

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

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

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

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

C Name of organization: UNITED WAY OF CENTRAL ILLINOIS INC. Doing business as: Number and street (or P.O. box if mail is not delivered to street address): 1999 WEST WABASH AVE STE 107 Room/suite: City or town, state or province, country, and ZIP or foreign postal code: SPRINGFIELD, IL 62704

D Employer identification number: 37-0716060 E Telephone number: (217) 726-7000 G Gross receipts \$ 6,523,631

F Name and address of principal officer: JOHN P KELKER 1999 WEST WABASH AVE STE 107 SPRINGFIELD, IL 62704

H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number

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

J Website: WWW.SPRINGFIELDUNITEDWAY.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1922 M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: IMPROVING LIVES BY UNITING OUR COMMUNITY TO ADDRESS THE BASIC NEEDS, FINANCIAL STABILITY AND HEALTH OF EVERY PERSON. VISION: BUILDING SANGAMON AND MENARD COUNTIES INTO A 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.

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members (30), 4 Number of independent voting members (30), 5 Total number of individuals employed (8), 6 Total number of volunteers (482), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0)

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (2,242,081 / 1,849,507), 9 Program service revenue (3,458 / 24,605), 10 Investment income (266,022 / 585,169), 11 Other revenue (15,724 / 23,543), 12 Total revenue (2,527,285 / 2,482,824)

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (1,877,816 / 1,980,690), 14 Benefits paid (0 / 0), 15 Salaries, other compensation (512,995 / 534,967), 16a Professional fundraising fees (0 / 0), 16b Total fundraising expenses (194,284), 17 Other expenses (345,705 / 321,350), 18 Total expenses (2,736,516 / 2,837,007), 19 Revenue less expenses (-209,231 / -354,183)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (8,189,922 / 8,241,403), 21 Total liabilities (1,014,957 / 886,681), 22 Net assets or fund balances (7,174,965 / 7,354,722)

Part II Signature Block

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

Sign Here: Signature of officer: JOHN P KELKER PRESIDENT, Date: 2021-09-19

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P00485614, Firm's name RSM US LLP, Firm's EIN 42-0714325, Firm's address 117 E MAIN ST SUITE 210 GALESBURG, IL 61401, Phone no. (309) 342-1175

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE UNITED WAY OF CENTRAL ILLINOIS, INC. IS A NOT-FOR-PROFIT CORPORATION WITH A MISSION OF IMPROVING LIVES BY UNITING OUR COMMUNITY TO ADDRESS THE BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTH OF EVERY PERSON. VISION: BUILDING SANGAMON AND MENARD COUNTIES INTO A 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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 579,383 including grants of \$ 579,383) (Revenue \$) EDUCATION - FUNDED OUT OF THE COMMUNITY FUND, THESE PROGRAMS ADDRESS OUR EDUCATION PRIORITIES AND STRATEGIES WHICH ARE FUNDED TO HELP CHILDREN LEARN, ACHIEVE, AND SUCCESS WHILE ENGAGING FAMILIES AND COMMUNITIES. EDUCATION PROGRAMS ADDRESS ACCESS TO HIGH-QUALITY EARLY CHILDHOOD EDUCATION SUPPORTS, ON-TIME ACHIEVEMENT, SOCIAL EMOTIONAL DEVELOPMENT, AND SUPPORTS TO HELP STUDENTS GRADUATE WITH A PLAN FOR THE FUTURE.

4b (Code:) (Expenses \$ 281,849 including grants of \$ 281,849) (Revenue \$) BASIC NEEDS - FUNDED OUT OF THE COMMUNITY FUND, THESE PROGRAMS ADDRESS OUR BASIC NEEDS PRIORITIES AND STRATEGIES WHICH ARE FUNDED TO SUPPORT A SAFETY NET OF FOOD AND SHELTER FOR OUR COMMUNITY'S MOST VULNERABLE MEMBERS. BASIC NEEDS PROGRAMS ADDRESS ACCESS TO EMERGENCY FOOD AND EMERGENCY SHELTER AND PROVISIONS.

4c (Code:) (Expenses \$ 191,485 including grants of \$ 191,485) (Revenue \$) FINANCIAL STABILITY - FUNDED OUT OF THE COMMUNITY FUND, THESE PROGRAMS ADDRESS OUR FINANCIAL STABILITY PRIORITIES AND STRATEGIES WHICH ARE FUNDED TO PROVIDE INDIVIDUALS AND FAMILIES WITH THE EDUCATION, SKILLS, AND SUPPORTS NEEDED TO LEAD FINANCIALLY STABLE LIVES. FINANCIAL STABILITY PROGRAMS ADDRESS SAFE AND AFFORDABLE HOUSING, INCREASE EMPLOYMENT OPPORTUNITIES, AND EXPAND FINANCIAL LITERACY SKILLS. THIS WORK ALSO EXPANDS TO HELP SENIORS MAINTAIN INDEPENDENCE IN THEIR OWN HOME.

