

MARTIN HOOD LLC  
2507 SOUTH NEIL STREET  
CHAMPAIGN, IL 61820  
(217) 351-2000

NOVEMBER 12, 2020

UNITED WAY OF CHAMPAIGN COUNTY  
5 DUNLAP CT  
SAVOY, IL 61874

DEAR SUE:

ENCLOSED ARE THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION RETURNS. THE STATE EXEMPT ORGANIZATION RETURN AND ANNUAL REPORT ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 16, 2020.

FORM 990-T RETURN:

NO AMOUNT IS DUE ON FORM 990-T.

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 16, 2020.

MAIL TO - DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

ILLINOIS FORM IL-990-T RETURN:

THE ILLINOIS FORM IL-990-T SHOULD BE MAILED ON OR BEFORE NOVEMBER 16, 2020 TO:

ILLINOIS DEPARTMENT OF REVENUE  
P.O. BOX 19009  
SPRINGFIELD, IL 62794-9009

NO PAYMENT IS REQUIRED.

THE RETURN SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

ILLINOIS FORM AG990-IL:

THE ILLINOIS FORM AG990-IL SHOULD BE MAILED ON OR BEFORE DECEMBER 31, 2020 TO:

OFFICE OF THE ATTORNEY GENERAL  
CHARITABLE TRUST BUREAU  
100 WEST RANDOLPH ST., 11TH FLOOR  
CHICAGO, IL 60601-3175

ENCLOSE A CHECK OR MONEY ORDER FOR \$15.00, PAYABLE TO ILLINOIS CHARITY BUREAU FUND.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

DENISE V MARTIN, CPA

PLEASE NOTE TO ENSURE COMPLIANCE WITH QUESTION #11 ON PAGE 6 OF THE 990 A COPY OF THIS RETURN SHOULD BE PROVIDED TO ALL MEMBERS OF THE GOVERNING BOARD PRIOR TO FILING.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020

# 2019

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**UNITED WAY OF CHAMPAIGN COUNTY**

**37-0662519**

Name and title of officer

**SUE GREY  
CEO & PRESIDENT**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>4,538,761.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize MARTIN HOOD LLC to enter my PIN 62519  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**37061119790**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 11/12/20

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

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

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF CHAMPAIGN COUNTY</b>		<b>D</b> Employer identification number <b>37-0662519</b>
	Doing business as		<b>E</b> Telephone number <b>(217) 352-5151</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>5 DUNLAP CT</b>		<b>G</b> Gross receipts \$ <b>4,557,885.</b>
City or town, state or province, country, and ZIP or foreign postal code <b>SAVOY, IL 61874</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>SUE GREY</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
<b>J</b> Website: <b>UWAYHELPS.ORG</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1957</b>	<b>M</b> State of legal domicile: <b>IL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF CHAMPAIGN COUNTY BRINGS PEOPLE AND RESOURCES TOGETHER TO CREATE POSITIVE CHANGE AND</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>27</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>27</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) <b>11</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>150</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>43,436.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39 <b>-113.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>4,447,346.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>99,693.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>24,897.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>101,304.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>4,673,240.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>2,336,316.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>732,611.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>401,126.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>306,525.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>3,375,452.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>1,297,788.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>6,255,323.</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>1,810,730.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>4,444,593.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>SUE GREY, CEO &amp; PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DENISE V MARTIN, CPA</b>	Preparer's signature <b>DENISE V MARTIN, CPA</b>	Date <b>11/12/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00148380</b>
	Firm's name <b>MARTIN HOOD LLC</b>	Firm's EIN <b>37-1119790</b>	Firm's address <b>2507 SOUTH NEIL STREET CHAMPAIGN, IL 61820</b>	Phone no. <b>(217) 351-2000</b>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF CHAMPAIGN COUNTY BRINGS PEOPLE AND RESOURCES TOGETHER TO CREATE POSITIVE CHANGE AND LASTING IMPACT FOR OUR COMMUNITY.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 3,775,449. including grants of \$ 3,294,075. ) (Revenue \$ 66,023. ) COMMUNITY IMPACT/COMMUNITY ORGANIZER - MOBILIZING VOLUNTEER RESOURCES, PROVIDING MANAGEMENT ASSISTANCE TO FUNDED PROGRAMS AND PARTICIPATING IN COMMUNITY ORGANIZATIONS TO DEVELOP ALLIANCES AND NETWORKS TO PROMOTE PUBLIC AWARENESS OF NEEDS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,775,449.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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



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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 27		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 27		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **CATHY BAIRD - (217) 352-5151**  
**5 DUNLAP COURT, SAVOY, IL 61874**

