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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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) | Room/suite
1999 WEST WABASH AVE STE 107

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 $ 4,510,696

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SPRINGFIELDUNITEDWAY ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1922

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
IMPROVING LIVES BY UNITING OUR COMMUNITY TO ADDRESS THE BASIC NEEDS, FINANCIAL STABILITY AND HEALTH OF EVERY PERSON VISION BUILDING SANGAMON AND MENARD COUNTIES INTO A VIBRANT REGION WHERE INDIVIDUALS AND FAMILIES THRIVE, WHERE PEOPLE WORK TOGETHER TO PROTECT ITS MOST VULNERABLE CITIZENS, ENSURE A SAFE AND HEALTHY COMMUNITY, ADDRESS ITS MOST CHALLENGING ISSUES AND ENHANCE THE QUALITY OF LIFE FOR ALL CITIZENS

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	8
6	Total number of volunteers (estimate if necessary)	6	815
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,994,708	2,592,617
	9 Program service revenue (Part VIII, line 2g)	0	1,221
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	326,846	277,671
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,434	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,324,988	2,871,509
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,372,149	2,354,494
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	443,082	469,193
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶189,338		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	345,620	399,692
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,160,851	3,223,379
	19 Revenue less expenses Subtract line 18 from line 12	164,137	-351,870

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	8,517,279	7,624,228
	21 Total liabilities (Part X, line 26)	1,201,987	1,187,448
	22 Net assets or fund balances Subtract line 21 from line 20	7,315,292	6,436,780

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

****** 2019-10-31
Signature of officer Date

JOHN P KELKER PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00485614

Firm's name ▶ RSM US LLP — Firm's EIN ▶ 42-0714325

Firm's address ▶ 1 N OLD STATE CAPITOL PLZ SUITE 500
SPRINGFIELD, IL 627011323 — Phone no (217) 789-7700

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE UNITED WAY OF CENTRAL ILLINOIS, INC IS A NOT-FOR-PROFIT CORPORATION WITH A MISSION OF IMPROVING LIVES BY UNITING OUR COMMUNITY TO ADDRESS THE BASIC NEEDS, EDUCATION, FINANCIAL STABILITY AND HEALTH OF EVERY PERSON VISION BUILDING SANGAMON AND MENARD COUNTIES INTO A VIBRANT REGION WHERE INDIVIDUALS AND FAMILIES THRIVE, WHERE PEOPLE WORK TOGETHER TO PROTECT ITS MOST VULNERABLE CITIZENS, ENSURE A SAFE AND HEALTHY COMMUNITY, ADDRESS ITS MOST CHALLENGING ISSUES AND ENHANCE THE QUALITY OF LIFE FOR ALL CITIZENS

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 666,078 including grants of $ 666,078) (Revenue $)
See Additional Data

4b (Code) (Expenses $ 321,665 including grants of $ 321,665) (Revenue $)
See Additional Data

4c (Code) (Expenses $ 271,852 including grants of $ 271,852) (Revenue $)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses $ 1,570,970 including grants of $ 1,094,899) (Revenue $ 1,221)

4e **Total program service expenses ▶** 2,830,565

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	28		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
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?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
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*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	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?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in 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?	**16a**		No
b	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?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ 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 ▶JOHN P KELKER 1999 WABASH STE 107 SPRINGFIELD, IL 62074 (217) 726-7000

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								122,546	0	19,355

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a** 118,997				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d**				
	e Government grants (contributions) **1e**				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 2,473,620				
	g Noncash contributions included in lines 1a - 1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	2,592,617			
Program Service Revenue		Business Code			
	2a EMERGENCY FOOD & OTHER REVENUE	624200	1,221	1,221	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶	1,221			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	123,372			123,372
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	1,764,391			
	b Less cost or other basis and sales expenses	1,610,092			
	c Gain or (loss)	154,299			
	d Net gain or (loss) . . . . . ▶	154,299			154,299
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . **a** 29,095				
	b Less direct expenses . . . **b** 29,095				
	c Net income or (loss) from fundraising events . . ▶	0			
	9a Gross income from gaming activities See Part IV, line 19 . . . **a**				
	b Less direct expenses . . . **b**				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . **a**				
	b Less cost of goods sold . . **b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶				
	12 Total revenue. See Instructions . . . . . ▶	2,871,509	1,221	0	277,671

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,354,494	2,354,494		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	122,546	37,989	84,557	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	257,208	162,125	2,698	92,385
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	33,095	15,980	9,219	7,896
9 Other employee benefits	25,469	12,298	7,095	6,076
10 Payroll taxes	30,875	14,908	8,601	7,366
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	78,460	34,984	25,238	18,238
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	68,987	30,994	21,919	16,074
12 Advertising and promotion	19,761	17,215	2,506	40
13 Office expenses	15,758	6,958	5,297	3,503
14 Information technology	66,628	61,341	2,745	2,542
15 Royalties . .				
16 Occupancy	83,813	38,982	22,682	22,149
17 Travel	2,794	1,327	349	1,118
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	16,061	15,578	292	191
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	7,197	3,455	1,943	1,799
23 Insurance . . .	7,807	3,747	2,108	1,952
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DUES	24,253	15,395	4,598	4,260
b EQUIPMENT MAINTANENCE	2,677	1,178	830	669
c CAMPAIGN PRINTING & SUP	2,656	968	371	1,317
d SECA BUDGET	1,649	109	27	1,513
e All other expenses	1,191	540	401	250
25 **Total functional expenses.** Add lines 1 through 24e	3,223,379	2,830,565	203,476	189,338
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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
Assets	1	Cash–non-interest-bearing	527,774	1	499,182
	2	Savings and temporary cash investments	289,670	2	353,761
	3	Pledges and grants receivable, net	1,044,361	3	927,167
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	12,755	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 239,492			
	b	Less accumulated depreciation — 10b: 155,284	88,139	10c	84,208
	11	Investments—publicly traded securities	2,656,841	11	5,525,631
	12	Investments—other securities See Part IV, line 11	3,622,042	12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	275,697	15	234,279
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	8,517,279	16	7,624,228
Liabilities	17	Accounts payable and accrued expenses	41,319	17	46,338
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	1,160,668	25	1,141,110
	26	**Total liabilities.** Add lines 17 through 25	1,201,987	26	1,187,448
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	5,745,559	27	4,994,708
	28	Temporarily restricted net assets	1,351,561	28	1,251,483
	29	Permanently restricted net assets	218,172	29	190,589
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	7,315,292	33	6,436,780
	34	Total liabilities and net assets/fund balances	8,517,279	34	7,624,228

