

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

- 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 \$ 4,080,788

F Name and address of principal officer: MARNE FAUSER, 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: UWCIL.ORG

K Form of organization: Corporation, Trust, Association, Other

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

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: IMPROVING LIVES BY ADDRESSING BASIC NEEDS, FINANCIAL STABILITY AND HEALTH OF EVERY PERSON. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 27. 4 Number of independent voting members of the governing body (Part VI, line 1b) 27. 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 12. 6 Total number of volunteers (estimate if necessary) 982. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.

Revenue

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue.

Expenses

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: Grants and similar amounts paid, Benefits paid, Salaries, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses.

Net Assets or Fund Balances

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: Total assets, Total liabilities, Net assets or fund balances.

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 MARNE FAUSER PRESIDENT, Date 2025-09-19

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2025-09-19, Check if self-employed, PTIN P00671418, Firm's name SIKICH LLC, Firm's EIN 36-3168081, Firm's address 3051 HOLLIS DRIVE 3RD FLOOR, SPRINGFIELD, IL 62704, Phone no. (217) 793-3363

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 TO IMPROVE LIVES BY UNITING OUR COMMUNITY TO ADDRESS THE BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTH OF EVERY PERSON. VISION: BUILDING SANGAMON AND MENARD COUNTIES INTO A 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 \$ 401,870 including grants of \$ 401,870 ) (Revenue \$ ) EDUCATION - FUNDED OUT OF THE COMMUNITY FUND, THESE PROGRAMS ADDRESS OUR EDUCATION PRIORITIES AND STRATEGIES WHICH ARE FUNDED TO HELP CHILDREN LEARN, ACHIEVE, AND SUCCEED WHILE ENGAGING FAMILIES AND COMMUNITIES. EDUCATION PROGRAMS ADDRESS ACCESS TO HIGH-QUALITY EARLY CHILDHOOD EDUCATION SUPPORTS, ON-TIME ACHIEVEMENT, SOCIAL EMOTIONAL DEVELOPMENT, AND SUPPORTS TO HELP STUDENTS GRADUATE WITH A PLAN FOR THE FUTURE.

