Public Disclosure Copy

EXTENDED TO NOVEMBER 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

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.

A For the 2022 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change UNITED WAY OF CENTRAL ILLINOIS INC Name change 37-0716060 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1999 WEST WABASH AVE STE 107 (217) 726-7000 6,350,961. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 62704 SPRINGFIELD, IL H(a) Is this a group return return
Application
pending F Name and address of principal officer: MARNE FAUSER Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions UWCIL.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association L Year of formation: 1922 M State of legal domicile: IL Other Part I Summary Briefly describe the organization's mission or most significant activities: IMPROVING LIVES BY ADDRESSING **Activities & Governance** BASIC NEEDS, FINANCIAL STABILITY AND HEALTH OF EVERY PERSON. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 28 3 Number of voting members of the governing body (Part VI, line 1a) 28 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 690 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 2,546,399. 1,979,008. Contributions and grants (Part VIII, line 1h) 8 27,636. 59,018. Program service revenue (Part VIII, line 2g) 860,624. 746,003. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 13,824. 6,230. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,790,259. 3,448,483. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,215,317. 1,189,246. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 546,755. 549,724. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 394,833. 354,545. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,093,515. 2,156,905. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,291,578. 696,744. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 9,401,125. 8,269,663. Total assets (Part X, line 16) 680,683. 948,042. 21 Total liabilities (Part X, line 26) 三年 720,442. 321,621 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign MARNE FAUSER, PRESIDENT Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name BRIDGETTE MUGGE 08/02/23 self-employed P00671418 BRIDGETTE MUGGE Paid Firm's name SIKICH LLP Firm's EIN 36-3168081 Preparer Firm's address 3051 HOLLIS DRIVE, 3RD FLOOR Use Only Phone no. 217-793-3363 SPRINGFIELD, IL 62704 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pai	rt 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	Y
	TO ADRESS THE BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALT	H
	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?	s 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?Ye	s 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	s.
	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	<u>s</u>
	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	Y
	CHILDHOOD EDUCATION SUPPORTS, ON-TIME ACHIEVEMENT, SOCIAL EMOTIONAL	
	DEVELOPMENT, AND SUPPORTS TO HELP STUDENTS GRADUATE WITH A PLAN FOR	THE
	FUTURE.	
	000 554	
4b	(Code:) (Expenses \$ 232,571. including grants of \$ 232,571.) (Revenue \$)
	BASIC NEEDS - FUNDED OUT OF THE COMMUNITY FUND, THESE PROGRAMS ADDR	
	OUR BASIC NEEDS PRIORITIES AND STRATEGIES WHICH ARE FUNDED TO SUPPORT OF THE PROPERTY OF THE P	KT 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 \$	1
	FINANCIAL STABILITY - FUNDED OUT OF THE COMMUNITY FUND, THESE PROGRA	AMS
	ADDRESS OUR FINANCIAL STABILITY PRIORITIES AND STRATEGIES WHICH ARE	
	FUNDED TO PROVIDE INDIVIDUALS AND FAMILIES WITH THE EDUCATION, SKILL	
	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 OW	
	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.	
	Form	990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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> X</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	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization asswered "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	13		X
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/4		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		_v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	—
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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	990 (2022) UNITED WAY OF CENTRAL ILLINOIS INC 37-071	<u> </u>	Р	age 4
Pa	TIV 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			x
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_^
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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			1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash 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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		Х
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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	X	Щ
· a	Check if Cahadula C contains a vacanance or note to any line in this Dout V			
	Check it Schedule O contains a response or note to any line in this Part v		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	7	res	INO
ıd h				
ט	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
·	(gambling) winnings to prize winners?	1c		

Form 990 (2022) UNITED WAY OF CENTRAL ILLINOIS INC

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders Cross income from members or shareholders Cross income from members or shareholders			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	104		
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			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	-		
-	excess parachute payment(s) during the year?	15		Х
	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		Х
	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?	17		
	If "Yes," complete Form 6069.			