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,871,509
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,223,379
3	Revenue less expenses Subtract line 2 from line 1	3	-351,870
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,315,292
5	Net unrealized gains (losses) on investments	5	-541,479
6	Donated services and use of facilities	6	42,420
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-27,583
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,436,780

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

Additional Data

Software ID:

Software Version:

EIN: 37-0716060

Name: UNITED WAY OF CENTRAL ILLINOIS INC

Form 990 (2018)

Form 990, Part III, Line 4a:

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 SUPPORT TO HELP STUDENTS GRADUATE WITH A PLAN FOR THE FUTURE EDUCATION PROGRAMS RECEIVE APPROXIMATELY 44% OF TOTAL ALLOCATIONS

Form 990, Part III, Line 4b:

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 BASIC NEEDS PROGRAMS RECEIVE APPROXIMATELY 21% OF TOTAL ALLOCATIONS

Form 990, Part III, Line 4c:

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 HEALTHY 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 APPROXIMATELY 18% OF TOTAL ALLOCATIONS

Form 990, Part III **- 4 Program Service Accomplishments (See the Instructions)**

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses $ 217,605 including grants of $ 217,605) (Revenue $ 1,221)

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 SUPPORT 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 FINANCIAL STABILITY PROGRAMS RECEIVE APPROXIMATELY 14% OF TOTAL ALLOCATIONS

(Code) (Expenses $ 1,353,365 including grants of $ 877,294) (Revenue $)

DIRECTED CONTRIBUTIONS- UNITED WAY ADMINISTERS DIRECTED CONTRIBUTIONS TO NON PROFIT AGENCIES RED FEATHER GRANTS - A GRANT PROCESS ADDED TO THE UW 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, THREE RED FEATHER GRANTS ARE APPROVED ONE FOR THE AMERICAN RED CROSS OF SOUTH CENTRAL IN THE AMOUNT OF $24,000 WHICH IS FUNDED OUT OF THE EMERGENCY FUND THE SECOND IS FOR THE FUNDING OF THE HOMELESS MANAGEMENT INFORMATION SYSTEM STAFF PERSON WHICH COORDINATES AND MAINTAINS DATA ON BEHALF OF 9+ ORGANIZATIONS IN THE AMOUNT OF $15,000 THE THIRD IS A GRANT TO FOREFRONT FOR THE SUPPORT TO NONPROFIT CAPACITY BUILDING AND WAS FUNDED OUT OF THE VENTURE FUND IN THE AMOUNT OF $6,000 TOTAL OF GRANTS FUNDED $45,000 VENTURE GRANTS- UNITED WAY'S VENTURE FUND SUPPORTS PROJECTS THAT MAKE AN IMPACT IN SANGAMON COUNTY AND MENARD COUNTY WITHIN UNITED WAY OF CENTRAL ILLINOIS IDENTIFIED FUNDING AREAS GRANTS MAY BE MADE FOR ONE TIME FUNDING TO NEW PROJECTS OR FOR THE EXPANSION OF AN EXISTING PROJECT AND SHOULD NOT BE VIEWED AS ON GOING PROGRAM SUPPORT 2018 THE INDIVIDUAL ADVOCACY GROUP FOR ENHANCEMENTS TO THE COMMUNITY INTEGRATION & EDUCATION CENTER IN THE AMOUNT OF $9,500, PURE HAVEN FAMILY RESOURCE CENTER, "SILENCING THE PRESSURE COOKER" PROGRAM AT HAZEL DELL ELEMENTARY IN THE AMOUNT OF $5,260 AND THE YMCA'S SUMMER CAMP & TUTORING FOR 40 MATTHEW PROJECT KIDS IN THE AMOUNT OF $21,454 TOTAL GRANTS PROVIDED WERE $36,214 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 $20,630 2-1-1 - IS A TOLL FREE INFORMATION AND REFERRAL SERVICES PROVIDED TO CITIZENS IN SANGAMON AND MENARD COUNTIES TOTAL EXPENSES FOR 211 WERE $34,904 DAY OF ACTION- VOLUNTEERS SPEND THEIR AFTERNOON COMPLETING COMMUNITY SERVICE PROJECTS AT VARIOUS HEALTH AND HUMAN SERVICE AGENCIES IN IN SPRINGFIELD AND SURROUNDING AREAS GET CONNECTED- GET CONNECTED IS UNITED WAY'S VOLUNTEER WEBSITE THE WEBSITE OFFERS ANY LOCAL NONPROFIT OR COMMUNITY GROUP IN NEED OF VOLUNTEERS TO POST VOLUNTEER OPPORTUNITIES, IN-KIND NEEDS, UPCOMING EVENTS AND EVEN EMPLOYMENT NEEDS GET CONNECTED THEN ALLOWS MEMBERS OF OUR COMMUNITY TO RESPOND TO THOSE NEEDS, EASILY SHARE WITH FRIENDS, CREATE VOLUNTEER GROUPS, TRACK SERVICE HOURS, AND EVEN RECEIVE NOTIFICATIONS WHEN YOUR FAVORITE NONPROFIT POSTS A NEW NEED GET CONNECTED HAS QUICKLY BECOME OUR REGION'S #1 SOURCE FOR LOCATING AND RESPONDING TO LOCAL VOLUNTEER NEEDS TOTAL EXPENSES FOR GET CONNECTED WERE $2,500