4b (Code: ) (Expenses \$ 207,979 including grants of \$ 207,979 ) (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 \$ 213,984 including grants of \$ 213,984 ) (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 \$ 979,998 including grants of \$ 305,736 ) (Revenue \$ 67,115 ) HEALTH - FUNDED OUT OF THE COMMUNITY FUND, THESE PROGRAMS ADDRESS OUR HEALTH PRIORITIES AND STRATEGIES WHICH ARE FUNDED TO ACTIVATE AND INSPIRE OUR COMMUNITY TO GET HEALTH AND STAY HEALTHY. HEALTH PROGRAMS ADDRESS ACCESS TO CARE ISSUES THROUGH INCREASING KNOWLEDGE AND KEY RELATIONSHIPS WHILE ALSO SUPPORTING NEEDED MENTAL HEALTH SERVICES. HEALTH PROGRAMS RECEIVE \$179,295 RED FEATHER GRANTS ARE A GRANT PROCESS ADDED TO THE UW'S COMMUNITY INVESTMENT OPTIONS IN ORDER TO FUND UNIQUE OPPORTUNITIES THAT ALLOW UNITED WAY TO ADVANCE THE WORK OF THE ISSUE AREAS AND/OR THE COMMUNITY THROUGH SPECIALIZED FUNDING CONSIDERATION WHEN THESE REQUESTS FALL OUT OF THE TYPICAL FUNDING NORMS (COMMUNITY FUND, VENTURE FUND, AND EMERGENCY FUND). RED FEATHER GRANTS MAY PULL FROM A VARIETY OF FUNDING POOLS. CURRENTLY, TWO RED FEATHER GRANTS ARE APPROVED. ONE FOR THE AMERICAN RED CROSS OF SOUTH CENTRAL IN THE AMOUNT OF \$20,000 WHICH IS FUNDED OUT OF THE EMERGENCY FUND. THE SECOND IS FOR THE FUNDING FOR THE HOMELESS MANAGEMENT INFORMATION SYSTEM STAFF PERSON WHICH COORDINATES AND MAINTAINS DATA ON BEHALF OF 9+ ORGANIZATIONS IN THE AMOUNT OF \$20,000. TOTAL OF GRANTS FUNDED \$40,000. 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 2024 PETERSBURG PUBLIC LIBRARY RECEIVED \$9,000 AND SPRINGFIELD HOUSING AUTHORITY RECEIVED \$9,500. DIRECTED CONTRIBUTIONS- UNITED WAY ADMINISTERS DIRECTED CONTRIBUTIONS TO NON PROFIT AGENCIES. DOLLY PARTON IMAGINATION LIBRARY IS DESIGNED TO PROVIDE ONE, FREE, AGE APPROPRIATE BOOK PER MONTH TO CHILDREN FROM BIRTH TO AGE 5. THE GOAL OF THE PROGRAM IS TO INSTILL THE LOVE OF READING, PROVIDE BOOKS FOR THOSE WHO MAY NOT BE ABLE TO AFFORD THEM AND BETTER PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN. TOTAL EXPENSES FOR THE DOLLY PARTON IMAGINATION LIBRARY WERE \$30,069.62211 IS A TOLL FREE INFORMATION AND REFERRAL SERVICES PROVIDED TO CITIZENS IN SANGAMON AND MENARD COUNTIES. TOTAL EXPENSES FOR 211 WERE \$35,940. DAY OF ACTION VOLUNTEERS SPEND THEIR AFTERNOON COMPLETING COMMUNITY SERVICE PROJECTS AT VARIOUS HEALTH AND HUMAN SERVICE AGENCIES IN IN SPRINGFIELD AND SURROUNDING AREAS. TOTAL EXPENSES FOR DAY OF ACTION WERE \$3,983.20 GET CONNECTED IS UNITED WAY'S VOLUNTEER WEBSITE. THE WEBSITE OFFERS ANY LOCAL NONPROFIT OR COMMUNITY GROUP IN NEED OF VOLUNTEERS TO POST VOLUNTEER OPPORTUNITIES, INKIND NEEDS, UPCOMING EVENTS, AND EVEN EMPLOYMENT NEEDS. GET CONNECTED THEN ALLOWS MEMBERS OF OUR COMMUNITY TO RESPOND TO THOSE NEEDS, EASILY SHARE WITH FRIENDS, CREATE VOLUNTEER GROUPS, TRACK SERVICE HOURS, AND EVEN RECEIVE NOTIFICATIONS WHEN YOUR FAVORITE NONPROFIT POSTS A NEW NEED. GET CONNECTED HAS QUICKLY BECOME OUR REGION'S #1 SOURCE FOR LOCATING AND RESPONDING TO LOCAL VOLUNTEER NEEDS. TOTAL EXPENSES FOR GET CONNECTED WERE \$2,861.25.

4d Other program services (Describe in Schedule O.) (Expenses \$ 979,998 including grants of \$ 305,736 ) (Revenue \$ 67,115 )

4e Total program service expenses 1,803,831

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 completing Schedules A through H, and reporting on various activities and assets.

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)

Main form area containing questions 2a through 17, including sub-questions like 2b, 3a, 3b, 4a, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16, 17. Includes checkboxes and input fields.