(Code:) (Expenses \$ 1,399,340 including grants of \$ 927,973) (Revenue \$ 24,605) 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 \$159,561 APPROXIMATELY 13.16% OF TOTAL ALLOCATIONS. RED FEATHER GRANTS - A GRANT PROCESS ADDED TO THE UW'S COMMUNITY INVESTMENT OPTIONS IN ORDER TO FUND UNIQUE OPPORTUNITIES THAT ALLOW UNITED WAY TO ADVANCE THE WORK OF THE ISSUE AREAS AND/OR THE COMMUNITY THROUGH SPECIALIZED FUNDING CONSIDERATION WHEN THESE REQUESTS FALL OUT OF THE TYPICAL FUNDING NORMS (COMMUNITY FUND, VENTURE FUND, AND EMERGENCY FUND). RED FEATHER GRANTS MAY PULL FROM A VARIETY OF FUNDING POOLS. CURRENTLY, TWO RED FEATHER GRANTS ARE APPROVED. ONE FOR THE AMERICAN RED CROSS OF SOUTH CENTRAL IN THE AMOUNT OF \$24,000 WHICH IS FUNDED OUT OF THE EMERGENCY FUND. THE SECOND IS FOR THE FUNDING FOR THE HOMELESS MANAGEMENT INFORMATION SYSTEM STAFF PERSON WHICH COORDINATES AND MAINTAINS DATA ON BEHALF OF 9+ ORGANIZATIONS IN THE AMOUNT OF \$20,000. THE THIRD IS TO THE SANGAMON COUNTY AFFILIATE OF DOLLY PARTON'S IMAGINATION LIBRARY WHICH IS MANAGED FOR \$15,415. TOTAL OF GRANTS FUNDED \$56,915. VENTURE GRANTS - 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 2020, NO VENTURE GRANTS WERE DISTRIBUTED.

(Code:) (Expenses \$ including grants of \$) (Revenue \$) DIRECTED CONTRIBUTIONS- UNITED WAY ADMINISTERS DIRECTED CONTRIBUTIONS TO NON PROFIT AGENCIES.DOLLY PARTON IMAGINATION LIBRARY - 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 \$23,611.2-1-1 - IS A TOLL FREE INFORMATION AND REFERRAL SERVICES PROVIDED TO CITIZENS IN SANGAMON AND MENARD COUNTIES. TOTAL EXPENSES FOR 211 WERE \$51,264. DAY OF ACTION - VOLUNTEERS SPEND THEIR AFTERNOON COMPLETING COMMUNITY SERVICE PROJECTS AT VARIOUS HEALTH AND HUMAN SERVICE AGENCIES IN IN SPRINGFIELD AND SURROUNDING AREAS.GET CONNECTED - 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, IN-KIND 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 \$2,600.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,399,340 including grants of \$ 927,973) (Revenue \$ 24,605)

4e Total program service expenses 2,452,057

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute... 16b If "Yes," did the organization follow a written...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JOHN P KELKER 1999 WABASH STE 107 SPRINGFIELD,IL 62704 (217) 726-7000

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AARON JOHNSTON DIRECTOR	1.00	X						0	0	0
(2) ADAM MCCONNELL DIRECTOR	1.00	X						0	0	0
(3) AMY BEADLE DIRECTOR	1.00	X						0	0	0
(4) CAROLYN BLACKWELL DIRECTOR	1.00	X						0	0	0
(5) CASS CASPER CHAIR/DIRECTOR	1.00	X		X				0	0	0
(6) CHRIS HEMBROUGH DIRECTOR	1.00	X						0	0	0
(7) CHRISTINE NOVARIA DIRECTOR	1.00	X						0	0	0
(8) DAN RAYHILL TREASURER/DIRECTOR	1.00	X		X				0	0	0
(9) EVAN DAVIS DIRECTOR	1.00	X						0	0	0
(10) FRANK LYNCH DIRECTOR	1.00	X						0	0	0
(11) GINNY CONLEE DIRECTOR	1.00	X						0	0	0
(12) GREG LUTCHKA DIRECTOR	1.00	X						0	0	0
(13) HARRY BERMAN DIRECTOR	1.00	X						0	0	0
(14) HEATHER SARRA DIRECTOR	1.00	X						0	0	0
(15) JACKIE NEWMAN DIRECTOR	1.00	X						0	0	0
(16) JIM SARRA DIRECTOR	1.00	X						0	0	0
(17) JOE KULEK DIRECTOR	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN P KELKER PRESIDENT & CEO	48.00	X		X			128,955	0	20,122	
(19) JON ERICKSON DIRECTOR	1.00	X					0	0	0	
(20) KATE WARD CHAIR/DIRECTOR	1.00	X		X			0	0	0	
(21) LESLEY FREDERICK DIRECTOR	1.00	X					0	0	0	
(22) PHIL CAPPS DIRECTOR	1.00	X					0	0	0	
(23) RABBI BARRY MARKS DIRECTOR	1.00	X					0	0	0	
(24) RACHEL DEVRIES DIRECTOR	1.00	X					0	0	0	
(25) ROB WALLER DIRECTOR	1.00	X					0	0	0	
(26) ROGER AUSTIN DIRECTOR	1.00	X					0	0	0	
(27) RYAN GREENIER TREASURER/DIRECTOR	1.00	X		X			0	0	0	
(28) SUSIE RICE DIRECTOR	1.00	X					0	0	0	
(29) TAMMY GILCHRESE DIRECTOR	1.00	X					0	0	0	
(30) TERRANCE JORDAN DIRECTOR	1.00	X					0	0	0	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							128,955	0	20,122	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,849,507				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
h Total. Add lines 1a-1f			1,849,507				
Program Service Revenue	2a EMERGENCY FOOD & OTHER REVENUE	Business Code 624200	24,605	24,605			
	b						
	c						
	d						
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f.			24,605			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		121,897			121,897	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	4,498,588				
		(ii) Other					
		7a					
	b Less: cost or other basis and sales expenses	7b	4,035,316				
	c Gain or (loss)	7c	463,272				
	d Net gain or (loss)		463,272			463,272	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		29,034					
	8a						
	b Less: direct expenses	8b	5,491				
c Net income or (loss) from fundraising events		23,543			23,543		
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			2,482,824	24,605	0	608,712	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,980,690	1,980,690		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	128,955	74,034	23,278	31,643
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	295,665	169,744	53,371	72,550
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,236	19,553	6,206	8,477
9 Other employee benefits	42,182	24,090	7,647	10,445
10 Payroll taxes	33,929	19,211	6,488	8,230
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	27,274	10,187	13,012	4,075
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,223		6,223	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	62,369	23,295	29,756	9,318
12 Advertising and promotion	15,448	15,303	94	51
13 Office expenses	17,168	9,608	3,884	3,676
14 Information technology	12,705	9,338	1,934	1,433
15 Royalties				
16 Occupancy	99,534	54,744	22,892	21,898
17 Travel	96	35	61	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,556	1,807	383	366
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,887	1,588	664	635
23 Insurance	7,875	4,331	1,811	1,733
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES	47,143	26,118	10,846	10,179
b CAMPAIGN PRINTING & SUP	10,296	2,744	0	7,552
c SECA BUDGET	7,489	4,283	1,639	1,567
d EQUIPMENT MAINTENANCE	1,942	1,068	447	427
e All other expenses	345	286	30	29
25 Total functional expenses. Add lines 1 through 24e	2,837,007	2,452,057	190,666	194,284
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16) and Liabilities (17-26). Includes sub-sections for Net Assets or Fund Balances (27-33) and Total Assets/Liabilities (16, 26, 33).