232005 12-13-22

Page 6 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 28			
	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 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?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Bull to the second of the seco	6	Х	
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
<i>1</i> a		7a	х	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>ra</u>	-25	
b		7b		Х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		-25
8		0-	х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vaa	Na
10-	Did the exemination have level charters branches as offiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b		10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia	21	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
12a		12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	-25	
С		12c	х	
12	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
13		14	X	
14	Did the organization have a written document retention and destruction policy?	14	-72	
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?			
_		45.	х	
a	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	22	
160				
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
17 18	List the states with which a copy of this Form 990 is required to be filed 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	availah	
10	for public inspection. Indicate how you made these available. Check all that apply.	Or iiy)	uvallal	NC.
10	X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finar	oial	
19		ıınan(ıal	
00	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			
	TOOO MILIDIA DIN TOI, DINIMOLIND, IN VOIVE			

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	(do		(C Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss per	rson i	s both or/trus	n an	compensation	compensation from related	amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MARNE FAUSER	45.00									
PRESIDENT & CEO FROM 4/22/22				Х				90,462.	0.	13,588.
(2) JOHN KELKER	45.00									
PRESIDENT & CEO TO 4/22/22				Х				58,672.	0.	8,138.
(3) EVAN DAVIS	1.00			v						_
CHAIR (4) AMY BEADLE	1.00	Х		Х				0.	0.	0.
CHAIR ELECT	1.00	Х		х				0.	0.	0.
(5) JOE KULEK	1.00	Λ		Λ				0.	0.	<u></u>
TREASURER	1.00	х		х				0.	0.	0.
(6) ROGER AUSTIN	1.00								•	
IMMEDIATE PAST CHAIR		х		х				0.	0.	0.
(7) NICK GENTILE	1.00								-	
DIRECTOR		Х						0.	0.	0.
(8) CAROLYN BLACKWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(9) PHIL CAPPS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) GINNY CONLEE	1.00									
DIRECTOR		Х						0.	0.	0.
(11) LASHONDA FITCH	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(12) BRYAN GLECKLER	1.00	ļ								
DIRECTOR	1 00	Х	_					0.	0.	0.
(13) JON ERICKSON	1.00	.,								
DIRECTOR	1 00	Х						0.	0.	0.
(14) TAMMY GILCHRESE	1.00	3,7							_	_
DIRECTOR (15) PVAN CREENIER	1 00	Х						0.	0.	0.
(15) RYAN GREENIER DIRECTOR	1.00	Х						0.	0.	_
(16) JANET GOOCH	1.00	Λ	\vdash		\vdash	\vdash		1	U •	0.
DIRECTOR	1.00	Х						0.	0.	0.
(17) AARON JOHNSON	1.00	^						1	•	· ·
DIRECTOR	1.00	Х						0.	0.	0.
	I			l	I		<u> </u>	1 0.	<u> </u>	Form 990 (2022)

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	AY OF CE	INI	'RA	L	IL	ЬI	NO	IS INC	37-0716	060 Page 8
Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	oloy	ees,	and	Hi	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			one	Reportable	Reportable	Estimated
	hours per week	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	(list any	-				174445	T	from the	from related	other
	hours for	ndividual trustee or director				l _e		organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	nstitutional trustee		yee	nd mc		1099-NEC)	,	and related
	below	idual	ution	je.	Key employee	est co	-B			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) TERRANCE JORDAN	1.00									
DIRECTOR		Х						0.	0.	0.
(19) GREG LUTCHKA	1.00									
DIRECTOR		Х						0.	0.	0.
(20) FRANK LYNCH	1.00	1								
DIRECTOR		Х						0.	0.	0.
(21) RABBI BARY MARKS	1.00									
DIRECTOR		Х						0.	0.	0.
(22) BRANDI GOODIN	1.00]								
DIRECTOR		Х						0.	0.	0.
(23) JACKIE NEWMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(24) CHRISTINE NOVARIA	1.00									
DIRECTOR		Х						0.	0.	0.
(25) STEVE HEWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(26) CAROL JESSUP	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								149,134.	0.	21,726.
c Total from continuation sheets to Part \	/II, 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 th	ose	liste	d ab	ove) wh	o re	ceived 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? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

X

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

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 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	ıstees, 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	Ì				Ė		from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				odm		organization	(W-2/1099-MISC)	from the
	hours for	ordir	a a			ted e		(W-2/1099-MISC)		organization
	related	Individual trustee or director	Institutional trustee		a.	Highest compensated employee				and related
	organizations	al tru	onal		Key employee	Com				organizations
	below	divid	stituti	Officer	y em	ghest	Former			
	line)	<u> </u>	Ë	10 l	a S	Ŧ	Fo			
(27) PENNY MCCARTY	1.00	l								
DIRECTOR		Х						0.	0.	0.
(28) NIKKI MONARI	1.00									
DIRECTOR		Х						0.	0.	0.
(29) SARAH SEVENER	1.00									
DIRECTOR		Х						0.	0.	0.
(30) ROB WALLER	1.00									
DIRECTOR		Х	L	L	L		L	0.	0.	0.
-										
			\vdash							
_										
-	-									
		ŀ								
			L		L	L_				
		1								
		1								
	1	!								
Total to Part VII. Section A. line 15										
Total to Part VII, Section A, line 1c									I	

Form 990 (2022) UNITED
Part VIII Statement of Revenue

			Check if Schedule O contains	a respor	ise c	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
S S	1	_	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts										
Ę g			Membership dues							
fts, Ar			Fundraising events							
ij Gi	'		Related organizations			153 019				
ns, Sim	'		Government grants (contributions)			153,948.				
utio er (Ť	All other contributions, gifts, grants, an			1 005 060				
έŧ			similar amounts not included above			1,825,060.				
ont od (•	Noncash contributions included in lines 1a-1f	1g \$			1 000 000			
<u>0</u> <u>8</u>		h	Total. Add lines 1a-1f				1,979,008.			
						Business Code	50.010	50.010		
ce	2	а	EMERGENCY FOOD & OTHER REV	ENUE	_	624200	59,018.	59,018.		
e vi		b			_					
Program Service Revenue		С			_					
ran Sev		d			_					
og F		е			_					
ď	1	f	All other program service revenue							
		g	Total. Add lines 2a-2f				59,018.			
	3		Investment income (including divid	ends, in	tere	st, and				
			other similar amounts)				144,077.			144,077.
	4		Income from investment of tax-exe	mpt bon	ıd pr	oceeds				
	5		Royalties							
				(i) Real		(ii) Personal				
	6	а	Gross rents 6a							
			Less: rental expenses 6b							
			Rental income or (loss) 6c							
			Net rental income or (loss)							
			· · · · · · · · · · · · · · · · · · ·	Securitie	es	(ii) Other				
				,131,83	37.					
		b	Less: cost or other basis							
<u>o</u>		_		,529,93	11.					
her Revenue		c	Gain or (loss) 7c	601,9						
ev.			Net gain or (loss)				601,926.			601,926.
er F			Gross income from fundraising events				,			,
Oŧþ		u	including \$							
			contributions reported on line 1c).							
			Part IV, line 18		8a	37,021.				
		h	Less: direct expenses		8b	30,791.				
			Net income or (loss) from fundraisi				6,230.			6,230.
			Gross income from gaming activitie	-	.5		-,			=,==0.
	9	а	Part IV, line 19		9a					
		h	Less: direct expenses		9b					
			Net income or (loss) from gaming a							
	10	а	Gross sales of inventory, less retur		40-					
			and allowances		10a					
			Less: cost of goods sold		10b					
	-	С	Net income or (loss) from sales of i	nventory	/	Pusings Oct				
SI						Business Code				
eor Je	11				_					
lan		b			_					
Miscellaneous Revenue		С			_					
Mis			All other revenue							
		е	Total. Add lines 11a-11d				_			
	12		Total revenue. See instructions	<u></u>			2,790,259.	59,018.	0.	752,233.

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_	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	170 060	110 600	25 620	25 626
	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)	200 702	110 001	70 461	00 201
7	Other salaries and wages	289,703.	118,921.	72,461.	98,321
8	Pension plan accruals and contributions (include	22 212	7 021	E 064	0 410
_	section 401(k) and 403(b) employer contributions)	22,213. 31,242.	7,831. 13,959.	5,964. 7,384.	8,418 9,899
9	Other employee benefits	31,242.	18,087.	8,015.	9,604
0	Payroll taxes	35,700.	10,007.	0,013.	9,004
1	Fees for services (nonemployees):				
а					
b					
C	<u> </u>				
	Lobbying				
e	· · · · · · · · · · · · · · · · · · ·	6,270.		6,270.	
f	Investment management fees	0,270.		0,270.	
g	Other. (If line 11g amount exceeds 10% of line 25,	78,054.		78,054.	
^	column (A), amount, list line 11g expenses on Sch 0.)	18,124.	14,659.	1,895.	1,570
2 3	Advertising and promotion	21,565.	11,269.	6,078.	4,218
ა 4	Office expenses Information technology	18,245.	11,711.	2,690.	3,844
1 5	Royalties	10,213.	11,711	2,050.	3,01
5 6	Occupancy	94,783.	52,130.	21,801.	20,852
7	Traval	1,207.	562.	21,0011	645
, B	Payments of travel or entertainment expenses	2,20,1	3021		0 = 0
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,323.	1,192.	45.	86
0	Interest	_/ = -/			
1	Payments to affiliates	24,196.	13,308.	5,565.	5,323
2	Depreciation, depletion, and amortization	4,846.	,	4,846.	, -
3	Insurance	8,268.	4,547.	1,902.	1,819
4	Other expenses. Itemize expenses not covered	•	,	Í	,
	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.)				
а	DOLLY DADWON LIDDADY	23,169.	23,169.		
b	PERSONNEL SEARCH	13,020.	7,184.	2,983.	2,853
С	SPECIAL EVENTS	11,533.	9,797.	134.	1,602
d	CAMPATON DRINGING & CUP	9,951.	4,407.		5,544
е		19,991.	8,226.	1,566.	10,199
5	Total functional expenses. Add lines 1 through 24e	2,093,515.	1,629,807.	253,282.	210,426
6	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)				

Form 990 (2022)
Part X | Balance Sheet

Pai	rt X	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		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					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sec	tion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	153,229. 68,535.			
	b	Less: accumulated depreciation	10b	68,535.	67,553. 7,642,390.	10c	84,694. 5,784,204.
	11	Investments - publicly traded securities	7,642,390.	11	5,784,204.		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14	101 -01		
	15	Other assets. See Part IV, line 11		318,559.	15	484,534.	
	16	Total assets. Add lines 1 through 15 (must e			9,401,125.	16	8,269,663.
	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. Comple				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
<u> </u>		controlled entity or family member of any of the	-	·····		22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,		1			
		parties, and other liabilities not included on lin			666,243.	٥-	911,593.
	000	of Schedule D			680,683.	25	948,042.
	26	Total liabilities. Add lines 17 through 25	haak baw	e X	000,003.	26	940,042.
S		Organizations that follow FASB ASC 958, or and complete lines 27, 28, 32, and 33.	HECK HER				
SE SE	27	• , , ,			7,172,969.	27	5,862,612.
gala	28				1,547,473.	28	1,459,009.
B	20	Organizations that do not follow FASB ASC				20	2/200/0000
Ξ		and complete lines 29 through 33.	, 550, 6116				
ъ	29	Capital stock or trust principal, or current fun	de			29	
ets	30	Paid-in or capital surplus, or land, building, or			30		
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				8,720,442.	32	7,321,621.
z	33	Total liabilities and net assets/fund balances			9,401,125.	33	8,269,663.
	, 55	Total habilities and not assets/fully balances			2,,	_ 55	Form 990 (2022)

Form 990 (2022)

Form	1990 (2022) UNITED WAY OF CENTRAL ILLINOIS INC	3/-	-0/тр	000	Pa	ge 🖊
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		,79		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,09		
3	Revenue less expenses. Subtract line 2 from line 1	3				44.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,72		
5	Net unrealized gains (losses) on investments	5	-2	,05	2,1	93.
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		-4	3,3	72.
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	,32	1,6	21.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u>Ш</u>
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	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?			3a		X
h	If "Ves " did the organization undergo the required audit or audits? If the organization did not undergo the required	hue he	i+	1		I

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

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

UNITED WAY OF CENTRAL ILLINOIS INC

 $Employer\ identification\ number \\ 37-0716060$

Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.		
Γhe	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)			
1	$\overline{\Box}$	•	·		-	-)(A)(i).		
2	Ħ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	\Box	A medical research organiza	· ·					the hespital's name	
4		-	ation operated in cor	ijuriction with a nospital	described	III Sectio	n 170(b)(1)(A)(iii). Enter	the nospital's name,	
_		city, and state:						1.	
5		An organization operated for		lege or university owner	or operate	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	complete Part II.)						
6	Ш	A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal	lly receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from the general ¡	public described in	
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in coniu	nction with a land-grant	college	
		or university or a non-land-g				-	-	•	
		university:	ram comogo or agrici				, and class of the comega		
10		An organization that normal	Illy receives (1) more t	than 33 1/3% of its sunr	ort from co	ontribution	ne membershin fees and	d gross receipts from	
10									
		activities related to its exem		· · · · · · · · · · · · · · · · · · ·				*	
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	-						
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to carry out the	purposes of one or	
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3). (Check the box on	
		lines 12a through 12d that of	describes the type of	f supporting organizatior	n and comp	plete lines	12e, 12f, and 12g.		
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving	
		the supported organization	n(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting	
		organization. You must c	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting orga			ion with its	s supporte	d organization(s), by hav	vina	
		control or management of						-	
		organization(s). You mus			arrio porco	no triat oo	na or manago ano cap	501.04	
_		7 _ ~			in connect	ion with	and functionally intograte	od with	
·		Type III functionally inte					• •	with,	
		its supported organization		·					
d							· · · · · · · · · · · · · · · · · · ·	* *	
		that is not functionally int	-		•		='	veness	
	_	requirement (see instructi	•	•	•				
е		Check this box if the orga	ınization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.			
f	Ente	r the number of supported o	rganizations						
g		ride the following information			I (iii) la tha assa				
	(Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	

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.)

Sec	ction A. Public Support						
Cale	ndar 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 organ-						
	ization'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.
	Public support. Subtract line 5 from line 4.						10223316.
Sec	ction B. Total Support						
Cale	ndar 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 instruction	ons)			12	111,259.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	85 . 76 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	87.36 <u>%</u>
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organia	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s
		<u> </u>					(Form 990) 2022

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

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

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
_	iness 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						
	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.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
	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	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

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.)

	Yes	No
4		
1		
2		
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За		
3b		
3c		
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4a		
4b		
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4c		
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5a		
5b		
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9a		
9b		
00		
9c		
10a		
10b		
ule A (Forr	n 990)	2022

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	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	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		
d	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 integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Part VI

SCHEDULE D (Form 990)

Department of the Treasury

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

Internal Revenue Service Name of the organization

Employer identification number 37-0716060

	UNITED WAY OF CENTE			37-0716060
Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Simi	lar Funds or Acc	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised fu	nds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in	donor advised funds	<u> </u>
3	are the organization's property, subject to the organization's			
6				
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	· · · · · · · · · · · · · · · · · · ·	• •	
Pai	impermissible private benefit?		- F 000 D-+ IV I	Yes No
			1 Form 990, Part IV, I	ine 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	tion or education) Pr	eservation of a histor	ically important land area
	Protection of natural habitat	Pr	eservation of a certific	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution	in the form of a cons	
	day of the tax year.		1	Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a			
				2d
3	Number of conservation easements modified, transferred, rele			ation during the tax
	year	, ,	, 0	Ç
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		handling of	
_	violations, and enforcement of the conservation easements it	l I-I-O	g =:	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
J	Starrand volunteer moure devoted to mornioring, inspecting,	riarialing or violations, and or	noroning contact valion	casemonia danng the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforci	na conservation ease	ements during the year
′	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and emore	ng conservation ease	ements during the year
	Does each conservation easement reported on line 2(d) above	a actiofy the requirements of	acation 170(b)(4)(P)(i)	
8				
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's fina	ncial statements that	describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Traceu	ros or Othor Sir	milar Assats
Fai		•	res, or other sir	illiai Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue	statement and balar	nce sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or r	esearch in furtherand	e of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describe	es these items.	
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or rese	earch in furtherance o	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m) 4			•
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022

	t III Organizations Maintaining Col	lections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar	Asset	S (continu	ed)
3	Using the organization's acquisition, accession,								(OOTHITIC	<u>ou, </u>
_	collection items (check all that apply):		o, oo				,			
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	e			inango progre					
c	Preservation for future generations	J								
4	Provide a description of the organization's colle	ctions and explain	how th	ev further th	ne organizatio	nn's exem	nt nurnos	se in Part	XIII	
5	During the year, did the organization solicit or re	· ·		•	-			oo iiii ait	AIII.	
Ŭ	to be sold to raise funds rather than to be maint								Yes	☐ No
Pai	t IV Escrow and Custodial Arrange									
	reported an amount on Form 990, Part X)	organizatio	ir anoworda	100 0111	01111 000	, , a ,		
	Is the organization an agent, trustee, custodian		iary for o	contribution	s or other ass	sets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and									
-	The rest, explain are arrangement in real vinit arr		g .	a					Amount	
c	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Forn							X	Yes	No
	If "Yes," explain the arrangement in Part XIII. Ch						•			X
Par										
		(a) Current year		Prior year	(c) Two year			ears back	(e) Four y	ears back
1a	Beginning of year balance	,							,,,,,,	
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curren	t vear end balance	e (line 1d	r column (a)) held as:					
a	Board designated or quasi-endowment	t your one balance	% %	y, 001411111 (4)	,, nora ao.					
b	Permanent endowment	%								
	Term endowment %									
·	The percentages on lines 2a, 2b, and 2c should	egual 100%								
За	Are there endowment funds not in the possessi	•	ition tha	t are held ar	nd administer	red for the	į			
-	organization by:	55. 15 5. gaa				00.101.1110			<u> </u>	'es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ns listed as requir	ed on S	chedule R?						
4	Describe in Part XIII the intended uses of the or									
Par	t VI Land, Buildings, and Equipmer									
	Complete if the organization answered "	Yes" on Form 990	, Part IV	/, line 11a. S	See Form 990	, Part X, li	ine 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value
		basis (investn			(other)		reciation		(-,	
1a	Land									
	Buildings									
	Leasehold improvements			11	2,625.		47,96	50.	64	,665.
	Equipment				0,604.		20,57			,029.
	Other									
	. Add lines 1a through 1e. (Column (d) must equ	al Form 990 Part	X colun	nn (R) line 1	0c.)				84	,694.

Part VIII	Investments - Other Securities.

Tart VIII III Coamento Other Geografico.		
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)		

(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)	
<u>(5)</u>	
(6)	
(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 Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir		Revenue per Re	turn.	
4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1	688,104.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				000,104.
a Net unrealized gains (losses) on investments	2a -	-2,052,193.		
b Donated services and use of facilities		2,032,1330		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		-12,581.		
e Add lines 2a through 2d			2e	-2.064.774.
3 Subtract line 2e from line 1			3	-2,064,774. 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.)		6,270. 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	37,381. 2,790,259.
Part XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per F	Returr	٦.
Complete if the organization answered "Yes" on Form 990, Part IV, lin				
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			-	
d Other (Describe in Part XIII.)		30,791.		20 = 24
e Add lines 2a through 2d			2e	30,791. 2,056,134.
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:	1 1	6 070		
a Investment expenses not included on Form 990, Part VIII, line 7b		6,270. 31,111.	-	
b Other (Describe in Part XIII.)	4b	31,111.		27 201
c Add lines 4a and 4b			4c	37,381. 2,093,515.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Part XIII Supplemental Information.	8.)		5	2,093,313.
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	C line 2: Part XI.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			,,, ,	ι, πιο Σ, Γαιτλίι,
PART IV, LINE 2B:				
DONOR DESIGNATIONS AND CONTRIBUTIONS THAT	ARE DESIG	SNATED TO N	ONPI	ROFIT
ORGANIZATIONS OTHER THAN TO UNITED WAY OF	CENTRAL I	LLINOIS IN	C	
PART X, LINE 2:				
THE ORGANIZATION IS EXEMPT FROM FEDERAL I	NCOME TAXE	ZS IINDER SE	יריידנ	OM.
501(C)(3) OF THE U.S. INTERNAL REVENUE CO.	DE. THE (ORGANIZATIO	N IS	S NOT
CONSIDERED TO BE A PRIVATE FOUNDATION.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
SPECIAL EVENT EXPENSES				30,791.
CHANGE IN BENEFICIAL INTEREST 232054 09-01-22			Schen	lule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public Inspection

Schedule G (Form 990) 2022

The remainder of the following service Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organization										
			CENTRAL ILL					37-0716		
	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.									
			ough any of the followin	g activ	/ities. (Check all that apply.				
a Mail solicitat	tions		e Solicita	tion of	non-g	overnment grants				
b Internet and	email solicitations	3	f Solicita	tion of	gover	nment grants				
c Phone solici	tations		g Special	fundra	aising (events				
d In-person so	licitations									
			nent with any individual				tees,	or		
• • •			ity in connection with p			-		Ye		
			ities (fundraisers) pursu	ant to	agreer	ments under which th	ne fun	draiser is to b	e	
compensated at le	east \$5,000 by the	organization								
				(iii)	Did		(v) /	Amount paid	(vii) Amount poid	
(i) Name and addres			(ii) Activity	have c	Did raiser custody	(iv) Gross receipts	tò (o	r retained by) undraiser	1 to (or retained by)	
or entity (fund	araiser)			or cor contrib	ntrol of outions?	from activity		ed in col. (i)	organization	
				Yes	No					
									+	
				ļ						
									1	
					_				_	
		l							1	
List all states in whi or licensing.	ich the organizatio	n is registere	ed or licensed to solicit of	contrib	utions	or has been notified	it is e	xempt from re	egistration	

232081 10-27-22

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

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		-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		` '
			KICKOFF	MEETING	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e			(overit type)	(overti type)	(total Hambel)	
Revenue			0 170	10 020	10 005	27 021
ě	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.
		· · · · · · · · · · · · · · · · · · ·			-	
	4	Cash prizes				
	'	Cuon prizos				
	_	Nanagah prizas				
"	5	Noncash prizes				
Ses						
en	6	Rent/facility costs				
Direct Expenses						
ij	7	Food and beverages				
jre						
	8	Entertainment				
	9	Other direct expenses	14,009.	9,339.	7,444.	30,792.
	l -				·	30,792.
	10					6,229.
Da	11 1rt I					0,229.
Po	II L I		answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	1		T
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
ě						
ш.	1	Gross revenue				
"	2	Cash prizes				
šě						
Sen	3	Noncash prizes				
Direct Expenses						
섫	4	Rent/facility costs				
Ë	•	Tierio lacinity costs				
	_	Other direct evenence				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	L No	L 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)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				
-	·	· · · · · · · · · · · · · · · · · · ·				
	_					
10-	\//	ere any of the organization's gaming licenses re	woked evenonded or to	rminated during the tax s	vear?	Yes No
			· · · · · · · · · · · · · · · · · · ·			169 INO
i.	, 11	Yes," explain:				
	_					
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 UNITED WAY OF CENTRAL ILLINOIS INC 37-	0716060	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	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:		
•	and the mane and address of the person the property of gamma, opening, opening control and records.		
	Name		
	Address		
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
ısa	The organization have a contract with a tillid party from whom the organization receives gaining revenue?	163	140
	If Ver and and the construction we construct the construction		
D	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	s 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		
u	retain the state gaming license?	Yes	☐ No
L			
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III. linna O. (0h 10h
<u></u>	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	iit iii, iiiles 9, s	90, 100,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional illionnation. 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.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization UNITED WA	Y OF CENT	RAL ILLINOI	S INC				Employer identification number $37-0716060$
Part I General Information on Grants as							
Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro	tance? cedures for monit	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "\	Yes" on Form 990, Part	t IV, line 21, for any
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 -							COMPREHENSIVE MENTORING - SERVICE INCLUDES SCHOOL-BASED MENTORING
SPRINGFIELD, IL 62704	37-1348685	501(C)3	90,404.	0.			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		96,757.	0.			A FREE AFTER SCHOOL PROGRAM FOR HOMELESS AND LOW INCOME ELEMENTARY STUDENTS
2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations	· ·	•	e line 1 table				16.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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							EMERGENCY SHELTER AND
1100 E ADAMS							SUPPORT FOR MEN, WOMEN
SPRINGFIELD, IL 62703	37-1072626	501(C)3	27,746.	0.			AND WOMEN WITH CHILDREN
HELPING HANDS OF SPRINGFIELD							HELPING HANDS
1023 E WASHINGTON STREET							REPRESENATIVE PAYEE
SPRINGFIELD, IL 62703	37-1255889	501 (C) 3	10,175.	0.			PROGRAM
HELPING HANDS OF SPRINGFIELD -	37-1233009	501(0/5	10,173.	0.			FROGRAM
EMERGENCY SHELTER - 1023 E							
WASHINGTON STREET - SPRINGFIELD,							
IL 62703	37-1255889	501(C)3	32,042.	0.			EMERGENCY SHELTER
	07 1200005	002(0)0	02,012.	•			
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							HOMELESS MANAGEMENT
STREET - SPRINGFIELD, IL 62702	37-1383599	501(C)3	20,000.	0.			INFORMATION SYSTEM
M.E.C.R.Y. COMMUNITIES, INC							PERMANENT SUPPORTIVE
PERMANENT SUPPORT - 1344 N 5TH							 HOUSING-AFFORDABLE
STREET - SPRINGFIELD, IL 62702	37-1381599	501(C)3	21,935.	0.			HOUSING
			,				
M.E.C.R.Y. COMMUNITIES, INC							 TRANSITIONAL LIVING-A ONE
TRANSITIONAL LIVING - 1344 N 5TH							YEAR TRANSITIONAL LIVING
STREET - SPRINGFIELD, IL 62702	37-1381599	501(C)3	33,696.	0.			PROGRAM
,			1				
MEMORIAL BEHAVIORAL HEALTH							PROJECTS FOR ASSISTANCE
711 N 8TH STREET							IN TRANSITION FROM
SPRINGFIELD, IL 62702	37-0646367	501(C)3	31,658.	0.			HOMELESS
		, .	1=, 1=0	-			CRISIS NURSERY CORE
MIMI O'BEIRNE CRISIS NURSERY							PROGRAM-PROVIDES
1011 N 7TH STREET							TEMPORARY EMERGENCY CARE
SPRINGFIELD, IL 62702	37-1242640	501(C)3	24,715.	0.			FOR CHILDREN

Schedule I (Form 990) UNITED WA	Y OF CENT	RAL ILLINOI	S INC			3	37-0716060 Page 1
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art 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,							DAILY BREAD HOME DELIVERY
IL 62702	37-0895193	501(C)3	11,533.	0.			MEAL PROGRAM
SENIOR SERVICES OF CENTRAL							COMPREHENSIVE ELDER
ILLINOIS - COMPREHENSIVE ELDER							ASSIST - PROVIDES SOCIAL
CARE - 701 W MASON STREET -							ADJUSTMENT AND
SPRINGFIELD, IL 62702	37-0895193	501(C)3	41,220.	0.			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							COMMUNITY INTEGRATED
520 N 4TH STREET							RESPONSE CONNECTION
SPRINGFIELD, IL 62702	37-6005961	501(C)3	83,680.	0.			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
· · · · · · · · · · · · · · · · · · ·							BRANDON OUTREACH -
SPRINGFIELD URBAN LEAGUE - BRANDON							PROVIDES POSITIVE
OUTREACH - 100 N 11TH STREET -							ACTIVITIES FOR LOW INCOME
SPRINGFIELD, IL 62703	37-0765550	501(C)3	29,320.	0.			BRANDON COURT K-5 YOUTH
·			1				FREEDOM SCHOOL - A SUMMER
SPRINGFIELD URBAN LEAGUE - FREEDOM							PROGRAM WHICH GIVES
SCHOOL - 100 N 11TH STREET -							CHILDREN OPPORTUNITIES TO
SPRINGFIELD, IL 62703	37-0765550	501(C)3	23,867.	0.			DISCOVER THE PLEASURE OF
·							EMPOWERMENT PROGRAM RISE
SPRINGFIELD URBAN LEAGUE - THE							- PROVIDES EDUCATION, JOB
EMPOWERMENT PROGRAM - 100 N 11TH							TRAINING AND JOB
STREET - SPRINGFIELD, IL 62703	37-0765550	501(C)3	20,204.	0.			READINESS SKILLS TO YOUTH

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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.				
PART	I, LINE 2:								
ORGAN	IZATIONS APPLY TO THE UNITED I	WAY TO RE	CEIVE FUND	S. A COMM	ITTEE OF				
VOLUN	TEERS RESEARCHES EACH OF THE 2	APPLICANT	S AND MAKE	S RECOMMEN	DATIONS TO				
THE U	NITED WAY BOARD OF DIRECTORS.								
PART	II, LINE 1, COLUMN (H):								
NAME	OF ORGANIZATION OR GOVERNMENT	:							
SPRIN	GFIELD URBAN LEAGUE - FREEDOM	SCHOOL							
(H) D	(H) PURPOSE OF GRANT OR ASSISTANCE: FREEDOM SCHOOL - A SUMMER PROGRAM								

232291

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 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.

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 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

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

\$20,000.

Schedule O (Form 990) 2022 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

WERE \$1,556.

Schedule O (Form 990) 2022 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 \$ 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:

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** UNITED WAY OF CENTRAL ILLINOIS INC 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:

-43,372.

CHANGES IN BENEFICIAL INTEREST