds of tax-eventy bonds beyond a temporary period exception? 26 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 26 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 27 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 28 Did the organization available and associated the second of the organization of the process of the second of the process of the second of the process of the process of the second of the process	23				
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24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 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 24b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c 24d 24d 24d 24d 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 using the year? 25a 25		•	23		X
Schedule K. If 'No.' go to line 258 b Did the organization meant any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization are as an 'on behalf of' issuer for bonds outstanding at any time during the year? d Did the organization as an 'on behalf of' issuer for bonds outstanding at any time during the year? d Did the organization as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c/Qs), 501(c/Qs), and 501(c/Qs) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b 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? 25c Did the organization report any amount on Part X, line 5 or 22, for receivables from or paysibles to any current or former officer, director, fusteke, key employee, creator or founder, substantial contributor, or 35% controlled entity of notine, director, fusteke, key employee, creator or founder, substantial contributor, and the prior organization provide a grant or other assistance to any current or former officer, director, trusteke, key employee, creator or founder, substantial contributor? 25b Is the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part III 27c	24a				
Schedule K. If 'No.' go to line 258 b Did the organization meant any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization are as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I yes, 'complete Schedule L, Part II yes,		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization and at as an 'on behalf or' issuer for bonds outstanding at any time during the year? 24c 25s Section 501(c)(8), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 15s Section 501(c)(8), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 15s Section 501(c)(8), 501(c)(4), and 501(c)(29) organizations. Did the organization engage 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 Sendeule L, Part I 25c		· · · · · · · · · · · · · · · · · · ·	24a		Х
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? (if 'Yes,' complete Schedule L, Part I 25a X 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? (if 'Yes,' complete Schedule L, Part I 25b X 25b X 25c 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, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X X X X X X X X X	b		24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 258 Section 501(2)(3, 501(4)), and 501(4)), and 501(4)) and 501(4)) and 501(4)) and 501(4), and 501(4)) and 501(4), and 501(4)) and 501(4), and 501(4)) and 501(4) and 501(4). The stranger is a prior year, and that the transaction ware 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 reforms 990 or 990127? If "Yes," complete Schedule I., Part II 250 Did the organization provide a grant or other assistance to any oursert or forms 990 or 990127? If "Yes," complete Schedule I., Part II 261 Did the organization provide a grant or other assistance to any current or former officer, furetor, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I., Part III 272 Did the organization provide thereof) or family member of any of these persons? If "Yes," complete Schedule I., Part IV Instructions for applicable filing thresholds, conditions, and exceptions]: 283 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I., Part IV Instructions for applicable filing thresholds, conditions, and exceptions]: 284 A family member of any individual described in line 28a? If "Yes," complete Schedule I., Part IV Instructions of any individual described in line 28a? If "Yes," complete Schedule II., Part IV Instructions of any individual described in line 28a? If "Yes," complete Schedule II., Part IV Instructions of any individual described in line 28a or 28b? If "Yes," complete Schedule II., Part IV Instructions of any individual described in line 28a or 28b? If "Yes," complete Schedu	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d Did the organization act as an "on behalf off issuer for bonds outstanding at any time during the year? 25a Section 501(2)(3, 501(4)), and 501(4)), and 501(4)) and 501(4)) and 501(4)) and 501(4)), and 501(4)) and 501(4). The strange of the strang		any tax-exempt bonds?	24c		
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 256 X 256 Did the organization report any amount on Part X, line 6 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contribution; 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 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 III 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the 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 III 28 X X X X X X X X X	d		24d		
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Schedule L, Part II 25b X 2 Schedule L, Part IV 2 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 2 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 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 28 Z8b X 2 X 3 X 4 X 4 X 2 X 4 X 2 X 2 X 3 X 4 X	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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controlled entity or family member of any of these persons? // *Yes," complete Schedule L, Part II 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? // *Yes," complete Schedule L, Part III 27 X 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? // *Yes," complete Schedule L, Part IV 28b X X 5 A family member of any individual described in line 28a? // *Yes," complete Schedule L, Part IV 28b X 5 A family member of any individual described in line 28a? // *Yes," complete Schedule L, Part IV 28b X 5 A family member of any individual sand/or organizations described in line 28a or 28b? // *Yes," complete Schedule II, Part IV 28b X 5 A family member of any individual described in line 28a? // *Yes," complete Schedule L, Part IV 28b X 5 A family member of any individual sand/or organizations described in line 28a or 28b? // *Yes," complete Schedule II, Part IV 28b X 5 A family member of any individual described in line 28a? // *Yes," complete Schedule L, Part IV 28b X 5 A family member of any individual described in line 28a? // *Yes," complete Schedule L, Part IV 28b X 5 A family member of any individual described in line 28a? // *Yes," complete Schedule L, Part IV 28b X 5 A family member of any individual described in line 28a or 28b? // *Yes," complete Schedule R, Part IV 28b X 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5	26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
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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, 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. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 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 Did the organization individual, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 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. 31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, Iine 2 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, Iine 2 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, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organiz		controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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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 28b X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28c X 28c X 28c X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 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 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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 II, III, or IV, and Part V, line 1 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 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 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 38 Did the organization conduct more than 5% of its activities through an enti		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 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 Did 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part IV, line 2 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 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Y	28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 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. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, Iine 1. Jay 18					_
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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 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Section 501(c)(3) 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 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 X 36 X 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 V X 37 X 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 Schedule O Check if Schedule O contains a response or note to any line in this Part V Yes No 14 Enter the number reported in box 3 of Form 1096. Enter 0- if not applicable 15 b Enter the number of Forms W-2G included on line 1a. Enter 0- if not applicable 1b 0 0	32		l		,,
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332004 12-21-23

Form **990** (2023)

(gambling) winnings to prize winners?