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,482,824
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,837,007
3	Revenue less expenses. Subtract line 2 from line 1	3	-354,183
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,174,965
5	Net unrealized gains (losses) on investments	5	521,885
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 in Schedule O)	9	12,055
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	7,354,722

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
1		
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number

37-0716060

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities; 4 Total; 5 Portion of total contributions exceeding 2%; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows: 14 Public support percentage for 2020 (83.140%); 15 Public support percentage for 2019 Schedule A, Part II, line 14 (88.000%)

- 16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here.
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
2a		
b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

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

Section C - Distributable Amount

Current Year

- | | | |
|--|----------|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number
37-0716060

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number
 37-0716060

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

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Software ID:

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Supplemental Financial Statements

2020

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number

37-0716060

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor and grantee information.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for various types of easements, a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d, and questions 3 through 9 regarding monitoring, expenses, and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 3 regarding reporting requirements and amounts for art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		112,625	42,184	70,441
d Equipment		128,685	128,685	0
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				70,441

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	850,906

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,934,236
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	521,885	
b	Donated services and use of facilities	2b	42,362	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	17,546	
e	Add lines 2a through 2d	2e	581,793	
3	Subtract line 2e from line 1	3	2,352,443	
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	6,223	
b	Other (Describe in Part XIII.)	4b	124,158	
c	Add lines 4a and 4b	4c	130,381	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,482,824	

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

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

1	Total expenses and losses per audited financial statements		1	2,754,479
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	42,362	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	5,491	
e	Add lines 2a through 2d	2e	47,853	
3	Subtract line 2e from line 1	3	2,706,626	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,223	
b	Other (Describe in Part XIII.)	4b	124,158	
c	Add lines 4a and 4b	4c	130,381	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,837,007	

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. THE ORGANIZATION IS NOT CONSIDERED TO BE A PRIVATE FOUNDATION. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 5,491. CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS 12,055.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS 124,158.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 5,491.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS 124,158.

Additional Data

[**Return to Form**](#)

Software ID:
Software Version:

**Supplemental Information Regarding
Fundraising or Gaming Activities**

2020

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number
37-0716060

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	KICK OFF EVENTS (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1 Gross receipts	29,034			29,034
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	29,034			29,034
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	5,491			5,491
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				5,491
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				23,543

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ -----

Address ▶ -----

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

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

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

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Schedule I (Form 990)
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 on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Department of the Treasury Internal Revenue Service
Name of the organization UNITED WAY OF CENTRAL ILLINOIS INC
Employer identification number 37-0716060