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER GRAHAM DIRECTOR	1 00	X						0	0	0
FRANK LYNCH CHAIR/IMMEDIATE PAST CHAIR	1 00	X		X				0	0	0
SUSIE RICE DIRECTOR	1 00	X						0	0	0
ROBERT SCOTT CHAIR-ELECT/CHAIR	1 00	X		X				0	0	0
ELOISE MACKUS DIRECTOR	1 00	X						0	0	0
BOB BUNN DIRECTOR	1 00	X						0	0	0
KEVIN KIMMEL DIRECTOR	1 00	X						0	0	0
KELLY CHARNOCK OTT DIRECTOR	1 00	X						0	0	0
KATE WARD CHAIR-ELECT	1 00	X		X				0	0	0
SUSAN WALLACE DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS SMITH DIRECTOR	1 00	X						0	0	0
HARRY BERMAN DIRECTOR	1 00	X						0	0	0
JASON MACK DIRECTOR	1 00	X						0	0	0
SUSAN KOCH DIRECTOR	1 00	X						0	0	0
CHRIS HEMBROUGH DIRECTOR	1 00	X						0	0	0
DAN RAYHILL DIRECTOR	1 00	X						0	0	0
JENNIFER GILL DIRECTOR	1 00	X						0	0	0
GINNY CONLEE DIRECTOR	1 00	X						0	0	0
KEVIN DORSEY DIRECTOR	1 00	X						0	0	0
CASS CASPER DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOE KULEK DIRECTOR	1 00	X						0	0	0
MARK BARTHEL DIRECTOR	1 00	X						0	0	0
CHAD LUCAS DIRECTOR	1 00	X						0	0	0
ANGELA COMSTOCK DIRECTOR	1 00	X						0	0	0
ROBIN LOFTUS DIRECTOR	1 00	X						0	0	0
JOHN P KELKER PRESIDENT & CEO	48 00	X		X				122,546	0	19,355
RICK TOLSON DIRECTOR	1 00	X						0	0	0
LESLEY FREDERICK DIRECTOR	1 00	X						0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number
37-0716060

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	3,047,098	2,594,737	2,272,937	2,994,708	2,592,617	13,502,097
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3,047,098	2,594,737	2,272,937	2,994,708	2,592,617	13,502,097
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						598,975
6 **Public support.** Subtract line 5 from line 4						12,903,122

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	3,047,098	2,594,737	2,272,937	2,994,708	2,592,617	13,502,097
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	145,226	136,769	126,227	123,976	123,372	655,570
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	101,098	144,613	40,338	3,434		289,483
11 **Total support.** Add lines 7 through 10						14,447,150

12 Gross receipts from related activities, etc (see instructions) **12** 1,221

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	**14**	89 310 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	**15**	89 040 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the 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? *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*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 37-0716060

Name: UNITED WAY OF CENTRAL ILLINOIS INC

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number
37-0716060

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

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

		(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 7/25/06, 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		112,625	33,531	79,094
d Equipment		126,867	121,753	5,114
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				84,208

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(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)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ALLOCATIONS PAYABLE	769,574
DESIGNATIONS PAYABLE	327,846
FUNDS HELD FOR OTHERS	43,690
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,141,110

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

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

1	Total revenue, gains, and other support per audited financial statements			1	1,696,507
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-541,479		
b	Donated services and use of facilities	2b	42,420		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	27,478		
e	Add lines **2a** through **2d**			2e	-471,581
3	Subtract line **2e** from line **1**			3	2,168,088
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	703,421		
c	Add lines **4a** and **4b**			4c	703,421
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	2,871,509

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

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

1	Total expenses and losses per audited financial statements			1	2,575,019
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	55,061		
e	Add lines **2a** through **2d**			2e	55,061
3	Subtract line **2e** from line **1**			3	2,519,958
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	703,421		
c	Add lines **4a** and **4b**			4c	703,421
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	3,223,379

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
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 37-0716060
Name: UNITED WAY OF CENTRAL ILLINOIS INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE U S I NTERNAL REVENUE CODE THE ORGANIZATION IS NOT CONSIDERED A PRIVATE FOUNDATION MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN N O UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 29,095 CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS -27,583 SERVICE AND PROCESSING FEES NETTED WITH RELATED EXPENSES 25,966

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 703,421

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 29,095 SERVICE AND PROCESSING FEES NETTED WITH RELATED EXPENSES 25,966

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 703,421

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number
37-0716060

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten 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? Yes	No	**(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
Total		▶				

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

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

		(a) Event #1 KICK OFF EVENTS (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	29,095			29,095
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	29,095			29,095
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	29,095			29,095
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				29,095
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				0

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 56

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

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

Software ID:
Software Version:
EIN: 37-0716060
Name: UNITED WAY OF CENTRAL ILLINOIS INC

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERBIG SISTER OF THE IL CAPITAL REGION 928 SOUTH SPRING STREET SPRINGFIELD, IL 62704	37-0997310	501(C)3	119,270				COMPREHENSIVE MENTORING - SERVICES INCLUDE SCHOOL-BASED MENTORING AND COMMUNITY-BASED MENTORING
BOYS & GIRLS CLUB OF CENTRAL ILLINOIS 300 SOUTH FIFTEENTH STREET SPRINGFIELD, IL 62705	37-0752849	501(C)3	113,644				PROJECT LEARN-AN OUT-OF-SCHOOL-TIME EDUCATIONAL COMPONENT AIMED AS BRIDGING THE EDUCATIONAL GAP THAT DEVELOPS BETWEEN SCHOOL YEARS IN THE SUMMER THROUGH THE SUMMER BRAIN GAIN CURRICULUM