Form 990 (2023) UNITED WAY OF CENTRAL ILLINOIS INC

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

2a Interfer the number of employees reported on Form WS, Transmittat of Wage and Tax Statements, filed for the caredrax year ending with or within the year crowerd by this return. b if all least one is reported on line 2a, did the organization file all required facient amployment tax returns? 3b IV TYPES, * has if filed a Form 990°T for this year? * if * No" to line 3b, provide an explanation on Schedule 0 3c IV TYPES, * has if filed a Form 990°T for this year? * if * No" to line 3b, provide an explanation on Schedule 0 3c IV TYPES, * has if filed a Form 990°T for this year? * if * No" to line 3b, provide an explanation on Schedule 0 3c IV TYPES, * this if filed a Form 990°T for this year? * if * No" to line 3b, provide an explanation on Schedule 0 3c IV TYPES, * this if filed a Form 990°T for this year? * if * No" to line 3b, provide an explanation on Schedule 0 3c IV TYPES, * this if filed a Form 990°T for this year? * if * No" to line 3b, provide an explanation of Schedule 0 3c IV TYPES, * this if filed a Form 990°T for this year? * if * No" to line 3b, provide an explanation accounts, or this filed and the organization for the organization that any receive the schedule of the organization for the schedule of the provided that schedule the transaction of 5b X X 5c IV TYPES, * of the scan 5b, did the organization that it was of a party to a provible that schedule transaction of 5b X X 5c IV TYPES, * of the organization that goes receive that the arrownally greater than \$100,000, and did the organization solid any contributions that were not tax deductable and party to the organization that goes a contribution an expense statement that such contributions or gifts were not tax deductable on this types of the organization that the organization						Yes	No
b If a least one is reported on line 2a, did the organization that prevailed business gross income of \$1,000 or more during the year? 3 b If "Yes," has it filed a Form 990-T for this year? # "No" to line 3b, provide an explanation on Schedule O 3 b If "Yes," that it filed a Form 990-T for this year? # "No" to line 3b, provide an explanation on Schedule O 3 b If "Yes," that it filed a Form 990-T for this year? # "No" to line 3b, provide an explanation on Schedule O 3 b If "Yes," that it filed a Form 990-T for this year? # "No" to line 3b, provide an explanation on Schedule O 4 b If "Yes," that it filed a Form 990-T for this year? # "No" to line 3b, provide an explanation on Schedule O 5 b If "Yes," that it filed a Form 990-T for this year? # "No" to line 3b, provide an explanation on Schedule O 5 b If "Yes," that it is a party to a prohibited tax shalter transaction at any time during the tax year? 5 c If "Yes," the So, did the organization file Form 8888-T? 5 c If "Yes to line 5a or 5b, did the organization file Form 8888-T? 5 c If "Yes to line 5a or 5b, did the organization file Form 8888-T? 5 c If "Yes," the organization have a main all gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the were not tax deductible? 5 c If "Yes," think organization that may receive deductible contributions under section 170c). 8 d If "Yes," If claims that may receive deductible contributions under section 170c). 8 d If "Yes," Indicate the number of Forms 8282 filed during the year 5 d If "Yes," Indicate the number of Forms 8282 filed during the year 6 d If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 d If If the organization make any taxable distributions under section 4980-7 8 possoring organization makes any taxable distributions under section 4980-7 9 possoring organization makes any taxable distributions under section 4980-7 9 possoring organization makes any taxable distribution	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, 'has it filed a Form 9901' for this year? If 'Ne' to fine 3b, provide an explanation or Schedule O 4b At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country leuch as a bank account, securities account, or other financial account? 5ch If 'Yes,' the the name of the foreign country 5ch If 'Yes,' the interest in name of the foreign country 5ch If 'Yes to line the name of the foreign country 5ch Was the organization party to a prohibited star shelter transaction at any time during the tax year? 5ch If 'Yes to line 5ch 95, did the organization that it was or is a party to a prohibited tax shelter transaction? 5ch If 'Yes to line 5ch 95, did the organization that it was or is a party to a prohibited tax shelter transaction? 5ch If 'Yes,' and the organization include with every solicitation an express statement that such contributions colicit any contributions that were not tax deductibles a dentalitable contributions? 6ch If 'Yes,' and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a dentalitable contributions? 6ch If 'Yes,' and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a dentalitable contributions? 6ch If 'Yes,' indicated the number of Forms 8282 filed during the year of the organization state and the organization received a contribution of orats boats, argaines, or other vehicles, did the organization file a Form 1998 C? 6ch If the organization neceived a contribution of orats of indicetty, to pay premiums on a personal benefit contract? 7ch If the organization shall be a make a trained intellectual property, did the organ		filed for the calendar year ending with or within the year covered by this return	2a	10			
b If Vises, 1 filled a Form 900.7 for this year? If Viso 1 to lies 3b, provide an explanation on Schedule O a All 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 accounts? b If Vises, 1 offer the remain of the foreign country See instructions for filling requirements for FircCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prointient tax sheriter transaction at any time during the tax year? 5b If Vises, 1 offer the organization and party to a prointient tax was or a party to a prointient tax wheeter transaction? 5b If Vises, 1 offer organization analy gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If Vises 1 offer organization rules with every solicitation an expose statement that such contributions or gifts were not tax deductible? 7b If Vises, 1 offer organization rules with every solicitation are exposers statement that such contributions or gifts were not tax deductible? 7c Organization text may receive deductible contributions under section 170(c). a) Bift the organization receive a payment in excess of \$15 made party as a contribution of a party for goods and services provided to the level of the goods or services provided? c) Bift the organization receive and contribution of case, or services provided? c) Bift the organization receive and contribution of case, or services provided? d) If Vises, 1 offer organization in the value of the goods or services provided? 7d If Wise organization received an contribution of case, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7g If the organization receive any purpose in a provided	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	
4a A 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, so contert financial account)? 4b If "Yea," inter the name of the foreign country (such as a bank account, so conter financial accounts [FBAR]. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yea" to line 5a or 5b, did the organization that it was or is a purty to a prohibited tax shelter transaction? 5c If "Yea" to line 5a or 5b, did the organization that it was or is a purty to a prohibited tax shelter transaction? 5c If "Yea" to line 5a or 5b, did the organization that it was or is a purty to a prohibited tax shelter transaction? 5c If "Yea," or the 5a or 5b, did the organization that it was or is a purty to a prohibited tax shelter transaction? 5c If "Yea," or the 5a or 5b, did the organization that it was or is a purty to a prohibited tax shelter transaction? 5c If "Yea," or did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c If "Yea," or did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution and party for poods and services provided to the payor? 7c If If "Yea," include the number of Forms 82827 fined during a purty or probe and services provided? 7d If "Yea," includes the number of Forms 8282 filed during the year 9d If the organization received a contribution of care, boats any time during the year? 9d If the organization received an contribution of years, boats any time during the year? 9d If the organization received an contribution of care, boats any time during the year? 9a If the organization received an contribution of years, boats any time during the year? 9a If the organization receive	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
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5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or 50, did the organization file Form 8886-17? 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 eductibles? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax eductibles? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization stating any contributions of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 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? 7 Organization stating and the state of the goods or services provided? 7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 Organization receive a payment in excess of \$75 made partly as a contribution of payment of the goods or services provided? 9 Organization received a contribution of qualified intellectual property, did the organization fortact? 7 Organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 Organization received a contribution of cars, boats, aripanes, or other vehicles, did the organization file Form 8899 as required? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(20) qualified nonprofit health insurance issuers. 10 If Yes, "enter the amount of tesevenesh interest received or accounted during the year? 11 Se	b	If "Yes," enter the name of the foreign country					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5 or 5b, did the organization file Form 8886-17? 8 Obes 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? 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 10 Id the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 10 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 If I was organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 12 If I was organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 13 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 15 Sponsoring organization have excess business holdings at any time during the year? 15 Sponsoring organization make any taxable distributions under section 4966? 16 Section 501(c)(17) organizations maintaining donor advised funds. 17 July 18 Section 497(c)(7) organizations mentalianing donor advised funds. 18 July 19 Ju		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
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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? 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 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 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? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 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.	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 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.	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 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.	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 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.	а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
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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 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 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? 18 If "Yes," complete Form 6069.	b		1	1			
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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. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 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.		, , ,					X
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If "Yes," see the instructions and file Form 4720, Schedule N. 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. 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.	15						₹7
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If "Yes," complete Form 4720, Schedule O. 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.							v
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.	16		t incor	ne?	16		X
that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	4-		41				
If "Yes," complete Form 6069.	17						
					17		
	00000				Form	990	(2022)

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
Sec	tion 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	2	3		
	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	2	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	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 99	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		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 applications are considered as a second control of the contr	point	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, sto	ockho	lders, 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	r by the	e following:			
а	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 reach	hed a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	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 characteristics.	apters	, 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	befor	e 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	$Were \ of ficers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise$			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
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	-	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	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	nent w	ith 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					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
<u> </u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed IL	165-	T/ " -5//:-			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	id 990	-ı (section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	ntiict d	ι interest policy, ar	id finan	cıal	
00	statements available to the public during the tax year.		l			
20	State the name, address, and telephone number of the person who possesses the organization's boo MARNE FAUSER $-$ (217) 726-7000	ks and	records			
	1999 WABASH STE 107, SPRINGFIELD, IL 62704					

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.

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

- 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.

(A) Name and title	(B) Average hours per	box,	not cl	Posi heck i ss per	ition		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ĺ	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MARNE FAUSER	45.00									
PRESDIENT AND CEO				Х				121,211.	0.	18,939.
(2) AMY BEADLE	1.00									
CHAIR/PAST CHAIR		Х		Х				0.	0.	0.
(3) TAMMY GILCHRESE	1.00	1								_
CHAIR ELECT/CHAIR		Х		Х				0.	0.	0.
(4) JOE KULEK	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) NICK GENTILE	1.00									_
DIRECTOR/TREASURER		Х		Х				0.	0.	0.
(6) PENNY MCCARTY	1.00									_
DIRECTOR/CHAIR ELECT		Х		Х				0.	0.	0.
(7) EVAN DAVIS	1.00									
PAST CHAIR/DIRECTOR		Х		Х				0.	0.	0.
(8) ROGER AUSTIN	1.00									
DIRECTOR (THRU 6.30.23)		Х						0.	0.	0.
(9) CAROLYN BLACKWELL	1.00									
DIRECTOR (THRU 6.30.23)	1 00	Х						0.	0.	0.
(10) PHIL CAPPS	1.00									_
DIRECTOR		Х						0.	0.	0.
(11) GINNY CONLEE	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JON ERICKSON	1.00									
DIRECTOR		Х						0.	0.	0.
(13) LASHONDA FITCH	1.00									
DIRECTOR		Х						0.	0.	0.
(14) BRYAN GLECKLER	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(15) JANET GOOCH	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(16) BRANDI GOODIN	1.00	_							_	_
DIRECTOR	1 1 1	Х			<u> </u>	_		0.	0.	0.
(17) RYAN GREENIER	1.00	l								_
DIRECTOR		X						0.	0.	0.

332007 12-21-23

Form 990 (2023) UNITED WA	AI OF CE	71/1 T	RΑ	<u>ц</u>	<u> </u>	111	MO	TO INC	37-0710	DOU Page O
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not ch unles cer an	ss per	more son i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) STEVE HEWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(19) CAROL JESSUP DIRECTOR	1.00	x						0.	0.	0.
(20) AARON JOHNSTON	1.00									
DIRECTOR		Х						0.	0.	0.
(21) TERRANCE JORDAN	1.00							_	_	
DIRECTOR (THRU 6.30.23)		Х						0.	0.	0.
(22) GREG LUTCHKA	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(23) FRANK LYNCH DIRECTOR	1.00	x						0.	0.	0.
(24) RABBI BARRY MARKS	1.00	Λ						0.	0.	<u>U•</u>
DIRECTOR	1.00	x						0.	0.	0.
(25) NIKKI MONARI	1.00							-	-	-
DIRECTOR		Х						0.	0.	0.
(26) JACKIE NEWMAN	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								121,211.	0.	18,939.
c Total from continuation sheets to Part V	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								121,211.	0.	18,939.
Total number of individuals (including but r compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	1

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4

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

Section B. Independent Contractors

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	NONE	(B) Description of services	(C) Compensation

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 UNITED WA	AY OF CE	ΓN	'RA	L	IL	LI	NO	IS INC	37-071	6060
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl				арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector)d w		organization	(W-2/1099-MISC)	from the
	hours for	ordir	يو			ted 6		(W-2/1099-MISC)		organization
	related	ıstee	truste		gu.	ben S				and related
	organizations	Jal tru	ional		ploye	t com				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GUDTGETNE NOUADTA	,	드	드	0	ž	エ	Fe			
(27) CHRISTINE NOVARIA DIRECTOR	1.00	х						0.	0.	0
(28) SARAH SEVENER	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(29) ROB WALLER	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(30) MYLAS COPELAND	1.00	22	\vdash		\vdash			0.	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(31) KELLEY HIMMELBERG	1.00							· ·		•
DIRECTOR		х						0.	0.	0.
(32) BETH SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
_										
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		·	•	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
10 10	4	- Enderstad compaigns 10					
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns 1a					
Sign of		Membership dues 1b					
S, Am		Fundraising events 1c					
E E	(d Related organizations 1d					
is,	•	Government grants (contributions) 1e	18,431.				
ΪŜ	1	All other contributions, gifts, grants, and					
the state		similar amounts not included above 1f	1,487,878.				
ΡĠ	,	Noncash contributions included in lines 1a-1f 1g \$	10,787.				
S S	-	n Total. Add lines 1a-1f		1,506,309.			
			Business Code				
•	2 :	MERGENCY FOOD & OTHER REVENUE	624200	137,334.	137,334.		
į į							
ne ne							
n S		·					
ga Be	(<u> </u>					
Program Service Revenue		·					
- □		All other program service revenue					
\longrightarrow		Total. Add lines 2a-2f		137,334.			
	3	Investment income (including dividends, interest	est, and				
		other similar amounts)		169,397.			169,397.
	4	Income from investment of tax-exempt bond p	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	,	Consideration of the constant	` '				
		assets other than inventory 7a 2,964,027.					
		Less: cost or other basis					
Jue		and sales expenses 7b 2,677,698.					
ther Revenue	(Gain or (loss) 7c 286,329.					
æ	(d Net gain or (loss)		286,329.			286,329.
je	8	a Gross income from fundraising events (not					
ð		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	50,597.				
		Less: direct expenses 8b	28,807.				
		Net income or (loss) from fundraising events		21,790.			21,790.
		a Gross income from gaming activities. See					
	- '	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
	10						
		and allowances 10					
		Less: cost of goods sold 101	0				
	•	Net income or (loss) from sales of inventory .	B				
ω			Business Code				
90 n	11 :	a					
ane	ı	o					
Miscellaneous Revenue		·					
Ais		d All other revenue					
_		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2,121,159.	137,334.	0.	477,516.

332009 12-21-23

Socti	ion 501(c)(3) and 501(c)(4) organizations must compl	loto all columns. All otho	v organizations must com	anlata calumn (A)	
Secu	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 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	1,156,922.	1,156,922.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	140,152.	98,106.	21,023.	21,023.
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	380,274.	254,550.	83,979.	41,745.
8	Pension plan accruals and contributions (include		. <u> </u>		
	section 401(k) and 403(b) employer contributions)	27,115.	17,753.	7,081.	2,281. 2,864.
9	Other employee benefits	30,390.	20,110.	7,416.	2,864.
10	Payroll taxes	40,142.	27,156.	8,211.	4,775.
11	Fees for services (nonemployees):				
а	Management				
b					
	Accounting				
d	, , , , , , , , , , , , , , , , , , , ,				
е	, F	6 000		6 000	
f	Investment management fees	6,008.		6,008.	
g	,	81,194.	2 056	78,316.	011
40	column (A), amount, list line 11g expenses on Sch O.)	29,739.	2,056. 24,580.	3,508.	822. 1,651.
12	Advertising and promotion	16,681.	8,492.	4,811.	3,378.
13	Office expenses	11,825.	9,935.	213.	1,677.
14	Information technology	11,023.	9,955.	213.	1,011.
15	Royalties	99,792.	54,572.	23,102.	22,118.
16 17	Occupancy	2,362.	2,362.	23,102.	22,110.
	Payments of travel or entertainment expenses	2,302.	2,302.		
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,293.	5,645.	233.	1,415.
20	т	,,255	5,045.	255.	-,J•
21	Payments to affiliates	21,869.	12,028.	5,030.	4,811.
22	Depreciation, depletion, and amortization	6,073.	==, ===	6,073.	-,
23	Insurance	7,257.	3,991.	1,669.	1,597.
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 0.) DOLLY PARTON LIBRARY	26,460.	26,460.		
a b	CAMPAIGN PRINTING & SUP	9,447.	8,825.		622.
D C	SECA BUDGET	7,412.	0,023.		7,412.
d	SPECIAL EVENTS	6,036.	5,451.	157.	428.
-	All other expenses	12,386.	8,702.	1,925.	1,759.
25	Total functional expenses. Add lines 1 through 24e	2,126,829.	1,747,696.	258,755.	120,378.
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)				
					000

Form 990 (2023)
Part X | Balance Sheet

Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,898.	1	10,466.
	2	Savings and temporary cash investments	1,233,304.	2	974,118		
	3	Pledges and grants receivable, net	679,029.	3	606,011		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial o	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe				
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	154,530.			
	b	Less: accumulated depreciation	10b	74,606.	84,694.	10c	79,924. 6,370,278.
	11	Investments - publicly traded securities			5,784,204.	11	6,370,278
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			484,534.	15	441,891
	16	Total assets. Add lines 1 through 15 (must e	qual line (33)	8,269,663.	16	8,482,688
	17	Accounts payable and accrued expenses	36,449.	17	9,266		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	te Part IV	of Schedule D		21	
နှ	22	Loans and other payables to any current or fo	rmer offic	cer, director,			
Ě∣		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the	nese pers	ons		22	
-	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela	ted third	oarties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir		· · · · · · · · · · · · · · · · · · ·	011 500		EEO 100
		of Schedule D		·····	911,593.		772,188.
	26				948,042.	26	781,454.
G		Organizations that follow FASB ASC 958, c	heck her	e X			
č		and complete lines 27, 28, 32, and 33.			F 060 610		6 001 444
alar	27	Net assets without donor restrictions			5,862,612.	27	6,891,444.
Ä	28	Net assets with donor restrictions			1,459,009.	28	809,790.
ŭ		Organizations that do not follow FASB ASC	958, ch	eck here			
ř		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			7 201 601	31	7 701 224
ž	32	Total net assets or fund balances			7,321,621.	32	7,701,234.
	33	Total liabilities and net assets/fund balances			8,269,663.	33	8,482,688.

Form	1 990 (2023) UNITED WAY OF CENTRAL ILLINOIS INC	37-0	0716060	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,121		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,126	5,82	<u> 29.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		6,67	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,321		
5	Net unrealized gains (losses) on investments	5	370	96, (53.
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	14	1,32	20.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,701	.,23	<u> 34.</u>
Pa	rt 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: Lash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	\rightarrow	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				_
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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.

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number 37-0716060

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	\Box	A hospital or a cooperative		•		(b)(1)(A)(ii	i).		
4	同	A medical research organiza					-	the hospital's name.	
·		city, and state:		,				,	
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	wernmental unit describe	ad in	
5	ш			lege of diliversity owned	or operat	ed by a go	verninental unit describe	5 u III	
_		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	•				• •		
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	Ш	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a land-grant	college	
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the I	name, city	, and state of the college	or	
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor		,			, 0	,	
11		An organization organized a	•	vely to test for public sat	fety See	section 50)9(a)(4).		
12	Ħ	An organization organized a	•	•	•			nurnoses of one or	
12	ш	more publicly supported or	·	•	•		•		
			-					Drieck the box on	
		lines 12a through 12d that	* *						
а	L		· · · · · · · · · · · · · · · · · · ·		•	-			
		the supported organization		• • • •	majority o	of the direc	tors or trustees of the su	ipporting	
	_	organization. You must o	=						
b			anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by have	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	oorted	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С			grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,	
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution red	quirement and an attentiv	/eness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	•	-					
		functionally integrated, or					31 - 7 31 - 7 31		
f	Ente	er the number of supported o		·, ··· 9·	.9 9				
a.		vide the following information		d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization		nization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10	in your governi	No No	support (see instructions)	support (see instructions)	
				above (see instructions))	163	140			
Tota	ıl								

332021 12-21-23

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 B. Total Support Section B. Total Support	Sec	tion A. Public Support						
membership fees received. (Do not included any functional partitions) and the properties of the organization is benefit and either paid to or expended on its behalf are received for the organization of the behalf are strictly and the properties of the properties o	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
include any 'unusual grants') 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's thought 3. The patient of total contributions by each person (offer than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 8. Public support. Service the showning in (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 242 (o) 242 (o) 243 (o) 243 (o) 243 (o) 243 (o) 244 (1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization is 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 5 The portion of total contributions by each person (ofter than a governmental unit or public) supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, Solvest tive 5 how fire 4 8 Cection B. Total Support 6 Cross income from interest, dividends, payments received on securities loans, rents, regulates, and income from interest, dividends, payments received on securities loans, rents, regulates, and income from interest, dividends, payments received on securities loans, rents, regulates, and income from interest, dividends payments received on securities loans, rents, regulates, and income from interest, dividends, payments received on securities loans, rents, regulates, and income from interest payments and the public support and the business activities, whether on not the business is regularly carried on 13,824. 6,230. 21,790. 41,844. 10 Other income. Do not include gain or loss from the sale of capital assessit (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Cross receipts from related activities, when here 13,824. 6,230. 21,790. 41,844. 15,724. 23,543. 39,267. 17 Total support. Add lines 7 through 10 18 First 5 years; the Form 980 is of the organization of first, second, third, fourth, or fifth tax year as a section 50 (s)(8) organization, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts and-circumstances test. The organization did not check a box on line 13, end, in Part VI how the organization meets the facts and-circumstances test. The organization qualifies as a publicly supported organization meets the facts and-circumstances test. The organization qualifies as a publicly supported organization organization organization on meets t		membership fees received. (Do not						
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turnished by a governmental unit to the organization without charge to enganization and the organization 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) 932, 260. 8 Public support. Selevactine 8 rom line 4 8 Corosa income from threest, dividends, payments received on securities loans, rents, royalties, and income from similar sources of exceeding the selection of the subsiness is regularly carried on or loss from the sale of capital assets (Explain in Part VI) 11, 724. 23,543. 121,897. 120,185. 144,077. 169,397. 698,319. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI) 11, 724. 23,543. 13,824. 6,230. 21,790. 41,844. 15,724. 23,543. 15,724. 23,543. 15,724. 23,543. 16,230. 21,790. 41,844. 16,230. 248,593. 17,790. 17,79		or expended on its behalf						
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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) 932, 260. 6 Public support. Supresc line 3 from line 4 9191044. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Section B. Total Support (a) 242081. 1849507. 2546399. 1979008. 1506309. 10123304. 8 Gross income from line 4 2242081. 1849507. 2546399. 1979008. 1506309. 10123304. 9 Not income from line 1 sources. 142,763. 121,897. 120,185. 144,077. 169,397. 698,319. 9 Not income from unrelated business activities, whether or not the business is regularly carried on 13,824. 6,230. 21,790. 41,844. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 15,724. 23,543. 39,267. 11 Total support. Add lines? If more than 15 is 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(S) organization, check this box and stop here. Section C. Computation of Public Support Percentage from 2022 Schedule A, Part II, line 14 16 33 1/3% support test - 2023. If the organization did not check he 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 meets the facts-and-circumstances test. The organization of ine 15 is 0, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization of ine 15 is 0, 17b, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization of organization meets the facts-and-circumstances test. The organization of organization meets the facts-and-circumstances test. The organization of organization of 17b, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization of organiz		the organization without charge						
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Schedule A (Form 990) 2023	18	Private toundation. If the organization	on did not check a l	box on line 13, 16a	a, 160, 1/a, or 1/b	o, check this box ai		

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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 organ- ization'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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on 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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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V-- N-

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

- 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.
- 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).
- 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.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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.
- 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 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.
- 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.
- 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.
- 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.
 - 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.)

	162	NO
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3b		
3c		
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9c		
10a		
10b		
ule A (Forn	n 990)	2023

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Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	A family member of a person described on line 11a above?	11b		
С	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		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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		
	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	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		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		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			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	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.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	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		
	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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations				
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 mu		•				
Sect	ion 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					
Sect	ion 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					
С	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
е	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					
Sect	ion 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-function	ally integrated	Type III supporting orga	nization (see			
	instructions).	. •		•			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

Name of organization Employer identification number

UNITED WAY OF CENTRAL ILLINOIS INC

37-0716060

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed	7 0710000
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
323453 12-26		Ψ	Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** UNITED WAY OF CENTRAL ILLINOIS INC 37-0716060 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number 37-0716060

organization answered "Yes" on Form 990, Part IV, line 6.	
	and other accounts
	and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	L 165 L 140
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historically imp	portant land area
Protection of natural habitat Preservation of a certified histori	ric 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	
day of the tax year.	eld 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	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	iring the tax
year	
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
violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	—
Countries voluntees read activities to membering, mappeding, realisming of violations, and embering economical	onto during the your
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements di	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 describe	es the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A	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	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ	blic
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 wor	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c service,
provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	
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 	
	chedule D (Form 990) 2023

	t III Organizations Maintaining Coll						Similar A		(continu	Page Z
	•								(CONTINU	<u>ea)</u>
3	Using the organization's acquisition, accession,	and other records	s, check	any or the i	ollowing that	. make sig	nilicant use	OFILS		
	collection items (check all that apply).									
a	Public exhibition	d			hange progra					
b	Scholarly research	е	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle							in Part	XIII.	
5	During the year, did the organization solicit or re								7	
Dos	to be sold to raise funds rather than to be maint								Yes	No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part X		te if the	organization	n answered "	Yes" on Fo	orm 990, P	art IV, lii	ne 9, or	
	•	*	d: f			44 :-				
та	Is the organization an agent, trustee, custodian,								7 v	
	on Form 990, Part X?							ட	Yes	No
D	If "Yes," explain the arrangement in Part XIII and	a complete the fol	iowing t	able:					Amount	
	Destruction below as						4.		Amount	
	Beginning balance						1c			
	Additions during the year						1			
_	Distributions during the year						1e			
f	Ending balance						1f	- ▼	Yes	
	Did the organization include an amount on Form						y?	∟▲	」 Yes	Mo
Par	If "Yes," explain the arrangement in Part XIII. Ch									Δ
ı aı	oompiete ii uii	a) Current year					d) Three yea	re back	(e) Four y	oare back
	 	a) Current year	(D) F	Prior year	(C) TWO yea	15 Dack (u) Tillee yea	15 Dack	(e) Four y	tais back
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	•	•	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	•								
3a	Are there endowment funds not in the possession	on of the organiza	tion tha	t are held ar	nd administer	ed for the			[37	
	organization by:									es No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4 Do:	Describe in Part XIII the intended uses of the org		wment f	unds.						
Pai	t VI Land, Buildings, and Equipmen) David IV	/ line 11 = 0	000	David V III	10			
	Complete if the organization answered	1								
	Description of property	(a) Cost or o			or other		cumulated		(d) Book	value
		basis (investr	nent)	Dasis	(other)	aepi	reciation			
	Land									
	Buildings	-		11	2 625		EO 704	, -	<i>C</i> 1	027
	Leasehold improvements	-		1 T T	2,625. 1,905.		50,798 23,808		10	,827. ,097.
	Equipment	-		4	⊥, 5∪3.		43,600	•	TQ	,09/.
	Other	1							7.0	0.2.4
Total	. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part	X. line 1	0c. column	(B))				19	,924.

Schedule D (Form 990) 2023

	OF CENTRAL IL	LINOIS INC	37-0716060 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes'	1		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
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: C	ost 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) BENEFICIAL INTEREST HELD	IN PERPETUAL '	TRUST	203,779.
(2) CASH HELD FOR OTHERS			35,644.
(3) RIGHT OF USE ASSET			202,468.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		441,891.
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
(2) ALLOCATIONS PAYABLE			530,045.
(3) FUNDS HELD FOR OTHERS			35,644.
(4) OPERATING LEASE LIABILITY			206,499.
` '			200,499.
(5)			
107			1

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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

Schedule D (Form 990) 2023

772,188.

(9)

Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,445,350.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	370,963.		
b	Donated services and use of facilities	. 2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		43,127.		
е	Add lines 2a through 2d			2e	414,090. 2,031,260.
3	Subtract line 2e from line 1			3	2,031,260.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		6,008. 83,891.		
b	Other (Describe in Part XIII.)	. 4b	83,891.		
С	Add lines 4a and 4b			4c	89,899. 2,121,159.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	\\/:4b		5	2,121,159.
Pai	T XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	teturi	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a		T . I	2 065 727
1	Total expenses and losses per audited financial statements			1	2,065,737.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
a	Donated services and use of facilities	1 1			
b	Prior year adjustments	_			
C	Other losses		28,807.		
d	Other (Describe in Part XIII.)		-		20 007
	Add lines 2a through 2d			2e 3	28,807. 2,036,930.
3	Subtract line 2e from line 1			3	2,030,930.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a	6 008		
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	—	6,008. 83,891.		
	A 1.12			4c	89 899.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	89,899. 2,126,829.
	T XIII Supplemental Information				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV. lines 1b	and 2b: Part V. line 4	: Part)	K. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add				, , ,
PAF	RT IV, LINE 2B:				
DOI	OR DESIGNATIONS AND CONTRIBUTIONS THAT AR	E DESIG	NATED TO N	ONP	ROFIT
				_	
ORC	GANIZATIONS OTHER THAN TO UNITED WAY OF CE	NTRAL]	LLINOIS IN	C	
DλI	OT Y LINE 2.				
PAI	RT X, LINE 2:				
тит	ORGANIZATION IS EXEMPT FROM FEDERAL INCO	ME ጥልሄ፤	בס משמווו סי	СТТ)NI
1111	ONGANIZATION ID EXEMIT FROM FEDERAL INCO.	MD IANI	D ONDER DE	CII	<u> </u>
501	(C)(3) OF THE U.S. INTERNAL REVENUE CODE.	тне оғ	RGANTZATTON	TS	ИОТ
303	tion (5) of the orbit intended could	11111 01	101111111111111111111111111111111111111		1101
CON	SIDERED TO BE A PRIVATE FOUNDATION. THE O	RGANIZ <i>A</i>	ATION IS NO	LOI	NGER
SUE	BJECT TO U.S. FEDERAL OR STATE EXAMINATION	S BY TA	X AUTHORIT	IES	FOR TAX
YEA	ARS PRIOR TO 2020.				

Schedule D (Form 990) 2023 UNITED WAY OF CENTRAL ILLINOIS INC	37-0716060 Page 5
Part XIII Supplemental Information (continued)	
SPECIAL EVENT EXPENSES	28,807.
CHANGE IN BENEFICIAL INTEREST	14,320.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	43.127.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
PASS THROUGH DONOR DESIGNATIONS	83,891.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
	20.007
SPECIAL EVENT EXPENSES	28,807.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
PASS THROUGH DONOR DESIGNATIONS	83,891.
	•
	_
	_

SCHEDULE G (Form 990)

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

2023

Open to Public Inspection

Employer identification number Name of the organization 37-0716060 UNITED WAY OF CENTRAL ILLINOIS INC 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. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro	ss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CAMPAIGN	ANNUAL		` '
				MEETING	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ē			(overti type)	(overtitype)	(total namber)	
Revenue	4	Cross respirts	21,723.	9,777.	19,097.	50,597.
Вe	'	Gross receipts	21,125.	J, 1110	17,071.	30,337.
	_					
	2	Less: Contributions				
			01 700	0 777	10 007	E0 E07
	3	Gross income (line 1 minus line 2)	21,723.	9,777.	19,097.	50,597.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
eus	6	Rent/facility costs				
Ä						
ct.	7	Food and beverages				
)ire						
_	8	Entertainment				
		Other direct expenses	11,840.	10,143.	6,824.	28,807.
		Direct expense summary. Add lines 4 through	a		•	28,807.
		Net income summary. Subtract line 10 from lin	(,			21,790.
Pa	rt l	Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.		, , ,		
		* · · · · · · · · · · · · · · · · · · ·		(b) Pull tabs/instant		(d) Total gaming (add
Р			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue				g., p g		(2)
Вè	_					
	1	Gross revenue				
	_					
es	2	Cash prizes				
ens						
ă	3	Noncash prizes				
Direct Expenses						
je	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	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)			
		ter the state(s) in which the organization condu				
а	ls t	the organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	rear?	Yes No
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 UNITED WAY OF CENTRAL ILLINOIS INC 37-	0716060	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	O 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:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
•	The first and a decision of the person the property of gamma, opening opening and a decision and the control of the first and th		
	Name		
	Address		
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
ısa	Does the organization have a contract with a tillid party from whom the organization receives gaining revenue?	163	140
D	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter 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:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а		Yes	□ Na
	retain the state gaming license?	. L res	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	UNITED	way	OF	CENTRAL	ILLINOIS	INC	37-0716060	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (con	tinued)						
	· · ·	(00//	unacaj						
-									
-									

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

INTTED WA	Y OF CENT	RAL ILLINOI	S INC				37-0716060
Part I General Information on Grants as							<u> </u>
Does the organization maintain records to criteria used to award the grants or assisted to a secretary or assisted to a secretary or a s	tance? cedures for monit Domestic Organiz	oring the use of grant	funds in the United	States.			X Yes No
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
MERCY COMMUNITIES, INC. 1344 N. 5TH ST. SPRINGFIELD, IL 62704	37-1381599	501 (C) 3	20,000.	0.			HOMELESS MANAGEMENT INFORMATION SYSTEMS
AMERICAN RED CROSS 769 S. DURKIN DR. SPRINGFIELD, IL 62704	37-0661488	501 (C) 3	20,000.	0.			DISASTER RELIEF
CATHOLIC CHARITIES OF THE DIOCESE OF SPRINGFIELD - 120 s. 11TH ST SPRINGFIELD, IL 62703	37-0661499	501 (C) 3	48,000.	0.			ST. JOHN'S BREADLINE PROVIDES FREE, WELL BALANCED, NUTRITIOUS MEALS 365 DAYS A YEAR
CONTACT MINISTRIES 1100 E. ADAMS SPRINGFIELD, IL 62703	37-1072626	501 (C) 3	28,000.	0.			EMERGENCY SHELTER AND SUPPORT FOR MEN, WOMEN, AND WOMEN WITH CHILDREN
HELPING HANDS OF SPRINGFIELD, INC. 1023 E. WASHINGTON ST. SPRINGFIELD, IL 62703	37-1255889	501 (C) 3	43,079.	0.			EMERGENCY SHELTER
MINI O'BEIRNE CRISIS NURSERY 1011 N. 7TH ST. SPRINGFIELD, IL 62703	37-1242640	501 (C) 3	23,900.	0.			CRISIS NURSERY PROGRAM PROVIDES TEMPORARY EMERGENCY CARE FOR CHILDREN
Enter total number of section 501(c)(3) arEnter total number of other organizations		•					28.

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

Schedule I (Form 990) 2023

(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
SENIOR SERVICES OF CENTRAL							
ILLINOIS - 701 W. MASON ST							DAILY BREAD HOME DELIVER
SPRINGFIELD, IL 62702	37-0895193	501 (C) 3	15,000.	0.			MEAL PROGRAM
SOJOURN SHELTER AND SERVICES							ADULT AND CHILDREN
1800 WESTCHESTER BLVD.							EMERGENCY SHELTER AND
SPRINGFIELD, IL 62704	51-0139118	501 (C) 3	50,000.	0.			PROVISIONS
HELPING HANDS OF SPRINGFIELD, INC.							HELPING HANDS
1023 E. WASHINGTON ST.							REPRESENATIVE PAYEE
SPRINGFIELD, IL 62703	37-1255889	501 (C) 3	40,000.	0.			PROGRAM
MEMODIAL DEHAVIODAL HEALMH							PROJECTS FOR ASSISTANCE
MEMORIAL BEHAVIORAL HEALTH 711 N. 8TH ST.							IN TRANSITION FROM
SPRINGFIELD, IL 62702	37-0646367	501 (C) 3	35,000.	0.			HOMELESS
STRINGT TEED, TE 02,02	37 0010307	301 (0, 3	33,000.				
MERCY COMMUNITIES, INC.							PERMANENT SUPPORTIVE
1344 N. 5TH ST.							HOUSING - AFFORDABLE
SPRINGFIELD, IL 62704	37-1381599	501 (C) 3	33,696.	0.			HOUSING
MERCY COMMUNITIES, INC.							TRANSITIONAL LIVING - A
1344 N. 5TH ST.							ONE YEAR TRANSITIONAL
SPRINGFIELD, IL 62704	37-1381599	501 (C) 3	26,268.	0.			LIVING PROGRAM
,			1				COMPREHENSIVE ELDER
SENIOR SERVICES OF CENTRAL							ASSIST - PROVIDES SOCIAL
ILLINOIS - 701 W. MASON ST							ADJUSTMENT AND
SPRINGFIELD, IL 62702	37-0895193	501 (C) 3	41,220.	0.			REHABILITATION
							EMPOWERMENT PROGRAM RISE
SPRINGFIELD URBAN LEAGUE							PROVIDES EDUCATION, JO
100 N. 11TH ST.							TRAINING, AND JOB
SPRINGFIELD, IL 62703	37-0765550	501 (C) 3	18,900.	0.			READINESS SKILLS TO YOUTI
WOODEN IT BE LOVELY							
501 S. DOUGLAS							SUSTAINABILITY &
SPRINGFIELD, IL 62704	85-1730097	501 (C) 3	18,900.	0.			ENHANCEMENT PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other	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		
							COMPREHENSIVE MENTORING -		
BIG BROTHERS BIG SISTERS OF							SERVICE INCLUDES SCHOOL		
CENTRAL ILLINOIS - 928 S. SPRING	25 4240605	504 (5) 0	100 046				BASED MENTORING AND		
ST SPRINGFIELD, IL 62704	37-1348685	501 (C) 3	102,346.	0.			COMMUNITY BASED		
DONG AND GIRLS GLUDG OF GENERAL							PROJECT LEARN - AN OUT OF		
BOYS AND GIRLS CLUBS OF CENTRAL							SCHOOL TIME EDUCATIONAL		
ILLINOIS - 300 S. 15TH ST	27 0752040	F01 (G) 2	05.000				COMPONENT AIME AS		
SPRINGFIELD, IL 62703	37-0752849	501 (C) 3	85,000.	0.			BRIDGING THE GAP		
GONDAGG FOR KIDG. ING							CAMP COMPASS - A SUMMER		
COMPASS FOR KIDS, INC.							PROGRAM FOR ELEMENTARY		
501 S. 4TH ST.	01 2020202	E01 (Q) 3	02 004	0.			SCHOOL AGE CHILDREN FOR		
SPRINGFIELD, IL 62701	81-2829202	501 (C) 3	93,804.	0.			HOMLESS AND LOW-INCOME CLUB COMPASS - A FREE		
COMPACE FOR KIDS INC									
COMPASS FOR KIDS, INC.							AFTER SCHOOL PROGRAM FOR		
501 S. 4TH ST.	01 2020202	F01 (G) 2	74 000				HOMELESS AND LOW INCOME		
SPRINGFIELD, IL 62701	81-2829202	501 (C) 3	74,220.	0.			ELEMENTARY STUDENTS		
HOPE									
15 E. HAZEL DELL LN.	37-1385176	E01 /G) 2	9,500.	0.			THE AUTISM CLINIC		
SPRINGFIELD, IL 62712	37-1365176	501 (C) 3	9,500.	0.			THE AUTISM CLINIC		
SPRINGFIELD PUBLIC SCHOOLS									
1900 W. MONROE ST.									
	37-6004615	170 (C) 1	10,000.	0.			CAMP KINDERGARTEN		
SPRINGFIELD, IL 62704	37-6004613	170 (C) 1	10,000.	0.			CAMP KINDERGARIEN		
SPRINGFIELD URBAN LEAGUE							FREEDOM SCHOOL - A SUMMER		
							PROGRAM WHICH GIVES		
100 N. 11TH ST.	37-0765550	E01 /G) 2	22,000.	0.					
SPRINGFIELD, IL 62703	37-0765550	501 (C) 3	22,000.	0.			CHILDREN OPPORTUNITIES		
SPRINGFIELD URBAN LEAGUE									
100 N. 11TH ST.	27 0765550	E01 /G) 2	27 500	0			WEINESS ON WHEELS		
SPRINGFIELD, IL 62703	37-0765550	DOT (C) 2	37,500.	0.			WELNESS ON WHEELS		
LUTHERAN CHILD AND FAMILY SERVICES									
1 OAKBROOK TER. STE 501									
SPRINGFIELD, IL 62704	36-2167778	501 (C) 3	30,000.	0.			COUNCILING		
SININGFIEUD, IN 02/04	JU-ZIU///0	Pot (C) 3	30,000.	<u> </u>	İ	1	LOGICITING		

Part II Continuation of Grants and Other	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		
SENIOR SERVICES OF CENTRAL ILLINOIS - 701 W. MASON ST SPRINGFIELD, IL 62702	37-0895193	501 (C) 3	37,500.	0.			SENIOR TRANSPORT - TRANSPORTATION TO MEDICAL AND DENTAL APPOINTMENTS		
SIU CENTER FOR FAMILY MEDICINE 520 N. 4TH ST. SPRINGFIELD, IL 62702	37-6005961	501 (C) 3	45,000.	0.			COMMUNITY INTEGRATED RESPONSE CONNECTION LEVERAGING		
SPRINGFIELD PUBLIC SCHOOLS 1900 W. MONROE ST. SPRINGFIELD, IL 62704	37-6004615	170 (C) 1	30,841.	0.			PEACE ROOMS		
							<u> </u>		

(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
art IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, columi	n (b); and any other ac	Iditional information.	
RT I, LINE 2:					
GANIZATIONS APPLY TO THE UNITE	D WAY TO RE	CEIVE FUN	DS. A COMM	ITTEE OF	
LUNTEERS RESEARCHES EACH OF TH	E APPLICANT	S AND MAK	ES RECOMMEN	DATIONS TO	
E UNITED WAY BOARD OF DIRECTOR	S.				

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number 37-0716060

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

VIBRANT REGION WHERE INDIVIDUALS AND FAMILIES THRIVE, WHERE PEOPLE WORK

TOGETHER TO PROTECT ITS MOST VULNERABLE CITIZENS, ENSURE A SAFE AND

HEALTHY COMMUNITY, ADDRESS ITS MOST CHALLENGING ISSUES AND ENHANCE THE

QUALITY OF LIFE FOR ALL CITIZENS.

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

HEALTH - FUNDED OUT OF THE COMMUNITY FUND, THESE PROGRAMS ADDRESS OUR

HEALTH PRIORITIES AND STRATEGIES WHICH ARE FUNDED TO ACTIVATE AND

INSPIRE OUR COMMUNITY TO GET HEALTH AND STAY HEALTHY. HEALTH PROGRAMS

ADDRESS ACCESS TO CARE ISSUES THROUGH INCREASING KNOWLEDGE AND KEY

RELATIONSHIPS WHILE ALSO SUPPORTING NEEDED MENTAL HEALTH SERVICES.

HEALTH PROGRAMS RECEIVE \$179,295

RED FEATHER GRANTS ARE A GRANT PROCESS ADDED TO THE UW'S COMMUNITY

INVESTMENT OPTIONS IN ORDER TO FUND UNIQUE OPPORTUNITIES THAT ALLOW

UNITED WAY TO ADVANCE THE WORK OF THE ISSUE AREAS AND/OR THE COMMUNITY

THROUGH SPECIALIZED FUNDING CONSIDERATION WHEN THESE REQUESTS FALL OUT

OF THE TYPICAL FUNDING NORMS (COMMUNITY FUND, VENTURE FUND, AND

EMERGENCY FUND). RED FEATHER GRANTS MAY PULL FROM A VARIETY OF FUNDING

POOLS. CURRENTLY, TWO RED FEATHER GRANTS ARE APPROVED. ONE FOR THE

AMERICAN RED CROSS OF SOUTH CENTRAL IN THE AMOUNT OF \$24,000 WHICH IS

FUNDED OUT OF THE EMERGENCY FUND. THE SECOND IS FOR THE FUNDING FOR THE

HOMELESS MANAGEMENT INFORMATION SYSTEM STAFF PERSON WHICH COORDINATES

AND MAINTAINS DATA ON BEHALF OF 9+ ORGANIZATIONS IN THE AMOUNT OF

\$20,000. TOTAL OF GRANTS FUNDED \$44,000.

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization
UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number 37-0716060

UNITED WAY'S VENTURE FUND SUPPORTS PROJECTS THAT MAKE AN IMPACT IN

SANGAMON COUNTY AND MENARD COUNTY WITHIN UNITED WAY OF CENTRAL ILLINOIS

IDENTIFIED FUNDING AREAS. GRANTS MAY BE MADE FOR ONE TIME FUNDING TO

NEW PROJECTS OR FOR THE EXPANSION OF AN EXISTING PROJECT AND SHOULD NOT

BE VIEWED AS ON GOING PROGRAM SUPPORT. IN 2022 HELPING HANDS OF

SPRINGFIELD RECEIVED \$25,000 TO PILOT THEIR FUSE PROGRAM THAT IS

DESIGNED TO HELP THE COMMUNITY BREAK THE CYCLE OF HOMELESSNESS AND

CRISIS AMONG INDIVIDUALS STRUGGLING WITH COMPLEX BEHAVIORAL HEALTH

NEEDS.

DIRECTED CONTRIBUTIONS- UNITED WAY ADMINISTERS DIRECTED CONTRIBUTIONS
TO NON PROFIT AGENCIES.

DOLLY PARTON IMAGINATION LIBRARY IS DESIGNED TO PROVIDE ONE, FREE, AGE

APPROPRIATE BOOK PER MONTH TO CHILDREN FROM BIRTH TO AGE 5. THE GOAL

OF THE PROGRAM IS TO INSTILL THE LOVE OF READING, PROVIDE BOOKS FOR

THOSE WHO MAY NOT BE ABLE TO AFFORD THEM AND BETTER PREPARE CHILDREN TO

ENTER KINDERGARTEN READY TO LEARN. TOTAL EXPENSES FOR THE DOLLY PARTON

IMAGINATION LIBRARY WERE \$23,169.

211 IS A TOLL FREE INFORMATION AND REFERRAL SERVICES PROVIDED TO

CITIZENS IN SANGAMON AND MENARD COUNTIES. TOTAL EXPENSES FOR 211 WERE
\$35,940.

DAY OF ACTION VOLUNTEERS SPEND THEIR AFTERNOON COMPLETING COMMUNITY

SERVICE PROJECTS AT VARIOUS HEALTH AND HUMAN SERVICE AGENCIES IN IN

SPRINGFIELD AND SURROUNDING AREAS. TOTAL EXPENSES FOR DAY OF ACTION

Schedule O (Form 990) 2023 Page **2**

Name of the organization
UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number 37-0716060

GET CONNECTED IS UNITED WAY'S VOLUNTEER WEBSITE. THE WEBSITE OFFERS ANY
LOCAL NONPROFIT OR COMMUNITY GROUP IN NEED OF VOLUNTEERS TO POST

VOLUNTEER OPPORTUNITIES, INKIND NEEDS, UPCOMING EVENTS, AND EVEN

EMPLOYMENT NEEDS. GET CONNECTED THEN ALLOWS MEMBERS OF OUR COMMUNITY TO

RESPOND TO THOSE NEEDS, EASILY SHARE WITH FRIENDS, CREATE VOLUNTEER

GROUPS, TRACK SERVICE HOURS, AND EVEN RECEIVE NOTIFICATIONS WHEN YOUR

FAVORITE NONPROFIT POSTS A NEW NEED. GET CONNECTED HAS QUICKLY BECOME

OUR REGION'S #1 SOURCE FOR LOCATING AND RESPONDING TO LOCAL VOLUNTEER

NEEDS. TOTAL EXPENSES FOR GET CONNECTED WERE \$2,725.

EXPENSES \$ 910,197. INCLUDING GRANTS OF \$ 319,423. REVENUE \$ 137,334.

FORM 990, PART VI, SECTION A, LINE 6:

ALL DONORS TO THE UNITED WAY OF CENTRAL ILLINOIS ARE CONSIDERED MEMBERS AND ARE EMPOWERED TO ELECT THE BOARD OF DIRECTORS.

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

ALL DONORS TO THE UNITED WAY OF CENTRAL ILLINOIS ARE CONSIDERED MEMBERS AND ARE EMPOWERED TO ELECT THE BOARD OF DIRECTORS.

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

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE WITH A COPY PROVIDED TO ALL BOARD MEMBERS.

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

BOARD MEMBERS ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST FORM ANNUALLY
PRIOR TO A VOTE ON ANY MATTER CONCERNING DISBURSAL OF FUNDS OR ENGAGEMENT

OF THIRD PARTIES RELATIVE TO THE ORGANIZATIONAL BUSINESS, EACH VOTING BOARD

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** UNITED WAY OF CENTRAL ILLINOIS INC 37-0716060 MEMBER IS REQUIRED TO INDICATE WHETHER THEY HAVE ANY CONFLICT OF INTEREST WITH RESPECT TO SUCH VOTE. IF A BOARD MEMBER HAS A CONFLICT OF INTEREST ON A CERTAIN MATTER, THE BOARD MEMBER WILL BE DISQUALIFIED FROM VOTING ON THAT MATTER. FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE PRESIDENT AND TOP MANAGEMENT OFFICIALS ARE DETERMINED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS SUBJECT TO BOARD APPROVAL. COMPARABILITY DATA INCLUDING SALARY INFORMATION FROM UNITED WAY WORLDWIDE ARE USED TO DETERMINE SALARY RANGES. FORM 990, PART VI, SECTION C, LINE 19: THE 990 IS POSTED ON OUR WEBSITE AND AUDITED FINANCIAL STATEMENTS WILL BE INCLUDED IN THE ANNUAL REPORT. COPIES OF OUR GOVERNING DOCUMENTS, CONFLICTS OF INTEREST AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST ALONG WITH THE OPTION OF INSPECTION AT OUR OFFICE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGES IN BENEFICIAL INTEREST 14,320.