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant
(1) BIG BROTHERS BIG SISTERS OF CENTRAL ILLINOIS 928 SOUTH SPRING STREET SPRINGFIELD, IL 62704	37-1348685	501(C)3	42,750				COMPREHENSIVE MENTORING - SERVICES PROVIDING INDIVIDUAL-BASED MENTORING AND COMMUNITY-BASED MENTORING.
(2) BIG BROTHERS BIG SISTERS OF CENTRAL ILLINOIS 928 SOUTH SPRING STREET SPRINGFIELD, IL 62704	37-1348685	501(C)3	56,822				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
(3) BOARD OF TRUSTEES OF SIU CENTER FOR FAMILY MEDICINE 520 N 4TH STREET SPRINGFIELD, IL 62702	37-6005961	501(C)3	66,500				COMMUNITY INTEGRATED RESPONSE CONNECTION RESEARCHING
(4) BOARD OF TRUSTEES OF SIU CENTER FOR FAMILY MEDICINE 520 N 4TH STREET SPRINGFIELD, IL 62702	37-6005961	501(C)3	32,656				COMMUNITY MENTAL HEALTH TEAM - IS A COLLABORATIVE EFFORT BETWEEN THE DEPARTMENT OF FAMILY MEDICINE, SPRINGFIELD POLICE DEPARTMENT, AND SPRINGFIELD FIRE DEPARTMENT, AND RECEIVES FUNDS IN ORDER TO ASSIST COMMUNITY HEALTH WORKERS WHO ARE EXPERIENCED IN THE COMMUNITY CULTURE AND ARE ABLE TO BUILD TRUST WITH THE COMMUNITY. COMMUNITY HEALTH WORKERS HELP PROVIDE EDUCATIONAL SOCIAL SUPPORTS INTO INDIVIDUALIZED ACTION PLAN FOR EACH INDIVIDUAL IN ORDER TO IMPROVE THEIR OVERALL HEALTH THROUGH IMPROVING THEIR SOCIAL DETERMINANTS OF HEALTH.
(5) BOARD OF TRUSTEES OF SIU CENTER FOR FAMILY MEDICINE 520 N 4TH STREET SPRINGFIELD, IL 62702	37-6005961	501(C)3	43,196				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
(6) BOYS & GIRLS CLUB OF CENTRAL ILLINOIS 300 SOUTH 15TH STREET SPRINGFIELD, IL 62703	37-0752849	501(C)3	49,118				PROJECT LEARN-AN OUT-REACHING THROUGH EDUCATIONAL COMPONENT AIMED AT BRIDGING THE EDUCATIONAL GAP THE DEVELOPS BETWEEN SCHOOL YEARS IN THE SUMMER THROUGH THE PROGRAM. THIS PILOT PROGRAM WILL IDENTIFY THE SMALL NUMBER OF INDIVIDUALS WHO FACE CHALLENGING HEALTH AS THEY CONSUME A LARGE PORTION OF HEALTH CARE SYSTEM RESOURCES. BY SUPPORTING THEM, NOT ONLY THESE INDIVIDUALS REDUCE THE BURDEN OF HEALTH CARE RESOURCES THEY CONSUME, BUT ALSO REGAIN HOPE AS THEY BEGIN TO REGAIN CONTROL OVER THEIR LIFE AND WELL-BEING.
(7) BOYS & GIRLS CLUB OF CENTRAL ILLINOIS 300 SOUTH 15TH STREET SPRINGFIELD, IL 62708	37-0752849	501(C)3	56,822				EAST SPRINGFIELD HEALTH CONNECTION PROGRAM - IS A COLLABORATIVE EFFORT OF 9 ORGANIZATIONS TO ADDRESS THE HEALTH OF INDIVIDUALS LIVING IN BRANDON COURT AND BRANSON COURT TWO HOUSING UNITS SERVING COMMUNITY WITHIN THE SPRINGFIELD COMMUNITY. THIS PILOT PROGRAM WILL BRING TOGETHER A MYRIAD OF SERVICES INCLUDING COMMUNITY MEETINGS, WORKERS WHO ARE EXPERIENCED IN THE COMMUNITY CULTURE AND ARE ABLE TO BUILD TRUST WITH THE COMMUNITY. COMMUNITY HEALTH WORKERS HELP PROVIDE EDUCATIONAL SOCIAL SUPPORTS INTO INDIVIDUALIZED ACTION PLAN FOR EACH INDIVIDUAL IN ORDER TO IMPROVE THEIR OVERALL HEALTH THROUGH IMPROVING THEIR SOCIAL DETERMINANTS OF HEALTH.
(8) CATHOLIC CHARITIES OF THE DIOCESE OF SPRINGFIELD 120 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62702	37-0661499	501(C)3	2,958				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
(9) CATHOLIC CHARITIES OF THE DIOCESE OF SPRINGFIELD 120 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62702	37-0661499	501(C)3	3,700				ST. JOHN'S BREADLINE - PROVIDES FREE, WELL-BALANCED AND NUTRITIOUS MEALS, 365 DAYS A YEAR, TO THE HUNGRY WITHIN OUR COMMUNITY AT NO CHARGE.
(10) CATHOLIC CHARITIES OF THE DIOCESE OF SPRINGFIELD 120 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0661499	501(C)3	53,464				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
(11) CATHOLIC CHARITIES OF THE DIOCESE OF SPRINGFIELD 120 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62702	37-0661499	501(C)3	31,000				MOBILE FOOD PANTRY - TO ASSIST HUNGRY INDIVIDUALS IN THE RURAL AREAS OF SANGAMON AND MENARD COUNTIES. THE PROGRAM PROVIDES ACCESS TO A FOOD PANTRY FOR INDIVIDUALS WITH LIMITED AND/OR UNABLE TO ACCESS OTHER FOOD PANTRIES DUE TO TRANSPORTATION AND/OR OTHER CAUSES.
(12) COMPASS FOR KIDS INC 501 SOUTH 4TH STREET SPRINGFIELD, IL 62701	81-2829202	501(C)3	60,809				CLUB COMPASS - A FREE AFTER-SCHOOL PROGRAM FOR ELEMENTARY AND LOW INCOME ELEMENTARY STUDENTS OF SPRINGFIELD SCHOOL DISTRICT 186. COMPASS CONNECTS TO HELP COMMUNITY-BASED, VOLUNTEER-DRIVEN HOUSING FUNDS AND IS SERVED BY A TEAM OF FAITH INSTITUTIONS AND SOCIAL ACTION GROUPS CALLED COMMUNITY PARTNERS THAT WORK TOGETHER TO PROVIDE THE SITE LOCATION, SUPPLIES AND VOLUNTEER-MENTORS FOR EACH SITE. EACH AFTER-SCHOOL PROGRAM SITE SERVES 25-30 STUDENTS AND ENGAGES 25-30 VOLUNTEER-MENTORS TO HELP CREATE A STRUCTURED ENVIRONMENT WHERE MEANINGFUL ONE-ON-ONE RELATIONSHIPS CAN BLOSSOM. COMPASS WORKS THROUGH EVIDENCE-BASED SOCIAL EMOTIONAL CURRICULUM TO SUPPORT THE OVERALL WELL-BEING AND RESILIENCE OF SUCCESS OF THEIR CHILDREN.