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 included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O) 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: MARNE FAUSER 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 the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) TAMMY GILCHRESE CHAIR ELECT/CHAIR	1.00	X		X				0	0	0
(2) AMY BEADLE CHAIR/PAST CHAIR	1.00	X		X				0	0	0
(3) NICK GENTILE TREASURER	1.00	X		X				0	0	0
(4) PENNY MCCARTY DIRECTOR/CHAIR ELECT	1.00	X		X				0	0	0
(5) EVAN DAVIS PAST CHAIR/DIRECTOR	1.00	X		X				0	0	0
(6) PHIL CAPPS DIRECTOR	1.00	X						0	0	0
(7) JON ERICKSON DIRECTOR	1.00	X						0	0	0
(8) LASHONDA FITCH DIRECTOR	1.00	X						0	0	0
(9) BRYAN GLECKLER DIRECTOR	1.00	X						0	0	0
(10) JANET GOOCH DIRECTOR	1.00	X						0	0	0
(11) BRANDI GOODIN DIRECTOR	1.00	X						0	0	0
(12) STEVE HEWELL DIRECTOR	1.00	X						0	0	0
(13) CAROL JESSUP DIRECTOR	1.00	X						0	0	0
(14) AARON JOHNSTON DIRECTOR	1.00	X						0	0	0
(15) GREG LUTCHKA DIRECTOR	1.00	X						0	0	0
(16) FRANK LYNCH DIRECTOR	1.00	X						0	0	0
(17) RABBI BARRY MARKS 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) NIKKI MONARI ..... DIRECTOR	1.00 .....	X					0	0	0
(19) JACKIE NEWMAN ..... DIRECTOR	1.00 .....	X					0	0	0
(20) CHRISTINE NOVARIA ..... DIRECTOR	1.00 .....	X					0	0	0
(21) SARAH SEVENER ..... DIRECTOR	1.00 .....	X					0	0	0
(22) ROB WALLER ..... DIRECTOR	1.00 .....	X					0	0	0
(23) MYLAS COPELAND ..... DIRECTOR	1.00 .....	X					0	0	0
(24) KELLEY HIMMELBERG ..... DIRECTOR	1.00 .....	X					0	0	0
(25) BETH SMITH ..... DIRECTOR	1.00 .....	X					0	0	0
(26) RANDY BRYANT ..... DIRECTOR	1.00 .....	X					0	0	0
(27) JEFF RAES ..... DIRECTOR	1.00 .....	X					0	0	0
(28) SISTER MARILYN RUENKEL ..... DIRECTOR	1.00 .....	X					0	0	0
(29) MARNE FAUSER ..... PRESIDENT AND CEO	45.00 .....			X			129,977	0	19,002
<b>1b Sub-Total</b> . . . . .									
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .									
<b>d Total (add lines 1b and 1c)</b> . . . . .						129,977	0	19,002	

**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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> 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
<b>5</b> 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				
<b>1a</b> Federated campaigns . . . . .		<b>1a</b>		
<b>b</b> Membership dues . . . . .		<b>1b</b>		
<b>c</b> Fundraising events . . . . .		<b>1c</b>		
<b>d</b> Related organizations		<b>1d</b>		
<b>e</b> Government grants (contributions)		<b>1e</b>	57,870	
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above		<b>1f</b>	1,384,123	
<b>g</b> Noncash contributions included in lines 1a - 1f:\$		<b>1g</b>	14,962	
<b>h Total.</b> Add lines 1a-1f . . . . .				1,441,993

Program Service Revenue	Business Code			
		(A)	(B)	(C)
<b>2a</b> EMERGENCY FOOD & OTHER REVENUE	624200	67,115	67,115	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b> All other program service revenue.				
<b>g Total.</b> Add lines 2a-2f. . . . .		67,115		

Other Revenue	Business Code				
	(i) Real	(ii) Personal	(A)	(B)	(C)
<b>3</b> Investment income (including dividends, interest, and other similar amounts)			177,023		177,023
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties . . . . .					
<b>6a</b> Gross rents					
<b>b</b> Less: rental expenses					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . .					
<b>7a</b> Gross amount from sales of assets other than inventory			2,325,497		
<b>b</b> Less: cost or other basis and sales expenses			2,132,215		
<b>c</b> Gain or (loss)			193,282		
<b>d</b> Net gain or (loss) . . . . .			193,282		193,282
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .			69,160		
<b>b</b> Less: direct expenses			38,770		
<b>c</b> Net income or (loss) from fundraising events . . . . .			30,390		30,390
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .					
<b>b</b> Less: direct expenses					
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .					
<b>b</b> Less: cost of goods sold					
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>11a</b>	Business Code				
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .					
<b>12 Total revenue.</b> See instructions . . . . .			1,909,803	67,115	0