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

(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 non-cash assistance	(h) Purpose of grant or assistance
ONE HOPE UNITED 3 SOUTH OLD STATE CAPITOL PLAZA STE 300 SPRINGFIELD, IL 62701	37-0697157	501(C)3	15,000				FOSTER GRANDPARENT PROGRAM - DESIGNED TO ASSIST 'HIGH RISK' CHILDREN BY PROVIDING THEM WITH THE OPPORTUNITY TO FORM A SUPPORTIVE RELATIONSHIP WITH AN ADULT AGED 60 YEARS AND OVER
BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY 520 N 4TH STREET SPRINGFIELD, IL 62702	37-6005961	501(C)3	65,312				COMMUNITY MENTAL HEALTH TEAM - IS A COLLABORATIVE EFFORT BETWEEN SIU CENTER FOR FAMILY MEDICINE, HELPING HANDS OF SPRINGFIELD, SPRINGFIELD POLICE DEPARTMENT, SPRINGFIELD FIRE DEPARTMENT, AND RECOVERY COURTS IN ORDER TO ASSIST COMMUNITY INDIVIDUALS WHO STRUGGLE WITH MENTAL ILLNESS AND/OR ADDICTION WHICH CAUSES THEM TO "FALL THROUGH THE CRACKS" OF EXISTING SERVICES THROUGH 'HOTSPOTTING' THESE ORGANIZATIONS WILL IDENTIFY THE SMALL NUMBER OF INDIVIDUALS WHO FACE DECLINING HEALTH AS THEY CONSUME A LARGE-PERCENTAGE OF HEALTH CARE SYSTEM RESOURCES BY SUPPORTING THEM, NOT WILL THESE INDIVIDUALS REDUCE THE AMOUNT OF HEALTH CARE RESOURCES THEY CONSUME, BUT ALSO REGAIN HOPE AS THEY BEGIN TO REGAIN CONTROL OVER THEIR LIFE AND ILLNESSES

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
MERCY COMMUNITIES INC 1344 N 5TH STREET SPRINGFIELD, IL 62702	37-1383599	501(C)3	25,000				PERMANENT SUPPORTIVE HOUSING - AFFORDABLE HOUSING, CASE MANAGEMENT AND A PROFESSIONAL SUPPORT SYSTEM TO HELP DISABLED FAMILIES WITH DEPENDENT CHILDREN LIVE HEALTHY, INTERDEPENDENT LIVES
MINI O'BEIRNE CRISIS NURSERY 1011 NORTH SEVENTH STREET SPRINGFIELD, IL 62702	37-1242640	501(C)3	29,555				CRISIS NURSERY CORE PROGRAM - PROVIDES TEMPORARY EMERGENCY CARE OF CHILDREN, BIRTH THROUGH AGE 6, WHO ARE AT RISK OF CHILD ABUSE AND NEGLECT

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

(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 non-cash assistance	**(h)** Purpose of grant or assistance
SENIOR SERVICES OF CENTRAL ILLINOIS 701 WEST MASON STREET SPRINGFIELD, IL 62702	37-0895193	501(C)3	42,195				COMPREHENSIVE ELDER ASSIST - PROVIDES SOCIAL ADJUSTMENT AND REHABILITATION ASSISTANCE THE PROGRAM ASSISTS CLIENTS TO MAINTAIN QUALITY, INDEPENDENT COMMUNITY LIVING, WITH SAFETY, COMFORT AND DIGNITY
CATHOLIC CHARITIES OF SPRINGFIELD 120 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0661499	501(C)3	88,665				ST JOHN'S BREADLINE - PROVIDES FREE, WELL-BALANCED AND NUTRITIOUS MEALS, 365 DAYS A YEAR, TO THE HUNGRY WITHIN OUR COMMUNITY AT NO CHARGE

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

(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 non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICE CENTER 730 EAST VINE STREET SPRINGFIELD, IL 62703	37-0681513	501(C)3	24,051				BEHAVIORAL HEALTH PREVENTION - THIS PILOT PROGRAM FLIPS AND EXPANDS THE CURRENT STATE SUPPORTED SPECIALIZED FOSTER CARE PROGRAM IN THE CURRENT PROGRAM, CHILDREN MUST EXHIBIT MALADAPTIVE BEHAVIORS AND OFTEN HAVE MULTIPLE PLACEMENTS BEFORE QUALIFYING FOR SPECIAL SERVICES THIS PROGRAM IS BEING SUPPORTED TO LEARN IF PROVIDING STRONGER INTERVENTINS UP FRONT CAN HELP FSC MAKE A LARGER IMPACT ON THIS COMMUNITY BY HELPING CHILDREN WITH TRAUMA COPE WITH THEIR STRESSORS BEFORE THE STRESSORS START MANIFESTING AS BEHAVIORAL/EMOTIONAL "PROBLEMS"
MERCY COMMUNITIES INC 1344 N 5TH STREET SPRINGFIELD, IL 62702	37-1383599	501(C)3	32,000				TRANSITIONAL LIVING PROGRAM - A ONE YEAR TRANSITIONAL LIVING PROGRAM WHICH ASSISTS HOMELESS YOUNG WOMEN AND THEIR CHILDREN ACHIEVE STABILITY IN THEIR LIVES BY PROVIDING THEM WITH A STABLE HOME AND INTENSIVE SUPPORT SERVICES LEADING TO THEIR SELF-SUFFICIENCY IN PERMANENT HOUSING

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

(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 non-cash assistance	(h) Purpose of grant or assistance
SENIOR SERVICES OF CENTRAL ILLINOIS 701 WEST MASON STREET SPRINGFIELD, IL 62702	37-0895193	501(C)3	29,908				SENIOR CONNECTION AND TRANSPORT - TRANSPORTATION TO MEDICAL/DENTAL APPOINTMENTS, DAILY BREADS SITES, PHARMACIES, GROCERY STORES, BANKS, ETC TO ANYONE AGE 60 AND OVER, LIVING INDEPENDENTLY
SPRINGFIELD URBAN LEAGUE 100 NORTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)3	60,000				BRANDON OUTREACH (TEEN REACH) -PROVIDES POSITIVE ACTIVITIES FOR LOW-INCOME BRANDON COURT K-5 YOUTH DURING OUT-OF-SCHOOL TIME ACTIVITIES ARE GROUPED INTO THE FOLLOWING SIX CATEGORIES ACADEMIC REMEDIATION AND ENRICHMENT, MENTORING, COMMUNITY SERVICE, LIFE SKILLS EDUCATION, RECREATION, SPORTS, ARTS AND CULTURE, AND PARENTAL INVOLVEMENT