(13) COMPASS FOR KIDS INC 501 SOUTH 4TH STREET SPRINGFIELD, IL 62701	81-2829202	501(C)3	45,000				CAMP COMPASS - A SUMMER PROGRAM FOR ELEMENTARY SCHOOL AGE CHILDREN FROM HOMELESS AND LOW-INCOME FAMILIES IN SPRINGFIELD WHICH PROVIDES ACADEMIC INSTRUCTION BY CERTIFIED TEACHERS IN THE MONDOCCO TO MAINTAIN AND IMPROVE READING, WRITING AND MATH SKILLS WITH VOLUNTEERS.
(14) COMPASS FOR KIDS INC 501 SOUTH 4TH STREET SPRINGFIELD, IL 62701	81-2829202	501(C)3	55,000				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
(15) COMPASS FOR KIDS INC 501 SOUTH 4TH STREET SPRINGFIELD, IL 62701	81-2829202	501(C)3	49,500				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
(16) CONTACT MINISTRIES 1100 EAST ADAMS STREET SPRINGFIELD, IL 62703	37-1072626	501(C)3	40,886				EMERGENCY SHELTER AND SUPPORT FOR MEN, WOMEN, AND CHILDREN WITH CHRONIC SUBSTANCE USE DISORDERS BETWEEN TWO OF THE LARGEST SHELTERS IN SPRINGFIELD TO HELP COORDINATE AND MANAGE THE NEEDS OF HOMELESS MEN, WOMEN, AND CHILDREN. THE FACILITIES ARE OPEN EVERY EVENING AND ARE EQUIPPED WITH 84 BEDS WHICH INCLUDE 10 PACK-IN-DAYS.
(17) CONTACT MINISTRIES 1100 EAST ADAMS STREET SPRINGFIELD, IL 62703	37-1072626	501(C)3	19,856				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
(18) GIRL SCOUTS OF CENTRAL ILLINOIS INC 3020 BAKER DRIVE SPRINGFIELD, IL 62703	37-0681529	501(C)3	2,500				GIRL SCOUT LEADERSHIP PROGRAM - GSLEO AIMS TO HELP GIRLS IN URBAN UNITS LEARN LIFE SKILLS SCHOOL DISTRICTS DEVELOP THEIR INTERESTS AND INCREASE THEIR CHANCES FOR A SUCCESSFUL LIFE. THE GOALS OF THE GSLEO ARE TO HELP GIRLS DEVELOP CONFIDENCE AND A POSITIVE SENSE OF SELF-WORTH THROUGH A SET OF VALUES TO GUIDE THEIR PRESENT AND FUTURE CHOICES; RESPECT FOR SELF AND OTHERS AND THE VALUE OF WORKING TOGETHER AS A TEAM TO SOLVE PROBLEMS; THE ABILITY TO SET AND ACHIEVE GOALS IN THE REALM OF FINANCES, GRADES/ACADEMICS, BEHAVIORS; THE ABILITY AND DESIRE TO MAKE HEALTHY LIFESTYLE CHOICES; AND A BELIEF THEY CAN MAKE A DIFFERENCE IN THEIR OWN LIVES AND IN THEIR SCHOOL, FAMILY, AND COMMUNITY.
(19) GIRL SCOUTS OF CENTRAL ILLINOIS INC 701 WEST MASON STREET SPRINGFIELD, IL 62703	37-0681513	501(C)3	2,500				BEHAVIORAL HEALTH PREVENTION - THIS PILOT PROGRAM FLIPS AND EXPANDS THE CURRENT STATE SUPPORTED SPECIALIZED FOSTER CARE PROGRAM. IN THE CURRENT PROGRAM, CHILDREN MUST EXHIBIT BEHAVIORAL ISSUES BEFORE QUALIFYING FOR SPECIAL SERVICES. THIS PROGRAM IS BEING SUPPORTED TO LEARN IF PROVIDING STRONGER INTERVENTIONS UP FRONT CAN HELP FSC MAKE A LARGER IMPACT ON THIS COMMUNITY BY HELPING CHILDREN WITH TRAUMA COPE WITH THEIR STRESSORS BEFORE THE STRESSORS START MANIFESTING AS BEHAVIORAL/EMOTIONAL PROBLEMS.
(20) HELPING HANDS OF SPRINGFIELD INC 1023 E WASHINGTON ST SPRINGFIELD, IL 62703	37-1255889	501(C)3	5,208				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
(21) HELPING HANDS OF SPRINGFIELD INC 1023 E WASHINGTON ST SPRINGFIELD, IL 62703	37-1255889	501(C)3	23,099				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
(22) HELPING HANDS OF SPRINGFIELD INC 1023 E WASHINGTON ST SPRINGFIELD, IL 62703	37-1255889	501(C)3	5,217				S.T.A.B.L.E SMILE - A LIFE STABILIZING BUDGETING AND MONEY MANAGEMENT PROGRAM WHICH SERVES AT-RISK INDIVIDUALS WHO ARE SANCTIONED TO HAVE A PAVEE BY THE SOCIAL SECURITY ADMINISTRATION OR BY SELF ENROLLMENT.
(23) LUTHERAN CHILD AND FAMILY SERVICES 1 OAKBROOK TERRACE STE 501 SPRINGFIELD, IL 62704	36-2167778	501(C)3	10,368				COUNSELING
(24) LUTHERAN CHILD AND FAMILY SERVICES 1 OAKBROOK TERRACE STE 501 SPRINGFIELD, IL 62704	36-2167778	501(C)3	17,500				COUNSELING
(25) MERCY COMMUNITIES INC 1344 N 5TH STREET SPRINGFIELD, IL 62702	37-1383599	501(C)3	7,500				PERMANENT SUPPORTIVE HOUSING - AFFORDABLE HOUSING, CASE MANAGEMENT AND A PROFESSIONAL SUPPORT SYSTEM TO HELP DISABLED FAMILIES WITH DEPENDENT CHILDREN LIVE HEALTHY, INTERDEPENDENT LIVES.
(26) MERCY COMMUNITIES INC 1344 N 5TH STREET SPRINGFIELD, IL 62702	37-1383599	501(C)3	12,502				PERMANENT SUPPORTIVE HOUSING - AFFORDABLE HOUSING, CASE MANAGEMENT AND A PROFESSIONAL SUPPORT SYSTEM TO HELP DISABLED FAMILIES WITH DEPENDENT CHILDREN LIVE HEALTHY, INTERDEPENDENT LIVES.
(27) MERCY COMMUNITIES INC 1344 N 5TH STREET SPRINGFIELD, IL 62702	37-1383599	501(C)3	16,004				TRANSITIONAL LIVING PROGRAM - A ONE YEAR TRANSITIONAL LIVING PROGRAM WHICH ASSISTS HOMELESS YOUTH REACH AND PROVIDE THEIR CHILDREN ACHIEVE STABILITY IN THEIR LIVING ENVIRONMENT BY PROVIDING THEM WITH A STABLE HOME AND INTENSIVE SUPPORT SERVICES LEADING TO THEIR SELF-SUFFICIENCY IN PERMANENT HOUSING.