OtherRevenueMiscAmt

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,129,569	1,129,569		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	148,982	104,286	22,348	22,348
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	439,524	306,523	90,087	42,914
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,930	21,940	7,528	2,462
<b>9</b> Other employee benefits	34,744	23,948	7,696	3,100
<b>10</b> Payroll taxes	43,630	30,239	8,523	4,868
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	6,390		6,390	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	71,990	5,983	64,919	1,088
<b>12</b> Advertising and promotion	29,187	21,917	5,138	2,132
<b>13</b> Office expenses	17,166	8,335	3,421	5,410
<b>14</b> Information technology	9,716	7,284	525	1,907
<b>15</b> Royalties				
<b>16</b> Occupancy	98,834	54,490	22,665	21,679
<b>17</b> Travel	1,901	1,901		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	6,816	6,415	233	168
<b>20</b> Interest				
<b>21</b> Payments to affiliates	21,758	11,967	5,004	4,787
<b>22</b> Depreciation, depletion, and amortization	6,215		6,215	
<b>23</b> Insurance	8,532	4,693	1,962	1,877
<b>24</b> 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.)				
<b>a</b> DOLLY PARTON LIBRARY	30,070	30,070		
<b>b</b> PERSONNEL SEARCH	14,625	11,350	350	2,925
<b>c</b> CAMPAIGN PRINTING & SUP	10,372	6,221	587	3,564
<b>d</b> SPECIAL EVENTS	10,136	8,981	623	532
<b>e</b> All other expenses	16,606	7,719	1,918	6,969
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	2,188,693	1,803,831	256,132	128,730
<b>26</b> <b>Joint costs.</b> 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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	10,466	<b>1</b>	13,315
	<b>2</b> Savings and temporary cash investments	974,118	<b>2</b>	854,039
	<b>3</b> Pledges and grants receivable, net . . . . .	606,011	<b>3</b>	603,704
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 154,530		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 80,821	79,924	<b>10c</b> 73,709
	<b>11</b> Investments—publicly traded securities . . . . .	6,370,278	<b>11</b>	6,535,325
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	441,891	<b>15</b>	389,143
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	8,482,688	<b>16</b>	8,469,235	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	9,266	<b>17</b>	11,616
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	772,188	<b>25</b>	704,048
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	781,454	<b>26</b>	715,664
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	6,891,444	<b>27</b>	6,938,111
	<b>28</b> Net assets with donor restrictions	809,790	<b>28</b>	815,460
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	7,701,234	<b>32</b>	7,753,571
<b>33</b> Total liabilities and net assets/fund balances	8,482,688	<b>33</b>	8,469,235	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,909,803
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,188,693
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-278,890
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	7,701,234
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	323,250
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	7,977
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	7,753,571

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	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.	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
<b>b</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.		

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**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).)
- 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:

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- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

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

**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,849,507	2,546,399	1,979,008	1,506,309	1,441,993	9,323,216
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	1,849,507	2,546,399	1,979,008	1,506,309	1,441,993	9,323,216
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						930,202
<b>6 Public support.</b> Subtract line 5 from line 4.						8,393,014

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4. . . . .	1,849,507	2,546,399	1,979,008	1,506,309	1,441,993	9,323,216
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	121,897	120,185	144,077	169,397	177,023	732,579
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .		13,824	6,230	21,790	30,390	72,234
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	23,543					23,543
<b>11 Total support.</b> Add lines 7 through 10						10,151,572
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	315,708
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	82.680 %
<b>15</b> Public support percentage for 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	84.300 %
<b>16a 33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2024.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17; Row 19a: 33 1/3% support tests-2024; Row 19b: 33 1/3% support tests-2023; Row 20: Private foundation.

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

- |   |  | Yes | No |
|---|--|-----|----|
| <b>1</b> 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> |  |     |    |
| <b>2</b> 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>  |  |     |    |

**Section C. Type II Supporting Organizations**

- |  |  | Yes | No |
|--|--|-----|----|
| <b>1</b> 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> |  |     |    |

**Section D. All Type III Supporting Organizations**

- |   |  | Yes | No |
|---|--|-----|----|
| <b>1</b> 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? |  |     |    |
| <b>2</b> 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>   |  |     |    |
| <b>3</b> 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>   |  |     |    |

**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 |
|---|--|-----|----|
| <b>a</b> 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> |  |     |    |
| <b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>   |  |     |    |

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

- |   |  | Yes | No |
|---|--|-----|----|
| <b>a</b> 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>                            |  |     |    |
| <b>b</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> |  |     |    |

**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)

- |          |  |          |  |  |
|----------|--|----------|--|--|
| <b>1</b> | Net short-term capital gain  | <b>1</b> |  |  |
| <b>2</b> | Recoveries of prior-year distributions   | <b>2</b> |  |  |
| <b>3</b> | Other gross income (see instructions)  | <b>3</b> |  |  |
| <b>4</b> | Add lines 1 through 3  | <b>4</b> |  |  |
| <b>5</b> | Depreciation and depletion   | <b>5</b> |  |  |
| <b>6</b> | 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) | <b>6</b> |  |  |
| <b>7</b> | Other expenses (see instructions)  | <b>7</b> |  |  |
| <b>8</b> | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b> |  |  |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