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHANIE STUART BOARD MEMBER	1.00	X					0.	0.	0.	
(2) CATHY A BAIRD VICE PRESIDENT, ADMINISTRA	40.00	X		X			75,509.	0.	4,531.	
(3) BETH AUTERMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(4) CAITLIN DRAKE CIC CHAIR	5.00	X		X			0.	0.	0.	
(5) ANDY QUARNSTROM PAST CHAIR	5.00	X		X			0.	0.	0.	
(6) GREG ANDERSON CHAIR	5.00	X		X			0.	0.	0.	
(7) DIANE RUEDI BOARD MEMBER	1.00	X					0.	0.	0.	
(8) CHRIS EVANGELISTI BOARD MEMBER	1.00	X					0.	0.	0.	
(9) MARK WISNIEWSKI BOARD MEMBER	1.00	X					0.	0.	0.	
(10) CHRISTOPHER KLOEPPPEL BOARD MEMBER	1.00	X					0.	0.	0.	
(11) BARB HARRINGTON BOARD MEMBER	1.00	X					0.	0.	0.	
(12) JOHN KLUTH SECRETARY	5.00	X		X			0.	0.	0.	
(13) JULIE DORNER BOARD MEMBER	1.00	X					0.	0.	0.	
(14) JULIE SHAPLAND BOARD MEMBER	1.00	X					0.	0.	0.	
(15) SARAH ZEHR RD CHAIR	5.00	X		X			0.	0.	0.	
(16) MICHAEL DELORENZO BOARD MEMBER	1.00	X					0.	0.	0.	
(17) KARA JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBERT ROWE BOARD MEMBER	1.00	X						0.	0.	0.
(19) JEWELL WHITE BOARD MEMBER	1.00	X						0.	0.	0.
(20) CARRIE EISENMENGER CHAIR ELECT	5.00	X		X				0.	0.	0.
(21) BLAIR ROWITZ BOARD MEMBER	1.00	X						0.	0.	0.
(22) BEN BRUNWORTH BOARD MEMBER	1.00	X						0.	0.	0.
(23) SCOTT WILLIAMSON BOARD MEMBER	1.00	X						0.	0.	0.
(24) MICHAEL VITTONI TREASURER	5.00	X		X				0.	0.	0.
(25) SHERI MCKIERNAN BOARD MEMBER	1.00	X						0.	0.	0.
(26) JUSTIN SPRING BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								75,509.	0.	4,531.
<b>c Total from continuation sheets to Part VII, Section A</b>								96,952.	0.	21,621.
<b>d Total (add lines 1b and 1c)</b>								172,461.	0.	26,152.

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

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

**Section B. Independent Contractors**

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) MARTIN O' DONNELL BOARD MEMBER	1.00	X						0.	0.	0.
(28) CHERYL BARRINGER BOARD MEMBER	1.00	X						0.	0.	0.
(29) SUE GREY PRESIDENT AND CEO	40.00			X				96,952.	0.	21,621.
Total to Part VII, Section A, line 1c .....								96,952.		21,621.

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	4,318,688.					
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$					
	<b>h Total.</b> Add lines 1a-1f .....			4,318,688.				
<b>Program Service Revenue</b>	<b>2 a</b> <b>MANAGEMENT FEES</b>	<b>Business Code</b>	900099	46,745.	46,745.			
	<b>b</b> <b>FARMERS FEEDING FAMILI</b>		110000	43,436.		43,436.		
	<b>c</b> <b>ANNUAL MEETING</b>		900099	15,620.	15,620.			
	<b>d</b> .....							
	<b>e</b> .....							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....			105,801.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			28,901.			28,901.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real					
			(ii) Personal					
	<b>b</b> Less: rental expenses ...	<b>6b</b>						
	<b>c</b> Rental income or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities					
			(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>						
	<b>c</b> Gain or (loss) .....	<b>7c</b>						
<b>d</b> Net gain or (loss) .....								
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		100,837.					
		<b>b</b> Less: direct expenses .....	<b>8b</b>	19,124.				
		<b>c</b> Net income or (loss) from fundraising events .....			81,713.		81,713.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>							
		<b>b</b> Less: direct expenses .....	<b>9b</b>					
		<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>					
		<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b> <b>MISCELLANEOUS</b>	<b>Business Code</b>	900099	3,658.	3,658.			
	<b>b</b> .....							
	<b>c</b> .....							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....			3,658.				
<b>12 Total revenue.</b> See instructions .....			4,538,761.	66,023.	43,436.	110,614.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,294,075.	3,294,075.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	207,209.	83,272.	74,506.	49,431.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	442,373.	229,375.	27,560.	185,438.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,991.	12,602.	1,366.	11,023.
<b>9</b> Other employee benefits	66,593.	30,962.	4,769.	30,862.
<b>10</b> Payroll taxes	46,656.	22,314.	7,177.	17,165.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	25.		25.	
<b>c</b> Accounting	14,600.		14,600.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	8,100.		8,100.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	12,602.	6,049.	1,960.	4,593.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	20,886.	10,027.	3,247.	7,612.
<b>17</b> Travel	1,185.	338.		847.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	4,757.	37.		4,720.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	29,969.	14,387.	4,659.	10,923.
<b>23</b> Insurance	7,932.	3,808.	1,233.	2,891.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>AFFILIATION DUES</b>	41,106.	19,733.	6,391.	14,982.
<b>b</b> <b>MATERIALS - DEVELOPMENT</b>	30,890.	9,595.		21,295.
<b>c</b> <b>COMPUTER SUPPORT AGREEM</b>	23,835.	8,375.	2,712.	12,748.
<b>d</b> <b>SERVICE CHARGES</b>	22,891.		22,891.	
<b>e</b> All other expenses	64,117.	30,500.	7,021.	26,596.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	4,364,792.	3,775,449.	188,217.	401,126.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,057,231.	<b>1</b>	1,523,002.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	1,584,859.	<b>3</b>	857,764.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	15,263.	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 821,582.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 120,165.	707,207.	<b>10c</b> 701,417.
	<b>11</b> Investments - publicly traded securities .....	2,890,763.	<b>11</b>	3,689,949.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	6,255,323.	<b>16</b>	6,772,132.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	72,128.	<b>17</b>	61,505.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	32,731.	<b>19</b>	26,642.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,705,871.	<b>25</b>	2,012,410.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,810,730.	<b>26</b>	2,100,557.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,131,514.	<b>27</b>	2,020,929.
	<b>28</b> Net assets with donor restrictions .....	2,313,079.	<b>28</b>	2,650,646.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	4,444,593.	<b>32</b>	4,671,575.
<b>33</b> Total liabilities and net assets/fund balances .....	6,255,323.	<b>33</b>	6,772,132.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,538,761.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,364,792.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	173,969.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	4,444,593.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	36,013.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	17,000.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	4,671,575.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization **UNITED WAY OF CHAMPAIGN COUNTY** Employer identification number **37-0662519**