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

(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 non-cash assistance	(h) Purpose of grant or assistance
UNITED CEREBAL PALSY LAND OF LINCOLN 101 NORTH SIXTEENTH STREET SPRINGFIELD, IL 62794	37-0902106	501(C)3	24,844				LEARNING WITHOUT LIMITS SUMMER CAMP - AN EIGHT-WEEK EDUCATIONAL CAMP FOR CHILDREN AND YOUTH AGES 6-21 WITH ANY DISABILITY THAT INCLUDES EDUCATIONAL COMPONENTS FOR READING AND MATH WHILE PROVIDING OPPORTUNITIES TO EXPLORE THE COMMUNITY AND DEVELOP SOCIAL APPLIED SKILLS THIS PROGRAM SERVES SCHOOL AGE CHILDREN WHO REQUIRE MORE INTENSIVE SUPPORT TO PREVENT SUMMER LEARNING LOSS IN THE AREAS OF READING AND MATH
MEMORIAL BEHAVIORAL HEALTH (DBA MENTAL HEALTH CENTERS OF CENTRAL IL) 710 NORTH EIGHTH STREET SPRINGFIELD, IL 62705	37-0646367	501(C)3	35,000				PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) SERVES SPRINGFIELD ADULTS, AGES 18 AND OLDER, WHO HAVE A SERIOUS MENTAL ILLNESS AND WHO ARE HOMELESS OR ARE AT RISK OF BECOMING HOMELESS THE PATH PROGRAM'S GOAL IS TO HELP THESE INDIVIDUALS FIND SAFE, AFFORDABLE HOUSING, MEET DAILY LIVING NEEDS, AND ACCESS PSYCHIATRIC CARE AND SOCIAL SERVICES THAT CAN IMPROVE THEIR DAILY LIVES AND CHANCES FOR RECOVERY

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

(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 non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF SPRINGFIELD 120 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0661499	501(C)3	7,390				MOBILE FOOD PANTRY - TO ASSIST HUNGRY HOUSEHOLDS IN THE RURAL AREAS OF SANGAMON AND MENARD COUNTIES, THIS PROGRAM PROVIDES ACCESS TO A FOOD PANTRY FOR INDIVIDUALS WITH LIMITED AND/OR UNABLE TO ACCESS FOOD PANTRIES DUE TO TRANSPORTATION AND/OR OTHER CAUSES
MERCY COMMUNITIES INC 1344 N 5TH STREET SPRINGFIELD, IL 62702	37-1383599	501(C)3	15,000				HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)- DATABASE UTILIZED BY THE HOMELESS SERVICE PROVIDERS IN SANGAMON COUNTY PILOTED ON JULY 1, 2012, IT ESTABLISHED A PLATFORM FOR TRACKING CLIENT INFORMATION, SERVICES AND CASE NOTE DOCUMENTATION THE PILOT PROGRAM IS DESIGNED TO FACILITATE COLLABORATION BETWEEN HOMELESS AGENCIES

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

(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 non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSSSERVING SOUTHERN ILLINOIS 1045 OUTER PARK DRIVE SPRINGFIELD, IL 62704	37-0661488	501(C)3	5,398				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
BIG BROTHERBIG SISTER OF THE IL CAPITAL REGION 928 SOUTH SPRING STREET SPRINGFIELD, IL 62708	37-0997310	501(C)3	7,565				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE

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BOYS & GIRLS CLUB OF CENTRAL ILLINOIS 300 SOUTH FIFTEENTH STREET SPRINGFIELD, IL 62705	37-0752849	501(C)3	7,757				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE
CATHOLIC CHARITIES OF SPRINGFIELD 120 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0661499	501(C)3	11,514				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE

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

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CENTRAL ILLINOIS FOODBANK INC 1937 EAST COOK SPRINGFIELD, IL 62703	37-1106465	501(C)3	21,959				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE
CONTACT MINISTRIES 1100 EAST ADAMS STREET SPRINGFIELD, IL 62703	37-1072626	501(C)3	8,122				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE

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

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FAMILY SERVICE CENTER 730 EAST VINE STREET SPRINGFIELD, IL 62703	37-0681513	501(C)3	5,622				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE
GIRL SCOUTS OF CENTRAL IL 3020 BAKER DRIVE SPRINGFIELD, IL 627035918	37-0681529	501(C)3	6,372				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE

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

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MEMORIAL BEHAVIORAL HEALTH (DBA MENTAL HEALTH CENTERS OF CENTRAL IL) 710 NORTH EIGHTH STREET SPRINGFIELD, IL 62702	37-0646367	501(C)3	12,614				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE
MINI O'BEIRNE CRISIS NURSERY 1011 NORTH SEVENTH STREET SPRINGFIELD, IL 62702	37-1242640	501(C)3	13,409				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE

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

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SPARC 32 BRUNS LANE SPRINGFIELD, IL 62702	37-0717761	501(C)3	7,739				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE
SPRINGFIELD YMCA 701 SOUTH FOURTH STREET SPRINGFIELD, IL 62703	37-0661263	501(C)3	11,964				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE

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

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UNITED CEREBAL PALSY LAND OF LINCOLN 101 NORTH SIXTEENTH STREET SPRINGFIELD, IL 62703	37-0902106	501(C)3	5,449				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE
PRAIRIELAND UNITED WAY 200 W DOUGLAS AVENUE JACKSONVILLE, IL 62650	37-6039121	501(C)3	14,851				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE

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

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UNITED WAY OF METROPOLITAN DALLAS 1800 NORTH LAMAR STREET DALLAS, TX 75202	75-6005352	501(C)3	6,584				DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE
MEMORIAL BEHAVIORAL HEALTH (DBA MENTAL HEALTH CENTERS OF CENTRAL IL) 710 NORTH EIGHTH STREET SPRINGFIELD, IL 62705	37-0646367	501(C)3	37,438				SPRINGFIELD CHILDREN'S CENTER-A PROGRAM HELPING TO ADDRESS THE EPIDEMIC SCARCITY OF CHILD PSYCHIATRY IN OUR LOCAL COMMUNITY THROUGH VARIOUS THERAPUDIC METHODS