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

**Section C - Distributable Amount**

Current Year

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

- 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024:			
<b>a</b> From 2019. . . . .			
<b>b</b> From 2020. . . . .			
<b>c</b> From 2021. . . . .			
<b>d</b> From 2022. . . . .			
<b>e</b> From 2023. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020. . . . .			
<b>b</b> Excess from 2021. . . . .			
<b>c</b> Excess from 2022. . . . .			
<b>d</b> Excess from 2023. . . . .			
<b>e</b> Excess from 2024. . . . .			

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

### Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	FUNDRAISING - 2020 AMOUNT: \$ 23,543.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization UNITED WAY OF CENTRAL ILLINOIS INC	<b>Employer identification number</b> 37-0716060
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**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 33<sup>1</sup>/<sub>3</sub>% 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<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**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE D**  
**(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**Open to Public Inspection**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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:

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		112,625	53,686	58,939
<b>d</b> Equipment . . . . .		41,905	27,135	14,770
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				73,709

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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	
ALLOCATIONS PAYABLE	522,337
FUNDS HELD FOR OTHERS	31,764
OPERATING LEASE LIABILITY	149,947
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	704,048

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	2,265,703
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	323,250	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	46,747	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 369,997
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 1,895,706
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	6,390	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	7,707	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 14,097
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> 1,909,803

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	2,213,366
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	38,770	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 38,770
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 2,174,596
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	6,390	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	7,707	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 14,097
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> 2,188,693

**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 IV, LINE 2B:	DONOR DESIGNATIONS AND CONTRIBUTIONS THAT ARE DESIGNATED TO NONPROFIT ORGANIZATIONS OTHER THAN TO UNITED WAY OF CENTRAL ILLINOIS INC
PART X, LINE 2:	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. THE ORGANIZATION IS NOT CONSIDERED TO BE A PRIVATE FOUNDATION. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR TAX YEARS PRIOR TO 2021.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 38,770. CHANGE IN BENEFICIAL INTEREST 7,977.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	PASS THROUGH DONOR DESIGNATIONS 7,707.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 38,770.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PASS THROUGH DONOR DESIGNATIONS 7,707.

## **Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

**Supplemental Information Regarding  
 Fundraising or Gaming Activities**

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](http://www.irs.gov/Form990) for instructions and the latest information.

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.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 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						
<b>Total</b>						

**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
		<b>CAMPAIGN KICKOFF</b> (event type)	<b>ANNUAL MEETING</b> (event type)	<b>2</b> (total number)	(add col. (a) through col. (c))
<b>1</b>	Gross receipts . . . . .	15,415	13,005	40,740	69,160
<b>2</b>	Less: Contributions . . . . .				
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	15,415	13,005	40,740	69,160
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	12,455	9,966	16,349	38,770
<b>10</b>	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				38,770
<b>11</b>	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				30,390

**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))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b>	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
<b>7</b>	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	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
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**Schedule I  
(Form 990)**  
  
(Rev. January 2025)  
  
Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

OMB No. 1545-0047

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public  
Inspection**

Name of the organization  
UNITED WAY OF CENTRAL ILLINOIS INC

**Employer identification number**  
37-0716060

**Part I General Information on Grants and Assistance**

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

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

(a) Name and address of organization or government	(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 noncash assistance	(h) Purpose of grant or assistance
(1) MERCY COMMUNITIES INC 1344 N 5TH ST SPRINGFIELD,IL 62704	37-1381599	501 (C) 3	20,000	0			HOMELESS MANAGEMENT INFORMATION SYSTEMS
(2) AMERICAN RED CROSS 769 S DURKIN DR SPRINGFIELD,IL 62704	37-0661488	501 (C) 3	20,000	0			DISASTER RELIEF
(3) CATHOLIC CHARITIES OF THE DIOCESE OF SPRINGFIELD 120 S 11TH ST SPRINGFIELD,IL 62703	37-0661499	501 (C) 3	48,000	0			ST. JOHN'S BREADLINE PROVIDES FREE, WELL BALANCED, NUTRITIOUS MEALS 365 DAYS A YEAR
(4) CONTACT MINISTRIES 1100 E ADAMS SPRINGFIELD,IL 62703	37-1072626	501 (C) 3	28,000	0			EMERGENCY SHELTER AND SUPPORT FOR MEN, WOMEN, AND WOMEN WITH CHILDREN
(5) HELPING HANDS OF SPRINGFIELD INC 1023 E WASHINGTON ST SPRINGFIELD,IL 62703	37-1255889	501 (C) 3	43,079	0			EMERGENCY SHELTER
(6) MINI O'BEIRNE CRISIS NURSERY 1011 N 7TH ST SPRINGFIELD,IL 62703	37-1242640	501 (C) 3	23,900	0			CRISIS NURSERY PROGRAM PROVIDES TEMPORARY EMERGENCY CARE FOR CHILDREN
(7) SENIOR SERVICES OF CENTRAL ILLINOIS 701 W MASON ST SPRINGFIELD,IL 62702	37-0895193	501 (C) 3	15,000	0			DAILY BREAD HOME DELIVERY MEAL PROGRAM
(8) SOJOURN SHELTER AND SERVICES 1800 WESTCHESTER BLVD SPRINGFIELD,IL 62704	51-0139118	501 (C) 3	50,000	0			ADULT AND CHILDREN EMERGENCY SHELTER AND PROVISIONS
(9) HELPING HANDS OF SPRINGFIELD INC 1023 E WASHINGTON ST SPRINGFIELD,IL 62703	37-1255889	501 (C) 3	40,000	0			HELPING HANDS REPRESENTATIVE PAYEE PROGRAM
(10) MEMORIAL BEHAVIORAL HEALTH 711 N 8TH ST SPRINGFIELD,IL 62702	37-0646367	501 (C) 3	35,000	0			PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESS
(11) MERCY COMMUNITIES INC 1344 N 5TH ST SPRINGFIELD,IL 62704	37-1381599	501 (C) 3	33,696	0			PERMANENT SUPPORTIVE HOUSING - AFFORDABLE HOUSING
(12) MERCY COMMUNITIES INC 1344 N 5TH ST SPRINGFIELD,IL 62704	37-1381599	501 (C) 3	26,268	0			TRANSITIONAL LIVING - A ONE YEAR TRANSITIONAL LIVING PROGRAM
(13) SENIOR SERVICES OF CENTRAL ILLINOIS 701 W MASON ST SPRINGFIELD,IL 62702	37-0895193	501 (C) 3	41,220	0			COMPREHENSIVE ELDER ASSIST - PROVIDES SOCIAL ADJUSTMENT AND REHABILITATION
(14) SPRINGFIELD URBAN LEAGUE 100 N 11TH ST	37-0765550	501 (C) 3	18,900	0			EMPOWERMENT PROGRAM RISE - PROVIDES

SPRINGFIELD,IL 62703							EDUCATION, JOB TRAINING, AND JOB READINESS SKILLS TO YOUTH
(15) WOODEN IT BE LOVELY 501 S DOUGLAS SPRINGFIELD,IL 62704	85-1730097	501 (C) 3	18,900	0			SUSTAINABILITY & ENHANCEMENT PROGRAM
(16) BIG BROTHERS BIG SISTERS OF CENTRAL ILLINOIS 928 S SPRING ST SPRINGFIELD,IL 62704	37-1348685	501 (C) 3	57,346	0			COMPREHENSIVE MENTORING - SERVICE INCLUDES SCHOOL BASED MENTORING AND COMMUNITY BASED
(17) BIG BROTHERS BIG SISTERS OF CENTRAL ILLINOIS 928 S SPRING ST SPRINGFIELD,IL 62704	37-1348685	501 (C) 3	45,000	0			MENTOR 2.0
(18) BOYS AND GIRLS CLUB OF CENTRAL ILLINOIS 300 S 15TH ST SPRINGFIELD,IL 62703	37-0752849	501 (C) 3	50,000	0			PROJECT LEARN - AN OUT OF SCHOOL TIME EDUCATIONAL COMPONENT AIME AS BRIDGING THE GAP
(19) BOYS AND GIRLS CLUB OF CENTRAL ILLINOIS 300 S 15TH ST SPRINGFIELD,IL 62703	37-0752849	501 (C) 3	35,000	0			CAREER LAUNCH
(20) COMPASS FOR KIDS INC 501 S 4TH ST SPRINGFIELD,IL 62701	81-2829202	501 (C) 3	93,804	0			CAMP COMPASS - A SUMMER PROGRAM FOR ELEMENTARY SCHOOL AGE CHILDREN FOR HOMELESS AND LOW-INCOME
(21) COMPASS FOR KIDS INC 501 S 4TH ST SPRINGFIELD,IL 62701	81-2829202	501 (C) 3	74,220	0			CLUB COMPASS - A FREE AFTER SCHOOL PROGRAM FOR HOMELESS AND LOW INCOME ELEMENTARY STUDENTS
(22) HOPE 15 E HAZEL DELL LN SPRINGFIELD,IL 62712	37-1385176	501 (C) 3	9,500	0			THE AUTISM CLINIC
(23) SPRINGFIELD PUBLIC SCHOOLS 1900 W MONROE ST SPRINGFIELD,IL 62704	37-6004615	170 (C) 1	10,000	0			CAMP KINDERGARTEN
(24) SPRINGFIELD URBAN LEAGUE 100 N 11TH ST SPRINGFIELD,IL 62703	37-0765550	501 (C) 3	22,000	0			FREEDOM SCHOOL - A SUMMER PROGRAM WHICH GIVES CHILDREN OPPORTUNITIES
(25) LUTHERAN CHILD AND FAMILY SERVICES 1 OAKBROOK TER STE 501 SPRINGFIELD,IL 62704	36-2167778	501 (C) 3	30,000	0			COUNCILING
(26) SENIOR SERVICES OF CENTRAL ILLINOIS 701 W MASON ST SPRINGFIELD,IL 62702	37-0895193	501 (C) 3	37,500	0			SENIOR TRANSPORT - TRANSPORTATION TO MEDICAL AND DENTAL APPOINTMENTS
(27) SIU CENTER FOR FAMILY MEDICINE 520 N 4TH ST SPRINGFIELD,IL 62702	37-6005961	501 (C) 3	45,000	0			COMMUNITY INTEGRATED RESPONSE CONNECTION LEVERAGING
(28) SPRINGFIELD PUBLIC SCHOOLS 1900 W MONROE ST SPRINGFIELD,IL 62704	37-6004615	170 (C) 1	30,841	0			PEACE ROOMS
(29) SPRINGFIELD URBAN LEAGUE 100 N 11TH ST SPRINGFIELD,IL 62703	37-0765550	501 (C) 3	37,500	0			WELNESS ON WHEELS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 30

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)**

(Rev. January 2025)  
 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
 Inspection**

Name of the organization  
 UNITED WAY OF CENTRAL ILLINOIS INC

**Employer identification number**

37-0716060

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 THE ORGANIZATIONAL BUSINESS, EACH VOTING BOARD MEMBER IS REQUIRED TO INDICATE WHETHER THEY HAVE ANY CONFLICT OF INTEREST WITH RESPECT TO SUCH VOTE. IF A BOARD MEMBER HAS A CONFLICT OF INTEREST ON A CERTAIN MATTER, THE BOARD MEMBER WILL BE DISQUALIFIED FROM VOTING ON THAT MATTER.
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE PRESIDENT AND TOP MANAGEMENT OFFICIALS ARE DETERMINED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS SUBJECT TO BOARD APPROVAL. COMPARABILITY DATA INCLUDING SALARY INFORMATION FROM UNITED WAY WORLDWIDE ARE USED TO DETERMINE SALARY RANGES.
FORM 990, PART VI, SECTION C, LINE 19	THE 990 IS POSTED ON OUR WEBSITE AND AUDITED FINANCIAL STATEMENTS WILL BE INCLUDED IN THE ANNUAL REPORT. COPIES OF OUR GOVERNING DOCUMENTS, CONFLICTS OF INTEREST AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST ALONG WITH THE OPTION OF INSPECTION AT OUR OFFICE.
FORM 990, PART XI, LINE 9:	CHANGES IN BENEFICIAL INTEREST 7,977.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**