**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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,463,294.	3,424,770.	3,573,225.	4,490,452.	4,362,124.	19,313,865.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3,463,294.	3,424,770.	3,573,225.	4,490,452.	4,362,124.	19,313,865.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						19,313,865.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	3,463,294.	3,424,770.	3,573,225.	4,490,452.	4,362,124.	19,313,865.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	9,278.	9,927.	12,774.	24,897.	28,901.	85,777.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	3,184.	3,121.	198,110.	2,672.	3,658.	210,745.
<b>11 Total support.</b> Add lines 7 through 10						19,610,387.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	857,309.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.49 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	98.54 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 in line 12 on 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

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

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			





**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2019**

Name of the organization

UNITED WAY OF CHAMPAIGN COUNTY

Employer identification number

37-0662519

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization  <b>UNITED WAY OF CHAMPAIGN COUNTY</b>	Employer identification number  <b>37-0662519</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CARLE FOUNDATION HOSPITAL  611 W PARK STREET  URBANA, IL 61801	\$ 100,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DAVID DONNINI  1402 WATERFORD PLACE  CHAMPAIGN, IL 61821	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE MEYER CHARITABLE FOUNDATION  1250 CONNECTICUT AVE, NW SUITE 800  WASHINGTON, DC 20036	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF CHAMPAIGN COUNTY</b>	Employer identification number  <b>37-0662519</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>UNITED WAY OF CHAMPAIGN COUNTY</b>	Employer identification number  <b>37-0662519</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization UNITED WAY OF CHAMPAIGN COUNTY Employer identification number 37-0662519

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, historic area, habitat, structure, open space) and a table for tracking easements held at the end of the tax year (2a-2d). Also includes questions about monitoring, expenses, and reporting.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for reporting revenue and assets.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,209,805.	1,029,310.	900,094.	809,295.	849,674.
b Contributions	62,600.	1,181,171.	95,289.	8,660.	6,600.
c Net investment earnings, gains, and losses	48,290.	27,129.	61,767.	110,014.	-19,205.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	26,944.	27,805.	27,840.	27,875.	27,774.
g End of year balance	2,293,751.	2,209,805.	1,029,310.	900,094.	809,295.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  7.00 %
  - b Permanent endowment  3.00 %
  - c Term endowment  90.00 %
- 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   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		20,400.		20,400.
b Buildings		687,966.	40,804.	647,162.
c Leasehold improvements				
d Equipment		113,216.	79,361.	33,855.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				701,417.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ALLOCATIONS PAYABLE</b>	<b>1,528,596.</b>
(3) <b>DESIGNATIONS PAYABLE</b>	<b>357,514.</b>
(4) <b>NOTE PAYABLE</b>	<b>126,300.</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>2,012,410.</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	3,772,566.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	36,013.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	17,000.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	53,013.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,719,553.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	819,208.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	819,208.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	4,538,761.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	3,545,584.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,545,584.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	819,208.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	819,208.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	4,364,792.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

TO PROVIDE A SOURCE OF INCOME FOR THE ORGANIZATION IN RELATION TO ITS CAMPAIGN PROGRAMS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN FAIR VALUE OF ENDOWMENT PROMISE TO GIVE 17,000.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

CONTRIBUTIONS RAISED ON BEHALF OF OTHERS 807,411.

ANNUAL MEETING EXPENSES 11,797.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 819,208.





**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**UNITED WAY OF CHAMPAIGN COUNTY**

Employer identification number  
**37-0662519**

**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

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

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		POWER OF THE PURSE		NONE		
		(event type)	(event type)	(total number)		
Revenue	<b>1</b> Gross receipts .....	81,713.			81,713.	
	<b>2</b> Less: Contributions .....					
	<b>3</b> Gross income (line 1 minus line 2) .....	81,713.			81,713.	
Direct Expenses	<b>4</b> Cash prizes .....					
	<b>5</b> Noncash prizes .....					
	<b>6</b> Rent/facility costs .....					
	<b>7</b> Food and beverages .....					
	<b>8</b> Entertainment .....					
	<b>9</b> Other direct expenses .....	19,124.			19,124.	
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				19,124.	
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				62,589.	