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

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MEMORIAL BEHAVIORAL HEALTH (DBA MENTAL HEALTH CENTERS OF CENTRAL IL) 710 NORTH EIGHTH STREET SPRINGFIELD, IL 62705	37-0646367	501(C)3	56,320				THE CHILDREN'S MOSAIC PROJECT-A COLLABORATIVE EFFORT TO TRANSFORM CHILDREN'S MENTAL HEALTHCARE IN SPRINGFIELD THROUGH MOVING SERVICES FROM THE CLINIC INTO THE COMMUNITY WHICH INCLUDES SCHOOLS MOSAIC INTEGRATES MENTAL HEALTH THERAPISTS INTO SPRINGFIELD PUBLIC SCHOOLS, PARTNERING WITH TEACHERS, SCHOOL SOCIAL WORKERS AND STAFF TO CONDUCT UNIVERSAL MENTAL HEALTH SCREENING AND INTERVENTION TO CHILDREN IDENTIFIED AS AT-RISK
CATHOLIC CHARITIES OF SPRINGFIELD 120 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0661499	501(C)3	5,910				HOLY FAMILY FOOD PANTRY - PROVIDE A 7-10 DAY SUPPLY OF FOOD THAT FAMILIES AND/OR INDIVIDUALS CAN PREPARE WITH THEIR OWN LIVING ENVIRONMENT

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

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CONTACT MINISTRIES 1100 EAST ADAMS STREET SPRINGFIELD, IL 62703	37-1072626	501(C)3	81,770				EMERGENCY SHELTER AND SUPPORT FOR MEN, WOMEN, AND WOMEN WITH CHILDREN - COLLABORATION BETWEEN TWO OF THE LARGEST SHELTERS IN SPRINGFIELD TO HELP COORDINATE AND SUPPORT THE SHELTER NEEDS OF HOMELESS MEN, WOMEN, AND WOMEN WITH CHILDREN THE FACILTIES ARE OPEN EVERY EVENING AND ARE EQUIPPED WITH 84 BEDS WHICH INCLUDE 10 PACK-IN-PLAYS
HELPING HANDS OF SPRINGFIELD 930 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-1255889	501(C)3	10,425				S T A B L E SMILE - A LIFE STABILIZING BUDGETING AND MONEY MANAGEMENT PROGRAM WHICH SERVES AT-RISK INDIVIDUALS WHO ARE SANCTIONED TO HAVE A PAYEE BY THE SOCIAL SECURITY ADMINISTRATION OR BY SELF ENROLLMENT

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

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SENIOR SERVICES OF CENTRAL ILLINOIS 701 WEST MASON STREET SPRINGFIELD, IL 62702	37-0895193	501(C)3	16,355				DAILY BREAD HOME DELIVERED MEALS - THE DAILY BREAD MEAL PROGRAM PROVIDES NUTRITIOUS HOME-DELIVERED MEALS TO SENIORS WHO CANNOT PREPARE A NUTRITIOUS MEAL FOR THEMSELVES AND WHO ARE PHYSICALLY UNABLE TO VISIT ONE OF THE DAILY BREAD SUPPORTED CONGREGATE MEAL SITES
SOJOURN SHELTER & SERVICES 1800 WESTCHESTER BLVD SPRINGFIELD, IL 62704	51-0139118	501(C)3	92,020				ADULT & CHILDREN SHELTER - EMERGENCY SHELTER AND PROVISIONS INCLUDING FOOD, CLOTHING AND PERSONAL CARE ITEMS 24 HOURS/DAY, 365 DAYS/YEAR TO ANY ADULT AND CHILD VICTIM OF DOMESTIC VIOLENCE IN SANGAMON AND MENARD COUNTY

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

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SPRINGFIELD URBAN LEAGUE 100 NORTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)3	22,985				THE EMPOWERMENT PROGRAM RISE-PROVIDES EDUCATION, JOB TRAINING AND JOB READINESS SKILLS TO YOUTH AGES 18-24
BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY 520 N 4TH STREET SPRINGFIELD, IL 62702	37-6005961	501(C)3	86,392				EAST SPRINGFIELD HEALTH CONNECTION PROGRAM - IS A COLLABORATIVE EFFORT OF 9 ORGANIZATIONS TO ADDRESS THE HEALTH OF INDIVIDUALS LIVING IN BRANDON COURT AND POPLAR PLACE, TWO HOUSING UNITS SERVING THE MOST AT-RISK WITHIN THE SPRINGFIELD COMMUNITY THIS PILOT PROGRAM WILL BRAID TOGETHER A MYRIAD OF SERVICES INCLUDING COMMUNITY HEALTH WORKERS WHO ARE EXPERIENCED IN THE COMMUNITY CULTURE AND ARE ABLE TO BUILD TRUST WITH THE COMMUNITY COMMUNITY HEALTH WORKERS HELP TO INTEGRATE OTHER SOCIAL SUPPORTS INTO INDIVIDUALIZED ACTION PLANS FOR EACH CLIENT IN ORDER TO IMPROVE THEIR OVERALL HEALTH THROUGH IMPROVING THEIR SOCIAL DETERMINANTS OF HEALTH