(28) MERCY COMMUNITIES INC 1344 N 5TH STREET SPRINGFIELD, IL 62702	37-1383599	501(C)3	10,000				HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) DATABASE UTILIZED BY THE HOMELESS SERVICE PROVIDERS IN SANGAMON COUNTY. PILOTTED ON JULY 1, 2012, IT ESTABLISHED A PLATFORM FOR TRACKING CLIENT INFORMATION, SERVICES AND CASE NOTE DOCUMENTATION. THE PILOT PROGRAM IS DESIGNED TO FACILITATE COORDINATION BETWEEN HOMELESS AGENCIES.
(29) MERCY COMMUNITIES INC 1344 N 5TH STREET SPRINGFIELD, IL 62702	37-1383599	501(C)3	17,666				HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) DATABASE UTILIZED BY THE HOMELESS SERVICE PROVIDERS IN SANGAMON COUNTY. PILOTTED ON JULY 1, 2012, IT ESTABLISHED A PLATFORM FOR TRACKING CLIENT INFORMATION, SERVICES AND CASE NOTE DOCUMENTATION. THE PILOT PROGRAM IS DESIGNED TO FACILITATE COORDINATION BETWEEN HOMELESS AGENCIES.
(30) MERCY COMMUNITIES INC 1344 N 5TH STREET SPRINGFIELD, IL 62702	37-1383599	501(C)3	11,500				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
(31) MEMORIAL BEHAVIORAL HEALTH 711 NORTH EIGHTH STREET SPRINGFIELD, IL 62702	37-0646367	501(C)3	17,504				SPRINGFIELD CHILDREN'S CENTER-A PROGRAM DESIGNED TO ADDRESS THE EPIDEMIC SCARCITY OF CHILD PSYCHIATRY IN OUR LOCAL COMMUNITY THROUGH VARIOUS THERAPEUTIC METHODS.
(32) MEMORIAL BEHAVIORAL HEALTH 710 NORTH EIGHTH STREET SPRINGFIELD, IL 62702	37-0646367	501(C)3	26,144				PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
(33) MEMORIAL BEHAVIORAL HEALTH 712 NORTH EIGHTH STREET SPRINGFIELD, IL 62702	37-0646367	501(C)3	28,160				THE CHILDREN'S MOSAIC PROJECT - A COLLABORATIVE EFFORT TO TRANSFORM CHILDREN'S MENTAL HEALTHCARE INTO SPRINGFIELD THROUGH MOVING SERVICES FROM THE CLINIC INTO THE COMMUNITY WHICH INCLUDES SCHOOLS, MOSAIC INTEGRATES MENTAL HEALTH SERVICES WITH TEACHERS, SCHOOL SOCIAL WORKERS AND STAFF TO CONDUCT UNIVERSAL MENTAL HEALTH SCREENING AND INTERVENTION TO CHILDREN IDENTIFIED AS AT-RISK.
(34) MINI O'BERNE CRISIS NURSERY 1011 NORTH SEVENTH STREET SPRINGFIELD, IL 62702	37-1242640	501(C)3	31,533				PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
(35) MINI O'BERNE CRISIS NURSERY 1011 NORTH SEVENTH STREET SPRINGFIELD, IL 62702	37-1242640	501(C)3	12,858				CRISIS NURSERY CORE PROGRAM - PROVIDES TEMPORARY EMERGENCY CARE OF CHILDREN BIRTH THROUGH AGE 6, WHO ARE AT RISK OF CHILD ABUSE AND NEGLECT.
(36) ONE HOPE UNITED 421 SOUTH GRAND AVENUE W SPRINGFIELD, IL 62701	37-0697157	501(C)3	7,500				FOSTER GRANDPARENT PROGRAM - DESIGNED TO ASSIST "HIGH RISK" CHILDREN BY PROVIDING OPPORTUNITY TO FORM A SUPPORTIVE WITH AN ADULT AGED 60 YEARS AND OVER.
(37) ONE HOPE UNITED 421 SOUTH GRAND AVENUE W SPRINGFIELD, IL 62701	37-0697157	501(C)3	7,500				FOSTER GRANDPARENT PROGRAM - DESIGNED TO ASSIST "HIGH RISK" CHILDREN BY PROVIDING THEM WITH THE OPPORTUNITY TO FORM A SUPPORTIVE RELATIONSHIP WITH AN ADULT AGED 60 YEARS AND OVER.
(38) SENIOR SERVICES OF CENTRAL ILLINOIS 701 WEST MASON STREET SPRINGFIELD, IL 62702	37-0895193	501(C)3	21,098				DAILY BREAD HOME - THE DAILY BREAD MEALS PROGRAM PROVIDES NUTRITIOUS HOMESIDE MEALS TO SENIORS WHO CANNOT PREPARE A NUTRITIOUS MEAL FOR THEMSELVES AND WHO ARE PHYSICALLY UNABLE TO VISIT ONE OF THE DAILY BREAD SUPPORTED SITES.
(39) SENIOR SERVICES OF CENTRAL ILLINOIS 701 WEST MASON STREET SPRINGFIELD, IL 62702	37-0895193	501(C)3	8,178				COMPREHENSIVE ELDER ASSISTANCE PROVIDES SOCIAL ADJUSTMENT AND REHABILITATION ASSISTANCE. THE PROGRAM ASSISTS CLIENTS TO MAINTAIN QUALITY INDEPENDENT COMMUNITY LIVING, WITH SAFETY, COMFORT AND DIGNITY.
(40) SENIOR SERVICES OF CENTRAL ILLINOIS 701 WEST MASON STREET SPRINGFIELD, IL 62702	37-0895193	501(C)3	14,954				SENIOR CONNECTION AND TRANSPORTATION TO MEDICAL/DENTAL APPOINTMENTS, DAILY BREADS SITES, PHARMACIES, GROCERY STORES, BANKS, ETC. TO ANYONE AGE 60 AND OVER, LIVING INDEPENDENTLY.
(41) SENIOR SERVICES OF CENTRAL ILLINOIS 701 WEST MASON STREET SPRINGFIELD, IL 62702	37-0895193	501(C)3	6,000				DAILY BREAD HOME DELIVERED MEALS - THE DAILY BREAD MEALS PROGRAM PROVIDES NUTRITIOUS HOMESIDE MEALS TO SENIORS WHO CANNOT PREPARE A NUTRITIOUS MEAL FOR THEMSELVES AND WHO ARE PHYSICALLY UNABLE TO VISIT ONE OF THE DAILY BREAD SUPPORTED SITES.
(42) SENIOR SERVICES OF CENTRAL ILLINOIS 701 WEST MASON STREET SPRINGFIELD, IL 62702	37-0895193	501(C)3	21,098				SENIOR CONNECTION AND TRANSPORTATION TO MEDICAL/DENTAL APPOINTMENTS, DAILY BREADS SITES, PHARMACIES, GROCERY STORES, BANKS, ETC. TO ANYONE AGE 60 AND OVER, LIVING INDEPENDENTLY.
(43) SENIOR SERVICES OF CENTRAL ILLINOIS 701 WEST MASON STREET SPRINGFIELD, IL 62702	37-0895193	501(C)3	20,691				SENIOR CONNECTION AND TRANSPORTATION TO MEDICAL/DENTAL APPOINTMENTS, DAILY BREADS SITES, PHARMACIES, GROCERY STORES, BANKS, ETC. TO ANYONE AGE 60 AND OVER, LIVING INDEPENDENTLY.
(44) SOJOURN SHELTER & SERVICES INC 1800 WEST CHESTER BLVD SPRINGFIELD, IL 62704	51-0139118	501(C)3	46,012				ADULT & CHILDREN SHELTER - EMERGENCY SHELTER PROVIDES PROVISIONS INCLUDING FOOD, CLOTHING AND PERSONAL CARE ITEMS 24 HOURS/DAY, 365 DAYS/YEAR TO ANY ADULT AND CHILD VICTIM OF DOMESTIC VIOLENCE IN SANGAMON AND MENARD COUNTY.
(45) SOJOURN SHELTER & SERVICES INC 1800 WEST CHESTER BLVD SPRINGFIELD, IL 62704	51-0139118	501(C)3	45,606				ADULT & CHILDREN SHELTER - EMERGENCY SHELTER PROVIDES PROVISIONS INCLUDING FOOD, CLOTHING AND PERSONAL CARE ITEMS 24 HOURS/DAY, 365 DAYS/YEAR TO ANY ADULT AND CHILD VICTIM OF DOMESTIC VIOLENCE IN SANGAMON AND MENARD COUNTY.
(46) SOUTH CENTRAL IL CHAPTER OF THE AMERICAN RED CROSS 1045 OUTER PARK DRIVE SPRINGFIELD, IL 62702	37-0661488	501(C)3	12,000				DISASTER SERVICES
(47) SOUTH CENTRAL IL CHAPTER OF THE AMERICAN RED CROSS 1045 OUTER PARK DRIVE SPRINGFIELD, IL 62704	37-0661488	501(C)3	12,000				DISASTER SERVICES
(48) SPRINGFIELD PUBLIC SCHOOLS DISTRICT 186 1900 WEST MONROE ST SPRINGFIELD, IL 62704	37-6004615	170(C)1	13,390				CAMP KINDERGARTEN: READY, SET, GO!
(49) SPRINGFIELD URBAN LEAGUE 100 NORTH 11TH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)3	10,592				THE EMPOWERMENT PROGRAM RISE - PROVIDES EDUCATION, JOB TRAINING AND JOB READINESS SKILLS TO YOUTH AGES 18-24.
(50) SPRINGFIELD URBAN LEAGUE 100 NORTH 11TH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)3	15,000				BRANDON OUTREACH (TEEN REACH) PROVIDES POSITIVE ACTIVITIES FOR LOW-INCOME BRANSON COURT K-5 YOUTH DURING OUT-OF-SCHOOL HOURS. ACTIVITIES ARE GROUPOED INTO THE FOLLOWING SKILLS CATEGORIES: ACADEMIC REMEDIATION AND ENRICHMENT; MENTORING; COMMUNITY SERVICE; LIFE SKILLS EDUCATION; RECREATION, SPORTS, ARTS AND CULTURE AND PARENTAL INVOLVEMENT.
(51) SPRINGFIELD URBAN LEAGUE 100 NORTH 11TH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)3	25,000				THE EMPOWERMENT PROGRAM RISE - PROVIDES EDUCATION, JOB TRAINING AND JOB READINESS SKILLS TO YOUTH AGES 18-24.
(52) SPRINGFIELD URBAN LEAGUE 100 NORTH 11TH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)3	12,500				FREEZING SCHOOL - A SUMMER PROGRAM WHICH GIVES CHILDREN OPPORTUNITIES TO DISCOVER THE PLEASURE OF READING AND IMPROVE THEIR ABILITY TO READ, WHILE CONNECTING TO THEIR CULTURE, DEVELOPING SELF-DISCIPLINE, HAVING FUN, AND PARTICIPATING IN COMMUNITY SERVICE AND SOCIAL ACTION PROJECTS.
(53) SPRINGFIELD URBAN LEAGUE 100 NORTH 11TH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)3	30,000				BRANDON OUTREACH (TEEN REACH) PROVIDES POSITIVE ACTIVITIES FOR LOW-INCOME BRANSON COURT K-5 YOUTH DURING OUT-OF-SCHOOL HOURS. ACTIVITIES ARE GROUPOED INTO THE FOLLOWING SKILLS CATEGORIES: ACADEMIC REMEDIATION AND ENRICHMENT; MENTORING; COMMUNITY SERVICE; LIFE SKILLS EDUCATION; RECREATION, SPORTS, ARTS AND CULTURE AND PARENTAL INVOLVEMENT.
(54) SPRINGFIELD URBAN LEAGUE 100 NORTH 11TH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)3	11,495				THE EMPOWERMENT PROGRAM RISE - PROVIDES EDUCATION, JOB TRAINING AND JOB READINESS SKILLS TO YOUTH AGES 18-24.
(55) UNITED WAY OF CENTRAL ILLINOIS 1989 WEST WABASH AVE STE 107 SPRINGFIELD, IL 62704	37-0716060	501(C)3	24,937				DOLLY PARTON'S IMAGINATION LIBRARY
(56) UNITED WAY OF CENTRAL ILLINOIS 1989 WEST WABASH AVE STE 107 SPRINGFIELD, IL 62704	37-0716060	501(C)3	703				RESTRAINING
(57) AMERICAN RED CROSS 1045 OUTER PARK DRIVE SPRINGFIELD, IL 62704	37-0661488	501(C)3	6,179				GENERAL SUPPORT OF THE ORGANIZATION'S CHARITABLE PURPOSE
(58) CENTRAL ILLINOIS 1937 E COOK ST SPRINGFIELD, IL 62703	37-1106465	501(C)3	27,413				GENERAL SUPPORT OF THE ORGANIZATION'S CHARITABLE PURPOSE
(59) UNITED WAY OF CENTRAL ILLINOIS 200 W DOUGLAS ST JACKSONVILLE, IL 62651	37-6039121	501(C)3	11,375				GENERAL SUPPORT OF THE ORGANIZATION'S CHARITABLE PURPOSE
(60) SPARC 232 BRUNS LPRINGFIELD, IL 62702	37-0717761	501(C)3	7,448				GENERAL SUPPORT OF THE ORGANIZATION'S CHARITABLE PURPOSE
(61) SPRINGFIELD YMCA 701 S 4TH ST SPRINGFIELD, IL 62703	37-0661263	501(C)3	15,436				GENERAL SUPPORT OF THE ORGANIZATION'S CHARITABLE PURPOSE
(62) UNITED WAY OF GREATER ST LOUIS 910 NORTH 11TH STREET ST LOUIS, MO 63101	43-0714167	501(C)3	7,291				GENERAL SUPPORT OF THE ORGANIZATION'S CHARITABLE PURPOSE