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_





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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF CHAMPAIGN COUNTY** Employer identification number **37-0662519**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
DON MOYER BOYS & GIRLS CLUB PO BOX 1396 CHAMPAIGN, IL 61824	37-0906638	501(C)(3)	153,060.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
EASTERN ILLINOIS FOODBANK 2405 NORTH SHORE DRIVE URBANA, IL 61802	37-1130252	501(C)(3)	296,992.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
FAMILY SERVICE OF CHAMPAIGN COUNTY 405 S STATE STREET CHAMPAIGN, IL 61820	37-0663559	501(C)(3)	117,014.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CRISIS NURSERY 1309 W HILL STREET URBANA, IL 61801	37-1151152	501(C)(3)	116,906.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
DEVELOPMENTAL SERVICES CENTER 1304 W BRADLEY AVENUE CHAMPAIGN, IL 61821	23-7183661	501(C)(3)	103,873.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
COMMUNITY SERVICE CENTER 520 E WABASH, SUITE 1 RANTOUL, IL 61866	37-0950247	501(C)(3)	55,890.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **66.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BSA, PRAIRIELANDS COUNCIL PO BOX 6267 CHAMPAIGN, IL 61826	37-0661186	501(C)(3)	10,933.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
THE SALVATION ARMY PO BOX 618 CHAMPAIGN, IL 61824	36-2167910	501(C)(3)	11,606.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CHAMPAIGN COUNTY CASA 154 C LINCOLN SQUARE URBANA, IL 61801	36-1325204	501(C)(3)	58,742.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
MAHOMET AREA YOUTH CLUB PO BOX 315 MAHOMET, IL 61853	81-0615577	501(C)(3)	20,311.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
AMERICAN RED CROSS 311 W JOHN H GWYNN JR. AVENUE PEORIA, IL 61605	37-0673451	501(C)(3)	12,901.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
URBANA NEIGHBORHOOD CONNECTIONS PO BOX 3039 URBANA, IL 61803	37-6002534	501(C)(3)	63,165.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CATHOLIC CHARITIES 1315A CURT DRIVE CHAMPAIGN, IL 61821	37-0662513	501(C)(3)	16,578.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CHAMPAIGN URBANA SCHOOLS FOUNDATION - 3358 BIG PINE TRAIL - CHAMPAIGN, IL 61822	37-1273798	501(C)(3)	16,960.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
BIG BROTHERS BIG SISTERS 117 N MAIN STREET DECATUR, IL 62523	37-1348685	501(C)(3)	87,447.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALT AND LIGHT 1512 W ANTHONY CHAMPAIGN, IL 61821	32-0074485	501(C)(3)	51,274.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CUNNINGHAM CHILDREN'S HOME 1301 NORTH CUNNINGHAM AVENUE URBANA, IL 61802	37-0662521	501(C)(3)	86,140.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
HABITAT FOR HUMANITY OF CHAMPAIGN COUNTY - PO BOX 1162 - CHAMPAIGN, IL 61824	37-1277094	501(C)(3)	88,583.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
PLANNED PARENTHOOD OF ILLINOIS 18 S MICHIGAN AVENUE CHICAGO, IL 60603	36-2170901	501(C)(3)	5,050.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
GREATER COMMUNITY OF AIDS PROJECT PO BOX 713 CHAMPAIGN, IL 61824	37-1189518	501(C)(3)	9,229.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
UNIVERSITY YMCA 1001 S WRIGHT CHAMPAIGN, IL 61820	37-0661257	501(C)(3)	64,206.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CHAMPAIGN PUBLIC LIBRARY FOUNDATION - 200 W GREEN STREET - CHAMPAIGN, IL 61820	37-1313456	501(C)(3)	9,364.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CHAMPAIGN COUNTY HUMANE SOCIETY 1911 E MAIN STREET URBANA, IL 61802	37-0714217	501(C)(3)	5,737.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
PEACEMEAL PROGRAM 915 LINCOLN AVENUE CHARLESTON, IL 61920	37-6013590	501(C)(3)	14,726.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RACES 145A LINCOLN SQUARE URBANA, IL 61801	27-0615591	501(C)(3)	36,482.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
URBANA ADULT EDUCATION 211 N RACE STREET URBANA, IL 61801	37-6002534	501(C)(3)	79,500.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CHAMPAIGN SCHOOL DISTRICT UNIT 4 OPERATION HOPE - 703 S NEW STREET - CHAMPAIGN, IL 61820	37-6002530	501(C)(3)	39,705.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
PROMISE HEALTHCARE 819 BLOOMINGTON ROAD CHAMPAIGN, IL 61820	14-1880824	501(C)(3)	306,893.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
COURAGE CONNECTION 508 E CHURCH STREET CHAMPAIGN, IL 61820	37-1346397	501(C)(3)	127,915.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
DAILY BREAD SOUP KITCHEN PO BOX 648 CHAMPAIGN, IL 61824	27-0935172	501(C)(3)	65,857.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
PATH 201 E GROVE STREET SUITE 200 BLOOMINGTON, IL 61701	37-0959387	501(C)(3)	48,100.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
REGIONAL PLANNING COMMISSION 1776 E WASHINGTON ST URBANA, IL 61802	37-1363800	501(C)(3)	130,825.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
STEPHENS FAMILY YMCA 500 W CHURCH STREET CHAMPAIGN, IL 61820	37-0676564	501(C)(3)	14,412.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSECRANCE 1801 FOX DRIVE CHAMPAIGN, IL 61820	37-0913985	501(C)(3)	31,048.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
URBANA PARKS FOUNDATION 303 W UNIVERSITY AVENUE URBANA, IL 61801	26-0629385	501(C)(3)	7,026.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
RANTOUL CITY SCHOOLS 400 E WBASH RANTOUL, IL 61866	37-6002546	501(C)(3)	72,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
DREAAM HOUSE PO BOX 1162 CHAMPAIGN, IL 61874	46-1643964	501(C)(3)	54,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
LAND OF LINCOLN 302 N FIRST STREET CHAMPAIGN, IL 61820	37-0958448	501(C)(3)	58,259.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CARLE FOUNDATION 611 WEST PARK URBANA, IL 61801	37-1159978	501(C)(3)	65,630.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CENTER FOR YOUTH AND FAMILY SOLUTIONS - 1315A CURT DRIVE - CHAMPAIGN, IL 61821	45-3251182	501(C)(3)	23,086.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
ARCOLA FOOD PANTRY 209 S LOCUST ARCOLA, IL 61910	37-0684493	501(C)(3)	5,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
AUSTIN'S PLACE / FIRST UNITED METHODIST CHURCH - 210 W CHURCH STREET - CHAMPAIGN, IL 61820	36-4181246	501(C)(3)	15,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMPAIGN COUNTY HEALTHCARE CONSUMERS - 44 E MAIN STREET, #208 - CHAMPAIGN, IL 61820	37-1073411	501(C)(3)	15,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CITY OF CHAMPAIGN TOWNSHIP 53 E LOGAN STREET CHAMPAIGN, IL 61820	37-6000479	501(C)(3)	13,678.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
COMMUNITY FOUNDATION OF EAST CENTRAL IL - 307 W UNIVERSITY - CHAMPAIGN, IL 61820	23-7176723	501(C)(3)	10,168.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CRIS HEALTHY AGING 1606 WILLOW VIEW RD., STE 1E URBANA, IL 61802	37-0948852	501(C)(3)	28,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
C-U AT HOME PO BOX 8816 CHAMPAIGN, IL 61826	45-3132278	501(C)(3)	138,321.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CUNNINGHAM TOWNSHIP 205 WEST GREEN STREET URBANA, IL 61801	37-6000533	501(C)(3)	6,156.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
FAITH IN ACTION/PIATT COUNTY NURSING HOME FOUNDATION - 1115 N STATE ST, SUITE 160 - MONTICELLO, IL 61856	37-1201516	501(C)(3)	5,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
FEEDING OUR KIDS PO BOX 7422 CHAMPAIGN, IL 61826	46-4084983	501(C)(3)	10,595.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
HANDS OF CHRIST FOOD PANTRY 210 W CENTER PAXTON, IL 60957	81-3277529	501(C)(3)	6,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOOPESTON MULTICULTURAL AGENCY 206 SOUTH 1ST AVENUE HOOPESTON, IL 60942	37-0963093	501(C)(3)	8,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
HOUSING AUTHORITY OF CC 2008 N MARKET STREET CHAMPAIGN, IL 61820	37-6000507	501(C)(3)	10,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
PIATT COUNTY CARES PO BOX 592 MONTICELLO, IL 61856	82-5129106	501(C)(3)	7,500.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
PIATT COUNTY WILLOW TREE MISSIONS PO BOX 591 MONTICELLO, IL 61856	16-1512762	501(C)(3)	8,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
STONECREEK FOOD PANTRY 2502 S RACE STREET URBANA, IL 61801	37-0907983	501(C)(3)	14,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
THE DWELLING PLACE PO BOX 2022 DANVILLE, IL 61834	82-2683783	501(C)(3)	10,500.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
THE READING GROUP 3011A VILLAGE OFFICE PLACE CHAMPAIGN, IL 61822	37-1232871	501(C)(3)	6,009.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
THE REFUGEE CENTER 201 W KENYON ROAD CHAMPAIGN, IL 61820	37-1122770	501(C)(3)	65,576.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
THE VINEYARD FOOD PANTRY 1500 N LINCOLN URBANA, IL 61801	51-0225214	501(C)(3)	20,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED METHODIST CHURCH OF PIATT COUNTY - 2020 E WASHINGTON STREET - MONTICELLO, IL 61856	37-0694335	501(C)(3)	5,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
UNITED WAY OF COLES COUNTY PO BOX 868 MATTOON, IL 61981	37-0764215	501(C)(3)	20,132.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
UNITED WAY OF DANVILLE 28 W NORTH ST, #102 DANVILLE, IL 61832	37-0673481	501(C)(3)	34,516.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
UNITED WAY OF DECATUR AND MID-ILLINOIS - 201 W ELDORADO - DECATUR, IL 62522	37-0673475	501(C)(3)	8,446.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
UNITED WAY OF MCLEAN COUNTY 201 E GROVE, #100 BLOOMINGTON, IL 61701	37-0661505	501(C)(3)	16,945.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
UNIVERSITY OF IL - CU VOLUNTEER 1901 S FIRST ST CHAMPAIGN, IL 61820	37-6100511	501(C)(3)	5,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

**Part III**

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

**Part IV**

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

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF CHAMPAIGN COUNTY

Employer identification number

37-0662519

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LASTING IMPACT FOR OUR COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 6:

ALL FINANCIAL CONTRIBUTORS ARE MEMBERS THAT ARE ENTITLED TO VOTE FOR THE  
BOARD MEMBERS AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 11B:

COPIES OF THE FORM 990 WILL BE DISTRIBUTED VIA EMAIL TO THE BOARD MEMBERS  
FOR REVIEW PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES  
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY PERFORMING AN ANNUAL  
REVIEW OF THE CODE OF ETHICS POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR EACH EMPLOYEE IS REVIEWED BY THE FINANCE COMMITTEE AND THE  
EXECUTIVE COMMITTEE DURING THE BUDGET DEVELOPMENT PROCESS. COMPENSATION  
DATA FROM REGIONAL UNITED WAYS ARE USED FOR COMPARISON PURPOSES. THE  
PROCESS IS DOCUMENTED IN THE COMMITTEE'S MINUTES.

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990 IS AVAILABLE ON [WWW.GUIDESTAR.ORG](http://WWW.GUIDESTAR.ORG) FOR PUBLIC INSPECTION. THERE  
IS A LINK TO GUIDESTAR ON THE UWCC WEBSITE. THE DOCUMENTS ARE ALSO  
AVAILABLE FOR REVIEW UPON REQUEST DURING OFFICE HOURS.

Name of the organization UNITED WAY OF CHAMPAIGN COUNTY	Employer identification number 37-0662519
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FORM 990, PART VI, SECTION C, LINE 19:

THERE IS A LINK ON THE UWCC WEBSITE THAT ALLOWS THE PUBLIC TO REVIEW THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS. ALL THE OTHER DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF ENDOWMENT PROMISE TO GIVE	17,000.
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FORM 990, PART XII, LINE 2C

NO CHANGES HAVE BEEN MADE IN THE PROCESS FROM THE PRIOR YEAR.



# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

# 2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>UNITED WAY OF CHAMPAIGN COUNTY</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>5 DUNLAP CT</b> City or town, state or province, country, and ZIP or foreign postal code <b>SAVOY, IL 61874</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>37-0662519</b>  <b>E</b> Unrelated business activity code (See instructions.) <b>110000</b>
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<b>C</b> Book value of all assets at end of year <b>6,772,132.</b>	<b>F</b> Group exemption number (See instructions.) ▶ <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
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**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **FARMING INCOME**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **CATHY BAIRD** Telephone number ▶ **(217) 352-5151**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>43,436.</u>			
b	Less returns and allowances			
		c Balance ▶		
		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		43,436.
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	43,436.	43,436.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) <b>SEE STATEMENT 1</b>	27	43,549.
28	Total deductions. Add lines 14 through 27	28	43,549.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-113.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) <b>SEE STATEMENT 2</b>	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29	31	-113.

<b>Part III Total Unrelated Business Taxable Income</b>	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ..... <b>32</b> -113.
33	Amounts paid for disallowed fringes ..... <b>33</b>
34	Charitable contributions (see instructions for limitation rules) ..... <b>34</b> 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 ..... <b>35</b> -113.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 3</b> ..... <b>36</b> 0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 ..... <b>37</b> -113.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) ..... <b>38</b> 1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 ..... <b>39</b> -113.

<b>Part IV Tax Computation</b>	
40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21) ..... <b>40</b> 0.
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... <b>41</b>
42	<b>Proxy tax.</b> See instructions ..... <b>42</b>
43	<b>Alternative minimum tax (trusts only)</b> ..... <b>43</b>
44	<b>Tax on Noncompliant Facility Income.</b> See instructions ..... <b>44</b>
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies ..... <b>45</b> 0.

<b>Part V Tax and Payments</b>	
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... <b>46a</b>
b	Other credits (see instructions) ..... <b>46b</b>
c	General business credit. Attach Form 3800 ..... <b>46c</b>
d	Credit for prior year minimum tax (attach Form 8801 or 8827) ..... <b>46d</b>
e	<b>Total credits.</b> Add lines 46a through 46d ..... <b>46e</b>
47	Subtract line 46e from line 45 ..... <b>47</b> 0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) ..... <b>48</b>
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions) ..... <b>49</b> 0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 ..... <b>50</b> 0.
51a	Payments: A 2018 overpayment credited to 2019 ..... <b>51a</b>
b	2019 estimated tax payments ..... <b>51b</b>
c	Tax deposited with Form 8868 ..... <b>51c</b>
d	Foreign organizations: Tax paid or withheld at source (see instructions) ..... <b>51d</b>
e	Backup withholding (see instructions) ..... <b>51e</b>
f	Credit for small employer health insurance premiums (attach Form 8941) ..... <b>51f</b>
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other ..... Total <b>51g</b>
52	<b>Total payments.</b> Add lines 51a through 51g ..... <b>52</b>
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> ..... <b>53</b>
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed ..... <b>54</b>
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid ..... <b>55</b>
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> ..... <b>56</b>

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <input type="checkbox"/> _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
59	Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  **CEO & PRESIDENT** \_\_\_\_\_ Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DENISE V MARTIN, CPA</b>	Preparer's signature <b>DENISE V MARTIN, CPA</b>	Date <b>11/12/20</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00148380</b>
	Firm's name <input type="checkbox"/> <b>MARTIN HOOD LLC</b>			Firm's EIN <input type="checkbox"/> <b>37-1119790</b>	
	Firm's address <input type="checkbox"/> <b>2507 SOUTH NEIL STREET CHAMPAIGN, IL 61820</b>			Phone no. <b>(217) 351-2000</b>	

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1		6	Inventory at end of year .....	6	
2	Purchases .....	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7	
3	Cost of labor .....	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes No
4a	Additional section 263A costs (attach schedule) .....	4a					
b	Other costs (attach schedule) .....	4b					
5	<b>Total.</b> Add lines 1 through 4b .....	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). <b>0.</b>	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). <b>0.</b>

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A). <b>0.</b>		Enter here and on page 1, Part I, line 9, column (B). <b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 10, col. (B). <b>0.</b>			Enter here and on page 1, Part II, line 25. <b>0.</b>

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		<b>0.</b>	<b>0.</b>			<b>0.</b>

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 26. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	1
DESCRIPTION		AMOUNT	
RENT EXPENSE		18,000.	
INSURANCE		632.	
DISTRIBUTIONS		24,804.	
HARVEST LUNCH		78.	
FFF MEETINGS		35.	
TOTAL TO FORM 990-T, PAGE 1, LINE 27		43,549.	

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT	2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/19	1,892.	0.	1,892.	1,892.	
NOL CARRYOVER AVAILABLE THIS YEAR			1,892.	1,892.	

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT	3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/17	8,912.	2,043.	6,869.	6,869.	
NOL CARRYOVER AVAILABLE THIS YEAR			6,869.	6,869.	

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

PMT #	_____
AMT	_____
INIT	_____

**Attorney General KWAME RAOUL State of Illinois**  
Charitable Trust Bureau, 100 West Randolph  
11th Floor, Chicago, Illinois 60601

**CO # 01-003,181**

**Report for the Fiscal Period:**

**Beginning** 07/01/2019

**& Ending** 06/30/2020  
MO DAY YR

**Make Checks Payable to the Illinois Charity Bureau Fund**

- Check all items attached:**
- Copy of IRS Return
  - Audited Financial Statements
  - Copy of Form IFC
  - \$15.00 Annual Report Filing Fee
  - \$100.00 Late Report Filing Fee

Federal ID # 37-0662519

Are contributions to the organization tax deductible?

Yes  No

Date Organization was created:

06/09/1957  
MO DAY YR

LEGAL NAME MAIL ADDRESS CITY, STATE ZIP CODE	<b>UNITED WAY OF CHAMPAIGN COUNTY</b> <b>5 DUNLAP CT</b> <b>SAVOY, IL</b> <b>61874</b>	Year-end amounts	
		A) ASSETS	A) \$ <b>6,772,132.</b>
		B) LIABILITIES	B) \$ <b>2,100,557.</b>
		C) NET ASSETS	C) \$ <b>4,671,575.</b>
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>		PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		<b>99.286%</b>	D) \$ <b>4,525,326.</b>
E) GOVERNMENT GRANTS & MEMBERSHIP DUES		%	E) \$
F) OTHER REVENUES		<b>0.714%</b>	F) \$ <b>32,559.</b>
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)		100 %	G) \$ <b>4,557,885.</b>
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>			
H) OPERATING CHARITABLE PROGRAM EXPENSE		<b>10.980%</b>	H) \$ <b>481,374.</b>
I) EDUCATION PROGRAM SERVICE EXPENSE		%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		<b>10.980%</b>	J) \$ <b>481,374.</b>
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS		<b>75.140%</b>	K) \$ <b>3,294,075.</b>
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)		<b>86.120%</b>	L) \$ <b>3,775,449.</b>
M) MANAGEMENT AND GENERAL EXPENSE		<b>4.293%</b>	M) \$ <b>188,217.</b>
N) FUNDRAISING EXPENSE		<b>9.586%</b>	N) \$ <b>420,250.</b>
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)		100 %	O) \$ <b>4,383,916.</b>
<b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
<b>PROFESSIONAL FUNDRAISERS:</b>			
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS		100 %	P) \$ <b>0.</b>
Q) TOTAL FUNDRAISERS FEES AND EXPENSES		%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)		%	R) \$
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>			
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS			S) \$ <b>0.</b>
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>			
T) NAME, TITLE: <u>SUE GREY, PRESIDENT &amp; CEO</u>			T) \$ <b>98,512.</b>
U) NAME, TITLE: <u>CATHY BAIRD, CHIEF FINANCIAL OFFICER</u>			U) \$ <b>80,069.</b>
V) NAME, TITLE: <u>BECCA GUYETTE, CHIEF DEVELOPMENT OFFICER</u>			V) \$ <b>77,010.</b>
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES			List on back side of instructions CODE
W) DESCRIPTION: <u>GRANTS TO OTHER CHARITABLE ORGANIZATIONS</u>			W) # <b>150</b>
X) DESCRIPTION:			X) #
Y) DESCRIPTION:			Y) #

**IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:**

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? .....		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .....		<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? .....		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) .....		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....		<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:  <u>BUSEY INVESTMENT SERVICES, 100 W UNIVERSITY, CHAMPAIGN, IL 61820</u> <u>U OF I COMMUNITY CREDIT UNION, 2201 S 1ST STREET, CHAMPAIGN, IL 61820</u> <u>BANKCHAMPAIGN, 2101 SOUTH NEIL STREET, CHAMPAIGN, IL 61824</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>CATHY BAIRD - (217) 352-5151</u>		

**ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS**

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

**BE SURE TO INCLUDE ALL FEES DUE:**

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

**SUE GREY**

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

**MICHAEL VITTONI**

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

**DENISE V MARTIN, CPA**

PREPARER (PRINT NAME) SIGNATURE DATE





# 2019 Form IL-990-T

## Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2019, enter your fiscal tax year here. Tax year beginning <u>JUL 1</u> , 20 <u>19</u> , ending <u>JUN 30</u> 20 <u>20</u> <small>month day year month day year</small> <b>WARNING</b> This form is for tax years ending on or after December 31, 2019, and before December 31, 2020. For all other situations, see instructions to determine the correct form to use.	Enter the amount you are paying. \$ _____
---	--

### Step 1: Identify your exempt organization

**A** Enter your complete legal business name.  
 If you have a name change, check this box.   
 Name: UNITED WAY OF CHAMPAIGN COUNTY

**B** Enter your mailing address.  
 Check this box if either of the following apply:   
 • this is your **first return**, or  
 • you have an **address change**.  
 C/O: \_\_\_\_\_

Mailing address: 5 DUNLAP CT  
 City: SAVOY State: IL ZIP: 61874

**C** If this is the first or final return, check the applicable box(es).  
 First return  
 Final return (Enter the date of termination. \_\_\_\_\_ )  
mm dd yyyy

**D** Enter your federal employer identification no. (FEIN).  
37-0662519

**E** Check if you are taxed as a corporation.

**F** Check if you are taxed as a trust.

**G** Provide the nature of your unrelated trade or business. FARMING INCOME

**H** Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits.

**I** Enter your North American Industry Classification System (NAICS) Code, if applicable. See instructions.  
11000

**J** Check this box if you are a 52/53 week filer.

### Step 2: Figure your base income or loss

(Whole dollars only)

1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 39. <b>Attach</b> a copy of Page 2 of your U.S. Form 990-T.	1	-113 .00
2 RESERVED	2	.00
3 RESERVED	3	.00
4 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	4	.00
5 <b>Base income or loss.</b> Add Lines 1 and 4.	5	-113 .00

<b>STOP</b>	<b>A</b> If the amount on Line 5 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 5 on Step 4, Line 14. You may not complete Step 3. (You must leave Step 3, Lines 6 through 13 blank.) <input checked="" type="checkbox"/>
	<b>B</b> If any portion of the amount on Line 5 is derived outside Illinois, check this box and complete <u>all lines</u> of Step 3. (Do not leave Lines 8 through 10 blank.) See instructions. <input type="checkbox"/>

### Step 3: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

6 Business income or loss included in Line 5 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	6	.00
7 Business income or loss. Subtract Line 6 from Line 5.	7	.00
8 Total sales everywhere. This amount cannot be negative.	8	_____
9 Total sales inside Illinois. This amount cannot be negative.	9	_____
10 Apportionment factor. Divide Line 9 by Line 8. Round to six decimal places.	10	. _____
11 Business income or loss apportionable to Illinois. Multiply Line 7 by Line 10.	11	.00
12 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	12	.00
13 <b>Base income or loss allocable to Illinois.</b> Add Lines 11 and 12.	13	.00

### Step 4: Figure your net replacement tax

14 Net income or loss from Line 5 or Line 13.	14	-113 .00
15 Replacement tax. <b>Corporations</b> multiply Line 14 by 2.5% (.025); <b>Trusts</b> multiply by 1.5% (.015).	15	.00
16 Recapture of investment credits. <b>Attach</b> Schedule 4255.	16	.00
17 Replacement tax before investment credits. Add Lines 15 and 16.	17	.00
18 Investment credits. <b>Attach</b> Form IL-477.	18	.00
19 <b>Net replacement tax.</b> Subtract Line 18 from Line 17. If the amount is negative, enter zero.	19	0 .00

Attach your payment and Form IL-990-T-V here.



Step 5: Figure your net income tax

Table with 2 columns: Description and Amount. Rows include Net income or loss from Line 14, Income Tax, Recapture of investment credits, Income tax before credits, Income tax credits, and Net income tax.

Step 6: Figure your refund or balance due

Table with 2 columns: Description and Amount. Rows include Net replacement tax from Line 19, Net income tax from Line 25, Total net income and replacement taxes and surcharges, Payments, and Refund.

Form box for direct deposit: Complete to direct deposit your refund. Includes fields for Routing Number, Account Number, and checkboxes for Checking or Savings.

37 Tax Due. If Line 30 is greater than Line 32, subtract Line 32 from Line 30. This is the amount you owe.

If you owe tax on Line 37, complete a payment voucher, Form IL-990-T-V. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.

Special Note -> Enter the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signature section table with fields for Sign Here, Preparer, and Firm information. Includes checkboxes for Department discussion and self-employed status.

- If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009
If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053