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COMPASS FOR KIDS INC 501 SOUTH 4TH STREET SPRINGFIELD, IL 62701	81-2829202	501(C)3	110,000				CAMP COMPASS-A SUMMER PROGRAM FOR ELEMENTARY SCHOOL AGE CHILDREN FROM HOMELESS AND LOW-INCOME FAMILIES IN SPRINGFIELD WHICH PROVIDES ACADEMIC INSTRUCTION BY CERTIFIED TEACHERS IN THE MORNINGS TO MAINTAIN AND IMPROVE READING, WRITING AND MATH SKILLS, WITH
COMPASS FOR KIDS INC 501 SOUTH 4TH STREET SPRINGFIELD, IL 62701	81-2829202	501(C)3	90,000				CLUB COMPASS - A FREE AFTER-SCHOOL PROGRAM FOR HOMELESS AND LOW INCOME ELEMENTARY STUDENT OF SPRINGFIELD SCHOOL DISTRICT 186 COMPASS IS A UNIQUE COMMUNITY-BASED, VOLUNTEER-DRIVEN MODEL EACH SITE IS SERVED BY A TEAM OF FAITH INSTITUTIONS AND/OR CIVIC GROUPS CALLED COMMUNITY PARTNERS THAT WORK TOGETHER TO PROVIDE THE SITE LOCATION, SNACK, DINNER, SUPPLIES AND VOLUNTEER-MENTORS FOR EACH CHILD EASCH AFTER-SCHOL PROGRAM SITE SERVES 25-30 STUDENTS AND ENGAGES 25-30 VOLUNTEER -MENTORS TO HELP CREATE A STRUCTURED ENVIRONMENT WHERE MEANINGFULE ONE-ON-ONE RELATIONSHIPS CAN BLOSSOM COMPASS WORKS THROUGH AN EVIDENCE-BASED SOCIAL EMOTIONAL CURRICULUM TO SUPPORT THE OVERALL WELL-BEING AND ACADEMIC SUCCESS OF THEIR CHILDREN

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GIRL SCOUTS OF CENTRAL IL 3020 BAKER DRIVE SPRINGFIELD, IL 62703	37-0681529	501(C)3	5,000				GIRL SCOUT LEADERSHIP EXPERIENCE OUTREACH PROGRAM - GSLEO AIMS TO HELP GIRLS IN URBAN UNDER-PERFORMING SCHOOL DISTRICTS DEVELOP THE INNER RESOURCES THAT WILL INCREASE THEIR CHANCES FOR A SUCCESSFUL LIFE THE GOALS OF THE GSLEO ARE TO HELP GIRLS DEVELOP CONFIDENCE AND A POSITIVE SENSE OF SELF WORTH, A MEANINGFUL SET OF VALUES TO GUIDE THEIR PRESENT AND FUTURE CHOICES, RESPECT FOR SELF AND OTHERS AND THE VALUE OF WORKING TOGETHER AS A TEAM TO SOLVE PROBLEMS, THE ABILITY TO SET AND ACHIEVE GOALS IN THE REALM OF FINANCES, GRADES/ACADEMICS, AND POSITIVE BEHAVIORS, THE ABILITY AND DESIRE TO MAKE HEALTHY LIFESTYLE CHOICES, AND A BELIEF THEY CAN MAKE A DIFFERENCE IN THEIR OWN LIVES AND IN THEIR SCHOOL, FAMILY, AND COMMUNITY
LUTHERAN CHILD AND FAMILY SERVICES OF ILLINOIS 620 NORTH WALNUT SPRINGFIELD, IL 62704	36-2167778	501(C)3	20,735				COUNSELING

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SPRINGFIELD URBAN LEAGUE 100 NORTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)3	50,000				FREEDOM SCHOOL- A SUMMER PROGRAM WHICH GIVES CHILDREN OPPORTUNITIES TO DISCOVER THE PLEASURE OF READING AND IMPROVE THEIR ABILITY TO READ, WHILE CONNECTING TO THEIR CULTURE, DEVELOPING SELF-DISCIPLINE, HAVING FUN, AND PARTICIPATING IN COMMUNITY SERVICE AND SOCIAL ACTION PROJECTS
UNITED CEREBAL PALSY LAND OF LINCOLN 101 NORTH SIXTEENTH STREET PO BOX 19494 SPRINGFIELD, IL 62794	37-0902106	501(C)3	50,000				F I T PROGRAM - THE F I T PROGRAM USES A 5STAGE SUPPORTED EMPLOYMENT MODEL WHICH HELPS DEVELOP HIGH INTENSITY INDIVIDUAL SERVICE PLANS FOR EACH CLIENT TO HELP THEM LEARN AND MAINTAIN A JOB THAT SUPPORTS SELF-SUFFICIENCY

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

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UNITED CEREBAL PALSY LAND OF LINCOLN 101 NORTH SIXTEENTH STREET PO BOX 19494 SPRINGFIELD, IL 62794	37-0902106	501(C)3	10,000				OUR CHILD WITHOUT LIMITS - WILL BE A NEW PROJECT MODELED AFTER THE KATE LAVER FAMILY EMPOWERMENT PROJECT AT UCP INLAND EMPIRE IN CALIFORNIA EXTENSIVE RESEARCH IS AVAILABLE TO SUPPORT THE CONCLUSION THAT FAMILY INVOLVEMENT IN EDUCATION IMPROVES OUTCOMES THIS PROGRAM NOT ONLY HELPS FAMILIES LEARN HOW TO COPE WITH THEIR CHILD'S DISABILITY, BUT ALSO HELPS THEM LEARN TO NAVIGATE THEIR NEW NORMAL EACH OF THE 8 SESSIONS IS COMPLETE WITH HOME EXERCISES AND HOME-VISITING SUPPORTS TO REVIEW AND SUPPORT FAMILIES AS THEY LEARN NEW SKILLS IN TURN, THIS PROGRAM WILL TRACK THE GROWTH AND DEVELOPMENT OF THE CHILDREN OF THE FAMILIES BEING SERVED
INDIVIDUAL ADVOCACY GROUP 4481 ASH GROVE SPRINGFIELD, IL 62704	36-4057568	501(C)3	9,500				THE FUNDS RECEIVED WILL BE USED TO PROVIDE ENHANCEMENTS TO THE PROGRAM ROOMS IN THEIR COMMUNITY INTEGRATION AND EDUCATION CENTER (CEC) INCLUDING ART, MUSIC, HORTICULTURE, WORKSHOP AND SELF-ADVOCACY THE PURPOSE OF THE CEC IS TO PROVIDE OPPORTUNITIES FOR LIFE ENRICHMENT AND IDENTITY DEVELOPMENT THE LEARNING EXPERIENCES OFFERED ALLOW PEOPLE SERVED TO "GET IN FRONT" OF THEIR DISABILITY, TO BECOME MORE THAN THEIR DISABILITY BY DISCOVERING THEMSELVES AND THEIR INTERESTS, AND WHEN POSSIBLE, TO TURN THOSE DISCOVERIES INTO ENTREPRENEURIAL OPPORTUNITIES THAT INCREASE SELF-ESTEEM, CONFIDENCE, MENTAL HEALTH AND THE ABILITY TO CONTRIBUTE TO ONE'S LIVELIHOOD

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

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FOREFRONT 208 SOUTH LASALLE STREET CHICAGO, IL 60604	23-7376023	501(C)3	6,000				NON PROFIT CAPACITY BUILDING PROGRAM
PURE HAVEN FAMILY RESOURCE CENTER 1209 SOUTH 4TH STREET SPRINGFIELD, IL 62703	47-3125626	501(C)3	5,260				THE FUNDS RECEIVED WILL BE USED TO SUPPORT A PROGRAM "SILENCING THE PRESSURE COOKER FOR YOUTH" AT HAZEL DELL ELEMENTARY AIMED AT HELPING K-8TH GRADE BOYS AND GIRLS DEAL WITH ANGER IN A MORE POSITIVE WAY TO HELP IMPROVE THE QUALITY OF LIFE FOR THEM, THEIR SCHOOLS, AND THEIR FAMILIES, THROUGH THE USE OF CERTIFIED ANGER MANAGEMENT TRAINERS AND WOOKBOOKS DESIGNED FOR YOURTH DELIVERED OVER THE LUNCH HOUR THIS PROGRAM FEATURES SESSIONS CALLED "ANGER MANAGEMENT MODULES" THAT INCLUDE, BUT ARE NOT LIMITED TO, TOPICS SUCH AS DEALING WITH STRESS, DEVELOPING EMPATHY, RESPONDING INSTEAD OF REACTING, CHANGING THEIR INTERNAL CONVERSATION, ASSERTIVE COMMUNICATION VERSUS AGGRESSIVE COMMUNICATION, ADJUSTING EXPECTATIONS, FORGIVENESS, AND THINKING THINGS OVER THESE SESSIONS WILL BE EVALUATED WITH PRE AND POST TESTS, AND THE PARTICIPANTS PROGRESS WILL CAPTURED THROUGH TEACHER AND PARENT SURVEYS

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YMCA SOUTH 4TH STREET SPRINGFIELD, IL 62703	37-0661263	501(C)3	21,454				THE FUNDS RECEIVED WILL BE USED TO MAKE ENHANCEMENTS TO THE SUMMER CAMP AND TUTORING EXPERIENCE FOR FORTY MATTHEW PROJECT KIDS THIS CAMP EXPERIENCE INCLUDES TRANSPORTATION TO AND FROM CAMP, BREAKFAST AND LUNCH, TUTORING, FINANCIAL LITERACY CLASSES, SWIMMING LESSONS & ACCESS TO FUN FIELD TRIPS THE FUNDS WILL INCREASE THE RIGOR AND MEASUREMENT OF THE EDUCATIONAL COMPONENTS OF THE SUMMER PROGRAM EXPERIENCE THESE ENHANCEMENTS INCLUDE ACCESS TO THE LINCOLN LIBRARY THROUGH LIBRARY CARDS, ANTI-BULLYING PROGRAMMING, EMOTIONAL WELLNESS COACHING, EDUCATIONAL ACTIVITIES FOR THEIR BUS RIDES, PARENT ENGAGEMENT ACTIVITIES, EDUCATIONAL ASSESSMENT TOOLS, BEHAVIOR ASSESSMENT TOOLS, BEHAVIORAL COUNSELOR, DEDICATED STAFF PERSON, AND FINANCIAL LITERACY CLASSES ALL OF THESE ADDITIONS ARE SUPPORTED THROUGH THE INVESTMENT OF STAFF TIME IN REVIEWING DATA TO PROVE WHETHER OR NOT THE SUMMER CAMP TUTORING AND EXPERIENCE IS MAINTAINING AND/OR HELPING THE MATTHEW PROJECT KIDS GROW THEIR READING & MATH SKILLS
SENIOR SERVICES OF CENTRAL ILLINOIS 701 WEST MASON STREET SPRINGFIELD, IL 62702	37-0895193	501(C)3	6,306				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

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SOJOURN SHELTER & SERVICES 1800 WESTCHESTER BLVD SPRINGFIELD, IL 62704	51-0139118	501(C)3	6,541				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
SPRINGFIELD URBAN LEAGUE 100 NORTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)3	8,584				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

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ST JOSEPH'S HOME 3306 SOUTH 6TH STREET ROAD SPRINGFIELD, IL 62703	37-0663551	501(C)3	5,000				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
UNITED WAY OF GREATER ST LOUIS 910 NORTH 11TH STREET ST LOUIS, MO 63101	43-0714167	501(C)3	13,482				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number
37-0716060

990 Schedule O, Supplemental Information

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 BOARD MEMBERS AT THE ANNUAL MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ALL MEMBERS ARE ALLOWED TO VOTE FOR THE BOARD OF DIRECTORS AT THE ANNUAL MEETING OF THE UNITED WAY OF CENTRAL ILLINOIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 OR GANIZATIONAL 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 IN TEREST ON A CERTAIN MATTER, THE BOARD MEMBER WILL BE DISQUALIFIED FROM VOTING ON THAT MATT ER

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 DA TA INCLUDING SALARY INFORMATION FROM UNITED WAY WORLDWIDE ARE USED TO DETERMINE SALARY RAN GES

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 STAT EMENTS ARE AVAILABLE UPON REQUEST ALONG WITH THE OPTION OF INSPECTION AT OUR OFFICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS -27,583

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 12, PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR