

EXTENDED TO NOVEMBER 15, 2023

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning		and ending	
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization UNITED WAY OF CENTRAL ILLINOIS INC		D Employer identification number 37-0716060
	Doing business as		E Telephone number (217) 726-7000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 6,350,961.
	1999 WEST WABASH AVE STE 107		
	City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, IL 62704		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: MARNE FAUSER SAME AS C ABOVE		H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number	
J Website: UWCIL.ORG		L Year of formation: 1922 M State of legal domicile: IL	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IMPROVING LIVES BY ADDRESSING BASIC NEEDS, FINANCIAL STABILITY AND HEALTH OF EVERY PERSON.
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 28
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 28
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 11
	6 Total number of volunteers (estimate if necessary) 6 690
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,546,399. 1,979,008.
	9 Program service revenue (Part VIII, line 2g) 27,636. 59,018.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 860,624. 746,003.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,824. 6,230.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,448,483. 2,790,259.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,215,317. 1,189,246.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 546,755. 549,724.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 210,426.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 394,833. 354,545.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,156,905. 2,093,515.
19 Revenue less expenses. Subtract line 18 from line 12 1,291,578. 696,744.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 9,401,125. 8,269,663.
	21 Total liabilities (Part X, line 26) 680,683. 948,042.
	22 Net assets or fund balances. Subtract line 21 from line 20 8,720,442. 7,321,621.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MARNE FAUSER, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	BRIDGETTE MUGGE	BRIDGETTE MUGGE	08/02/23	<input type="checkbox"/>	P00671418
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	SIKICH LLP	36-3168081		217-793-3363	
	Firm's address				
	3051 HOLLIS DRIVE, 3RD FLOOR SPRINGFIELD, IL 62704				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE UNITED WAY OF CENTRAL ILLINOIS, INC. IS A NOT-FOR-PROFIT CORPORATION WITH A MISSION TO IMPROVE LIVES BY UNITING OUR COMMUNITY TO ADDRESS 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? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 460,400. including grants of \$ 460,400.) (Revenue \$) 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.

4b (Code:) (Expenses \$ 232,571. including grants of \$ 232,571.) (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 \$ 158,888. including grants of \$ 159,888.) (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 \$ 777,948. including grants of \$ 336,387.) (Revenue \$ 59,018.)

4e Total program service expenses 1,629,807.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (28); 1b Enter the number of voting members included on line 1a, above, who are independent (28); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MARNE FAUSER - (217) 726-7000
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.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARNE FAUSER PRESIDENT & CEO FROM 4/22/22	45.00			X				90,462.	0.	13,588.
(2) JOHN KELKER PRESIDENT & CEO TO 4/22/22	45.00			X				58,672.	0.	8,138.
(3) EVAN DAVIS CHAIR	1.00	X		X				0.	0.	0.
(4) AMY BEADLE CHAIR ELECT	1.00	X		X				0.	0.	0.
(5) JOE KULEK TREASURER	1.00	X		X				0.	0.	0.
(6) ROGER AUSTIN IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(7) NICK GENTILE DIRECTOR	1.00	X						0.	0.	0.
(8) CAROLYN BLACKWELL DIRECTOR	1.00	X						0.	0.	0.
(9) PHIL CAPPS DIRECTOR	1.00	X						0.	0.	0.
(10) GINNY CONLEE DIRECTOR	1.00	X						0.	0.	0.
(11) LASHONDA FITCH DIRECTOR	1.00	X						0.	0.	0.
(12) BRYAN GLECKLER DIRECTOR	1.00	X						0.	0.	0.
(13) JON ERICKSON DIRECTOR	1.00	X						0.	0.	0.
(14) TAMMY GILCHRESE DIRECTOR	1.00	X						0.	0.	0.
(15) RYAN GREENIER DIRECTOR	1.00	X						0.	0.	0.
(16) JANET GOOCH DIRECTOR	1.00	X						0.	0.	0.
(17) AARON JOHNSON DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TERRANCE JORDAN DIRECTOR	1.00	X						0.	0.	0.
(19) GREG LUTCHKA DIRECTOR	1.00	X						0.	0.	0.
(20) FRANK LYNCH DIRECTOR	1.00	X						0.	0.	0.
(21) RABBI BARY MARKS DIRECTOR	1.00	X						0.	0.	0.
(22) BRANDI GOODIN DIRECTOR	1.00	X						0.	0.	0.
(23) JACKIE NEWMAN DIRECTOR	1.00	X						0.	0.	0.
(24) CHRISTINE NOVARIA DIRECTOR	1.00	X						0.	0.	0.
(25) STEVE HEWELL DIRECTOR	1.00	X						0.	0.	0.
(26) CAROL JESSUP DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								149,134.	0.	21,726.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								149,134.	0.	21,726.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	153,948.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,825,060.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			1,979,008.			
Program Service Revenue	2 a	EMERGENCY FOOD & OTHER REVENUE	Business Code	624200	59,018.	59,018.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			59,018.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			144,077.		144,077.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a		4,131,837.			
			7b		3,529,911.			
	c	Gain or (loss)	7c		601,926.			
	d	Net gain or (loss)			601,926.		601,926.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8a				37,021.				
8b				30,791.				
c	Net income or (loss) from fundraising events			6,230.		6,230.		
9 a	Gross income from gaming activities. See Part IV, line 19							
		9a						
		9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
		10a						
		10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			2,790,259.	59,018.	0.	752,233.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,189,246.	1,189,246.		
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	170,860.	119,602.	25,629.	25,629.
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	289,703.	118,921.	72,461.	98,321.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,213.	7,831.	5,964.	8,418.
9 Other employee benefits	31,242.	13,959.	7,384.	9,899.
10 Payroll taxes	35,706.	18,087.	8,015.	9,604.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,270.		6,270.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	78,054.		78,054.	
12 Advertising and promotion	18,124.	14,659.	1,895.	1,570.
13 Office expenses	21,565.	11,269.	6,078.	4,218.
14 Information technology	18,245.	11,711.	2,690.	3,844.
15 Royalties				
16 Occupancy	94,783.	52,130.	21,801.	20,852.
17 Travel	1,207.	562.		645.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,323.	1,192.	45.	86.
20 Interest				
21 Payments to affiliates	24,196.	13,308.	5,565.	5,323.
22 Depreciation, depletion, and amortization	4,846.		4,846.	
23 Insurance	8,268.	4,547.	1,902.	1,819.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DOLLY PARTON LIBRARY	23,169.	23,169.		
b PERSONNEL SEARCH	13,020.	7,184.	2,983.	2,853.
c SPECIAL EVENTS	11,533.	9,797.	134.	1,602.
d CAMPAIGN PRINTING & SUP	9,951.	4,407.		5,544.
e All other expenses	19,991.	8,226.	1,566.	10,199.
25 Total functional expenses. Add lines 1 through 24e	2,093,515.	1,629,807.	253,282.	210,426.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,434.	1	3,898.
	2 Savings and temporary cash investments	769,125.	2	1,233,304.
	3 Pledges and grants receivable, net	595,064.	3	679,029.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 153,229.		
	b Less: accumulated depreciation	10b 68,535.	67,553.	10c 84,694.
	11 Investments - publicly traded securities	7,642,390.	11	5,784,204.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	318,559.	15	484,534.
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,401,125.	16	8,269,663.	
Liabilities	17 Accounts payable and accrued expenses	14,440.	17	36,449.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	666,243.	25	911,593.
	26 Total liabilities. Add lines 17 through 25	680,683.	26	948,042.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,172,969.	27	5,862,612.
	28 Net assets with donor restrictions	1,547,473.	28	1,459,009.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,720,442.	32	7,321,621.
33 Total liabilities and net assets/fund balances	9,401,125.	33	8,269,663.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,790,259.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,093,515.
3	Revenue less expenses. Subtract line 2 from line 1	3	696,744.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,720,442.
5	Net unrealized gains (losses) on investments	5	-2,052,193.
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	-43,372.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,321,621.

Part XII Financial Statements and Reporting

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

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

Form 990 (2022)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2592617.	2242081.	1849507.	2546399.	1979008.	11209612.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2592617.	2242081.	1849507.	2546399.	1979008.	11209612.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						986,296.
6 Public support. Subtract line 5 from line 4.						10223316.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2592617.	2242081.	1849507.	2546399.	1979008.	11209612.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	123,372.	142,763.	121,897.	120,185.	144,077.	652,294.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				13,824.	6,230.	20,054.
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 7 through 10						11921227.
12 Gross receipts from related activities, etc. (see instructions)					12	111,259.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	85.76	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	87.36	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

Schedule A (Form 990) 2022

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

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

FUNDRAISING

2019 AMOUNT: \$ 15,724.

2020 AMOUNT: \$ 23,543.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization UNITED WAY OF CENTRAL ILLINOIS INC Employer identification number 37-0716060

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____ | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		112,625.	47,960.	64,665.
d Equipment		40,604.	20,575.	20,029.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 84,694.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST HELD IN PERPETUAL TRUST	189,459.
(2) CASH HELD FOR OTHERS	36,524.
(3) RIGHT OF USE ASSET	258,551.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	484,534.

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) ALLOCATIONS PAYABLE	596,776.
(3) DESIGNATIONS PAYABLE	17,159.
(4) FUNDS HELD FOR OTHERS	36,524.
(5) OPERATING LEASE LIABILITY	261,134.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	911,593.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	688,104.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,052,193.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-12,581.	
e	Add lines 2a through 2d	2e		-2,064,774.
3	Subtract line 2e from line 1	3		2,752,878.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,270.	
b	Other (Describe in Part XIII.)	4b	31,111.	
c	Add lines 4a and 4b	4c		37,381.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		2,790,259.

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

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

1	Total expenses and losses per audited financial statements		1	2,086,925.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	30,791.	
e	Add lines 2a through 2d	2e		30,791.
3	Subtract line 2e from line 1	3		2,056,134.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,270.	
b	Other (Describe in Part XIII.)	4b	31,111.	
c	Add lines 4a and 4b	4c		37,381.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		2,093,515.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

DONOR DESIGNATIONS AND CONTRIBUTIONS THAT ARE DESIGNATED TO NONPROFIT ORGANIZATIONS OTHER THAN TO UNITED WAY OF CENTRAL ILLINOIS INC

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. THE ORGANIZATION IS NOT CONSIDERED TO BE A PRIVATE FOUNDATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 30,791.
 CHANGE IN BENEFICIAL INTEREST -43,372.

Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 2D -12,581.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PASS THROUGH DONOR DESIGNATIONS 31,111.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 30,791.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PASS THROUGH DONOR DESIGNATIONS 31,111.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CAMPAIGN KICKOFF (event type)	ANNUAL MEETING (event type)	2 (total number)		
Revenue	1	Gross receipts	8,178.	10,038.	18,805.	37,021.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	8,178.	10,038.	18,805.	37,021.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	14,009.	9,339.	7,444.	30,792.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				30,792.
11	Net income summary. Subtract line 10 from line 3, column (d)				6,229.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**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

2022

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF CENTRAL ILLINOIS INC** Employer identification number **37-0716060**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 769 S DURKIN DRIVE SPRINGFIELD, IL 62704	37-0661488	501(C)3	24,000.	0.			DISASTER RELIEF
BIG BROTHER BIG SISTER OF CENTRAL ILLINOIS - 928 S SPRING STREET - SPRINGFIELD, IL 62704	37-1348685	501(C)3	90,404.	0.			COMPREHENSIVE MENTORING - SERVICE INCLUDES SCHOOL-BASED MENTORING AND COMMUNITY BASED
BOYS AND GIRLS CLUB OF CENTRAL ILLINOIS - 300 S 15TH STREET - SPRINGFIELD, IL 62703	37-0752849	501(C)3	81,625.	0.			PROJECT LEARN - AN OUT OF SCHOOL TIME EDUCATIONAL COMPONENT AIMED AS BRIDGING THE
CATHOLIC CHARITIES OF THE DIOCESE OF SPRINGFIELD - 120 S 11TH STREET - SPRINGFIELD, IL 62703	37-0661499	501(C)3	59,587.	0.			ST JOHN'S BREADLINE PROVIDES FREE, WELL BALANCED, NUTRITIOUS MEALS 365 DAYS A YR
COMPASS FOR KIDS - CAMP COMPASS 501 S 4TH STREET SPRINGFIELD, IL 62701	81-2829202	501(C)3	107,507.	0.			A SUMMER PROGRAM FOR ELEMENTARY SCHOOL AGE CHILDREN FOR HOMELESS AND LOW-INCOME
COMPASS FOR KIDS - CLUB COMPASS 501 S 4TH STREET SPRINGFIELD, IL 62701	81-2829202	501(C)3	96,757.	0.			A FREE AFTER SCHOOL PROGRAM FOR HOMELESS AND LOW INCOME ELEMENTARY STUDENTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **16.**

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

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTACT MINISTRIES 1100 E ADAMS SPRINGFIELD, IL 62703	37-1072626	501(C)3	27,746.	0.			EMERGENCY SHELTER AND SUPPORT FOR MEN, WOMEN AND WOMEN WITH CHILDREN
HELPING HANDS OF SPRINGFIELD 1023 E WASHINGTON STREET SPRINGFIELD, IL 62703	37-1255889	501(C)3	10,175.	0.			HELPING HANDS REPRESENTATIVE PAYEE PROGRAM
HELPING HANDS OF SPRINGFIELD - EMERGENCY SHELTER - 1023 E WASHINGTON STREET - SPRINGFIELD, IL 62703	37-1255889	501(C)3	32,042.	0.			EMERGENCY SHELTER
LUTHERAN CHILD AND FAMILY SERVICES 1 OAKBROOK TERRACE STE 501 SPRINGFIELD, IL 62704	36-2167778	501(C)3	33,600.	0.			COUNCILING
M.E.C.R.Y. COMMUNITIES, INC. - HOMELESS MANAGEMENT - 1344 N 5TH STREET - SPRINGFIELD, IL 62702	37-1383599	501(C)3	20,000.	0.			HOMELESS MANAGEMENT INFORMATION SYSTEM
M.E.C.R.Y. COMMUNITIES, INC. - PERMANENT SUPPORT - 1344 N 5TH STREET - SPRINGFIELD, IL 62702	37-1381599	501(C)3	21,935.	0.			PERMANENT SUPPORTIVE HOUSING-AFFORDABLE HOUSING
M.E.C.R.Y. COMMUNITIES, INC. - TRANSITIONAL LIVING - 1344 N 5TH STREET - SPRINGFIELD, IL 62702	37-1381599	501(C)3	33,696.	0.			TRANSITIONAL LIVING-A ONE YEAR TRANSITIONAL LIVING PROGRAM
MEMORIAL BEHAVIORAL HEALTH 711 N 8TH STREET SPRINGFIELD, IL 62702	37-0646367	501(C)3	31,658.	0.			PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESS
MIMI O'BEIRNE CRISIS NURSERY 1011 N 7TH STREET SPRINGFIELD, IL 62702	37-1242640	501(C)3	24,715.	0.			CRISIS NURSERY CORE PROGRAM-PROVIDES TEMPORARY EMERGENCY CARE FOR CHILDREN

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR SERVICES OF CENTRAL ILLINOIS - DAILY HOME DELIVERY - 701 W MASON STREET - SPRINGFIELD, IL 62702	37-0895193	501(C)3	11,533.	0.			DAILY BREAD HOME DELIVERY MEAL PROGRAM
SENIOR SERVICES OF CENTRAL ILLINOIS - COMPREHENSIVE ELDER CARE - 701 W MASON STREET - SPRINGFIELD, IL 62702	37-0895193	501(C)3	41,220.	0.			COMPREHENSIVE ELDER ASSIST - PROVIDES SOCIAL ADJUSTMENT AND REHABILITATION
SENIOR SERVICES OF CENTRAL ILLINOIS - SENIOR CONNECTION - 701 W MASON STREET - SPRINGFIELD, IL 62702	37-0895193	501(C)3	29,400.	0.			SENIOR TRANSPORT - TRANSPORTATION TO MEDICAL AND DENTAL APPTS
SIU CENTER FOR FAMILY MEDICINE 520 N 4TH STREET SPRINGFIELD, IL 62702	37-6005961	501(C)3	83,680.	0.			COMMUNITY INTEGRATED RESPONSE CONNECTION LEVERAGING
SOJOURN SHELTER AND SERVICES, INC. 1800 WESTCHESTER BLVD SPRINGFIELD, IL 62704	51-0139118	501(C)3	76,948.	0.			ADULT AND CHILDREN EMERGENCY SHELTER AND PROVISIONS
SPRINGFIELD PUBLIC SCHOOLS - CAMP KINDERGARTEN - 1900 W MONROE STREET - SPRINGFIELD, IL 62704	37-6004615	170 (C)1	25,566.	0.			CAMP KINDERGARTEN
SPRINGFIELD URBAN LEAGUE - BRANDON OUTREACH - 100 N 11TH STREET - SPRINGFIELD, IL 62703	37-0765550	501(C)3	29,320.	0.			BRANDON OUTREACH - PROVIDES POSITIVE ACTIVITIES FOR LOW INCOME BRANDON COURT K-5 YOUTH
SPRINGFIELD URBAN LEAGUE - FREEDOM SCHOOL - 100 N 11TH STREET - SPRINGFIELD, IL 62703	37-0765550	501(C)3	23,867.	0.			FREEDOM SCHOOL - A SUMMER PROGRAM WHICH GIVES CHILDREN OPPORTUNITIES TO DISCOVER THE PLEASURE OF
SPRINGFIELD URBAN LEAGUE - THE EMPOWERMENT PROGRAM - 100 N 11TH STREET - SPRINGFIELD, IL 62703	37-0765550	501(C)3	20,204.	0.			EMPOWERMENT PROGRAM RISE - PROVIDES EDUCATION, JOB TRAINING AND JOB READINESS SKILLS TO YOUTH

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

ORGANIZATIONS APPLY TO THE UNITED WAY TO RECEIVE FUNDS. A COMMITTEE OF VOLUNTEERS RESEARCHES EACH OF THE APPLICANTS AND MAKES RECOMMENDATIONS TO THE UNITED WAY BOARD OF DIRECTORS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

SPRINGFIELD URBAN LEAGUE - FREEDOM SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FREEDOM SCHOOL - A SUMMER PROGRAM

Part IV Supplemental Information

WHICH GIVES CHILDREN OPPORTUNITIES TO DISCOVER THE PLEASURE OF READING

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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.

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization UNITED WAY OF 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 WERE \$1,556.

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 \$ 777,948. INCLUDING GRANTS OF \$ 336,387. REVENUE \$ 59,018.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS JAMES SARRA AND HEATHER SARRA ARE HUSBAND AND WIFE.

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:

Name of the organization UNITED WAY OF CENTRAL ILLINOIS INC	Employer identification number 37-0716060
--	--

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 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 -43,372.