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	ORGANIZATIONS APPLY TO THE UNITED WAY TO RECEIVE FUNDS. A COMMITTEE OF VOLUNTEERS RESEARCHES EACH OF THE APPLICANTS AND MAKES RECOMMENDATIONS TO THE UNITED WAY BOARD OF DIRECTORS.

Additional Data

Return to Form

Software ID:
Software Version:

SCHEDULE O
(Form 990 or 990-EZ)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 990-EZ.****▶ Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020**Open to Public
Inspection**Name of the organization
UNITED WAY OF CENTRAL ILLINOIS INC**Employer identification number**

37-0716060

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ALL DONORS TO THE UNITED WAY OF CENTRAL ILLINOIS ARE CONSIDERED MEMBERS AND ARE EMPOWERED TO ELECT THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7A	ALL DONORS TO THE UNITED WAY OF CENTRAL ILLINOIS ARE CONSIDERED MEMBERS AND ARE EMPOWERED TO ELECT THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE WITH A COPY PROVIDED TO ALL BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST FORM ANNUALLY. PRIOR TO A VOTE ON ANY MATTER CONCERNING DISBURSAL OF FUNDS OR ENGAGEMENT OF THIRD PARTIES RELATIVE TO 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:	CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS 12,055.
FORM 990, PAGE 12, PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Additional Data

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Software ID:

Software Version: