### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

<u>A</u> I	ror tri	e 2021 calendar year, or tax year beginning 001 1, 2021 and	enaing U	UN 30, 2022	
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre				
	Name	ge Doing business as		37-06625	19
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Final returr	5 DUNLAP CT		(217)352	-5151
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,403,496.
	Amer returr	SAVOY, IL 61874		H(a) Is this a group r	eturn
	Appli tion	F Name and address of principal officer: SUE GREI		for subordinates	s? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		sempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
		ite: ► WWW.UNITEDWAYCHAMPAIGN.ORG		H(c) Group exemption	on number 🕨
		f organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1957 i	<b>M</b> State of legal domicile; <b>IL</b>
Pa	art I	Summary			
d)	1	Briefly describe the organization's mission or most significant activities: <b>UNITE</b>			
Activities & Governance		BRINGS PEOPLE AND RESOURCES TOGETHER TO C	REATE	POSITIVE CH	ANGE AND
rna	2	Check this box  if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	
ove.	3			3	27
<u>ن</u> مح	4	Number of independent voting members of the governing body (Part VI, line 1b)			27
es &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			13
ΞĒ	6	Total number of volunteers (estimate if necessary)			150
₹c	7 a			<u>7a</u>	56,964.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		4,323,709.	4,106,280.
ēn	9	Program service revenue (Part VIII, line 2g)		89,815.	111,097.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		19,296.	16,351.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		75,798.	121,297.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,508,618.	4,355,025.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,551,788.	3,119,775.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		841,738.	883,065.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X	_b	Total fundraising expenses (Part IX, column (D), line 25)  436,48		272 020	252 140
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		272,030.	352,140.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,665,556. -156,938.	4,354,980.
	19	Revenue less expenses. Subtract line 18 from line 12			<del>                                     </del>
Net Assets or		Total counts (Dark V. Pers 40)	Ве	ginning of Current Year 7,001,631.	End of Year 6,932,595.
SSE	20	Total assets (Part X, line 16)		2,034,742.	2,295,538.
let /	21	Total liabilities (Part X, line 26)		4,966,889.	4,637,057.
P	22 art II	Net assets or fund balances. Subtract line 21 from line 20		4,300,003.	4,037,037.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of my	v knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and belief, it is
truo	, 00110	and complete. Books and of property (other than others) to based on an information of win	ion proparor	That arry knowledge.	
Sig	n	Signature of officer		Date	
Her		■ SUE GREY, CEO & PRESIDENT			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Paid	d	DONNA LAWSON, CPA DONNA LAWSON, CF	A 1	.1/10/22 if self-employ	P01787169
Pre	parer	Firm's name MARTIN HOOD LLC			37-1119790
	Only	Firm's address 2507 SOUTH NEIL STREET			
		CHAMPAIGN, IL 61820-		Phone no. ( 2	17)351-2000
Ma	y the I	RS discuss this return with the preparer shown above? See instructions		<del>-</del>	X Yes No

# Form 990 (2021) UNITED WAY OF CHAMPAIGN COUNTY 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 TOGET	
	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	
		Yes X No
	If "Yes," describe these new services on Schedule O.	Yes X No
3	5 7 1 5	Yes _A_No
4	If "Yes," describe these changes on Schedule O.	noncoo
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	
	revenue, if any, for each program service reported.	erises, ariu
4a	(Code:) (Expenses \$ 3,688,710 . including grants of \$ 3,119,775 . ) (Revenue \$ \$	64,500.)
	COMMUNITY IMPACT/COMMUNITY ORGANIZER - MOBILIZING VOLUNTEER RESO	
	PROVIDING MANAGEMENT ASSISTANCE TO FUNDED PROGRAMS AND PARTICIPA	
	COMMUNITY ORGANIZATIONS TO DEVELOP ALLIANCES AND NETWORKS TO PRO	MOTE
	PUBLIC AWARENESS OF NEEDS.	
4b	(Code:) (Expenses \$	
710	(Code) (Expenses #	,
4c	(Out	
40	(Code:) (Expenses \$	,
4.1	Other are many and in a Chestile on Calendal O	
40	Other program services (Describe on Schedule O.)	١
4e	(Expenses \$\text{ including grants of \$}\tag{Revenue \$}\tag{Revenue \$}\tag{A \text{ f 88 , 710 .}}	)
70	Total program service expenses	Farm 990 (0001)

## Form 990 (2021) UNITED WAY OF CHAMPAIGN COUNTY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٦,
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			\ <b>.</b> ,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	· · · · · · · · · · · · · · · · · · ·	l		, .
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.0	v	
	Schedule D, Parts XI and XII	12a	<u>X</u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		<del>.</del>
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
Ø	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			
		1116		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<del>  *</del>
IJ		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<del></del>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- <i>''</i>		<u></u>
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2021) UNITED WAY OF CHAMPAIGN COUNTY
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			7.7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance	<u> 30</u>	21	
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 -		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	l	I

Form 990 (2021) UNITED WAY OF CHAMPAIGN COUNTY

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

					Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S		_	37	
				3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Λ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			4-		x
<b>h</b>	financial account in a foreign country (such as a bank account, securities account, or other financial at If "Yes," enter the name of the foreign country	CCOUNT	) ?	4a		1
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	count	· (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?	-		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices pr	ovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s requi	red			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
_				8		
9	Sponsoring organizations maintaining donor advised funds.			9a		
a b	Did the constraint and the distribution to a dis			9b		
10	Section 501(c)(7) organizations. Enter:			36		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	•				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b				
_	organization is licensed to issue qualified health plans	13c				
14a	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Scheduling			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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.

800							X
Sec	tion A. Governing Body and Management						
		1.1		27		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		27			
	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 0.			27			
	Enter the number of voting members included on line 1a, above, who are independent			27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh						37
	officer, director, trustee, or key employee?			├	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct	supervision				٠,,
					3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		X
6	Did the organization have members or stockholders?				6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint c	ne or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockhol	ders, or				
	persons other than the governing body?			∟	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	•	•				
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached at	the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			L	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters,	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before	e filing the form?	? <u> </u>	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			L	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conf	icts?	L	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," de	scribe				
	on Schedule O how this was done			<u>L</u>	12c	X	
13	Did the organization have a written whistleblower policy?			L	13	X	
14	Did the organization have a written document retention and destruction policy?			L	14	Х	
15	Did the process for determining compensation of the following persons include a review and approv	al by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			L	15a	X	
	Other officers or key employees of the organization			- 1	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	th a				
	taxable entity during the year?			L	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization	s				
	exempt status with respect to such arrangements?			[-	16b		
Sec	tion 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, a	and 990	T (section 501(c	:)(3)s c	only) :	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.		`		••		
	X Own website Another's website X Upon request Other (explain	n on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		,	and f	inand	cial	
	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 bo	oks 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week					174140		from the	from related	other compensation
	(list any hours for	direct				p		organization	organizations (W-2/1099-MISC/	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ll trus	nal tru		loyee	om pe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GTT GDTT	line)	<u>E</u>	lns	#0	, Ke	Hig	P.			
(1) SUE GREY	40.00	-		7,7				115 500	_	25 702
PRESIDENT AND CEO	40.00			Х				115,520.	0.	25,783.
(2) CATHY A BAIRD	40.00	-		7,7				00 270	_	F 202
CHIEF FINANCIAL OFFICER	1 00			Х				88,372.	0.	5,302.
(3) STEPHANIE STUART	1.00	٠,,							_	
BOARD MEMBER	F 00	Х						0.	0.	0.
(4) CAITLIN DRAKE	5.00	₹.		v					_	_
CIC CHAIR  (5) CHRIS EVANGELISTI	1 00	Х		Х				0.	0.	0.
(5) CHRIS EVANGELISTI BOARD MEMBER	1.00	х						0.	0.	_
(6) MARK WISNIEWSKI	5.00	^						0.	0.	0.
CHAIR ELECT	3.00	х						0.	0.	0.
(7) JOHN KLUTH	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(8) JULIE DORNER	1.00							0.	0.	
BOARD MEMBER	1.00	х						0.	0.	0.
(9) SARAH ZEHR	5.00	25						0.	<u> </u>	•
CHAIR	3.00	х		Х				0.	0.	0.
(10) KARA JOHNSON	1.00							•	•	
BOARD MEMBER		x						0.	0.	0.
(11) ROBERT ROWE	1.00	1							•	
BOARD MEMBER		Х						0.	0.	0.
(12) JEWELL WHITE	5.00							-	-	-
SECRETARY		Х		Х				0.	0.	0.
(13) CARRIE EISENMENGER	5.00							-	-	-
PAST CHAIR		Х		х				0.	0.	0.
(14) MICHAEL VITTONE	5.00									
TREASURER		Х		Х				0.	0.	0.
(15) SHERI MCKIERNAN	1.00									
BOARD MEMBER		Х		L	L			0.	0.	0.
(16) MARTIN O'DONNELL	1.00									
BOARD MEMBER		Х		L	L			0.	0.	0.
(17) KAYLA BANKS	1.00									
BOARD MEMBER		Х						0.	0.	0.

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<b>(A)</b> Name and title	(B) Average hours per		not c	Pos heck	more	than		( <b>D</b> )  Reportable  compensation	<b>(E)</b> Reportable compensation		Estir	<b>F)</b> nated unt of	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee				tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC 1099-NEC)		ot compe from organ	her ensation the nization related	on n i
(18) DEMETRIA CANDLER	1.00												
BOARD MEMBER		Х						0.	(	).			0.
(19) VALENA CLAIBORNE	5.00												
DEI CHAIR		Х		Х				0.	(	).			0.
(20) LISA KNEISLEY RECTOR	5.00												_
RD CHAIR	1 00	Х		Х				0.	(	).			0.
(21) WARREN MCCAULEY	1.00												_
BOARD MEMBER	1 00	Х						0.	(	).			0.
(22) LUKE SULLIVAN	1.00												_
BOARD MEMBER	1 00	Х						0.	(	).			0.
(23) CHARLES "RANDY" HULETT	1.00												_
BOARD MEMBER	1 00	Х				_		0.	(	).			0.
(24) BRENDA HURNS	1.00								_				_
BOARD MEMBER	1 00	Х				_		0.	(	).		(	0.
(25) GARRETT JONES	1.00												_
BOARD MEMBER	1 00	Х				_		0.	(	).		(	0.
(26) CHARLES OSBORNE	1.00												_
BOARD MEMBER		X						0.		).			<u>0.</u>
1b Subtotal								203,892.		).	<u> 31</u>	,08	
c Total from continuation sheets to Part V								0.		).	21		<u>0.</u>
d Total (add lines 1b and 1c)							<u> </u>	203,892.		<u>, •  </u>	<u> </u>	,08	<u> </u>
2 Total number of individuals (including but r	not limited to th	ose	liste	d ar	oove	e) wn	o re	eceived more than \$100,	000 of reportable				1
compensation from the organization												es l	No No
3 Did the organization list any former officer	director tructs	00 l	.01.0	mnl	0.40	0 0	hia	host componented amp	ovoc on			-	10
· ,			•	•	•		_		•		3		X
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a. is the si										٠	3		
, and a second s											4		X
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>											4		
rendered to the organization? If "Yes." con					,			•			5		X
Section B. Independent Contractors	npiete Schedule	9 J T	or st	icn į	oers	on				<u></u>	<u> </u>	- 1 -	
Complete this table for your five highest co	mnensated ind	lene	nder	nt co	ntr	acto	re th	nat received more than \$	100 000 of compe	neatir	on from	,	
the organization. Report compensation for										ioutic	JIT 11 OIT	'	
(A)	tiro caroridar y	Jul C	, ruii	.g **		J1 VV1		(B)			(C)		
Name and business	address	NO	ONE	3				Description of s	ervices	Co	mpens	ation	
2 Total number of independent contractors (		ot lir	nited	to '	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	zation >	T 2 7	T72	m =	(	<u>, ~</u>	77	TEM C			04	20 (00	
CHE DADE VII CHOUTA		וא וי	110		. 161	٠.		MATERIAL STREET			ut		

Form 990 UNITED WA									37-066	<u> </u>
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employ	ees (continued)	
<b>(A)</b> Name and title	(B) Average hours	Position Reportable Report (check all that apply) compensation competition						(E) Reportable compensation	<b>(F)</b> Estimated amount of	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) STEPHANIE SEAY	1.00	٦,								0
BOARD MEMBER (28) CHRISTOPHER WALTON	1.00	Х						0.	0.	0
BOARD MEMBER	1.00	х						0.	0.	0
SOLIKO IIDIADAK		21						0.		

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			Check if Schedule O	conta	ains a re	esponse	or note to any lir	ne in this Part VIII			
						•	•	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
Siδ	1	а	Federated campaigns			1a					
ant			Membership dues			1b					
يَ ق			Fundraising events		· · · · · · · · · · · · · · · · · · ·	1c					
r A			Related organizations		· · · · · · · · · · · · · · · · · · ·	1d		1			
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contr			1e					
Sir			All other contributions, gifts,			-		1			
e ti			similar amounts not included			1f 4,	106,280.				
걸		g	Noncash contributions included in			1g \$		-			
Sugar		_	Total. Add lines 1a-1f		_		<b>•</b>	4,106,280.			
<u> </u>			Totall / Ida iii ioo Ta Ti				Business Code				
<sub>o</sub>	2	a	FARMERS FEEDI	NG	FAM	ILI	110000	56,964.		56,964.	
Š	_		MANAGEMENT FE				900003	49,918.	49,918.	00,000	
Ser		c	ANNUAL MEETIN				900003	4,215.	4,215.		
E S		d									
gra		e									
Program Service Revenue			All other program service	reve	nue						
		a	Total. Add lines 2a-2f					111,097.			
	3		Investment income (include					,			
			other similar amounts)					16,351.			16,351.
	4		Income from investment of					,			•
	5		Royalties		•		•				
			,			Real	(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
	7		Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ē			and sales expenses	7b							
her Revenue		С	Gain or (loss)	7c							
Re			Net gain or (loss)				<b>&gt;</b>				
ē	8		Gross income from fundraising								
₽			including \$	-	-						
			contributions reported on	line	 1c). Se	e					
			Part IV, line 18			8a	159,401.				
		b	Less: direct expenses			8b	48,471.				
		С	Net income or (loss) from	fund	raising	event <u>s</u>	<u></u>	110,930.			110,930.
	9	а	Gross income from gamin	g ac	tivities.	See					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gam	ing acti	vities	<u></u>				
	10	а	Gross sales of inventory, I	ess ı	eturns						
			and allowances			10a	9				
		b	Less: cost of goods sold			10k	o e				
		С	Net income or (loss) from	sales	of inve	entory	<b>&gt;</b>				
g							Business Code				
on e	11	а	MISCELLANEOUS				900003	10,367.	10,367.		
ane		b									
Miscellaneous Revenue		С									
Mis			All other revenue					10 265			
			Total. Add lines 11a-11d				<u></u>	10,367.		F.C. 0.C.4	107 001
	12	<u> </u>	Total revenue. See instruction	ns			<b>)</b>	4,355,025.	64,500.	56,964.	127,281.

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#### 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).

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ipiete coluttiti (A).	
	·	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	0 446			
	and domestic governments. See Part IV, line 21	3,119,775.	3,119,775.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	243,025.	100,720.	82,607.	59,698.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	497,840.	258,851.	30,130.	208,859.
8	Pension plan accruals and contributions (include		46.66		40.015
	section 401(k) and 403(b) employer contributions)	20,141.	10,099.	10.00	10,042. 19,196.
9	Other employee benefits	68,524.	38,930.	10,398.	19,196.
10	Payroll taxes	53,535.	25,861.	8,191.	19,483.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	25.		25.	
	Accounting	16,243.		16,243.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	11 626		11 636	
	column (A), amount, list line 11g expenses on Sch 0.)	11,636.		11,636.	
12	Advertising and promotion	11 750	E C01	1 770	4 202
13	Office expenses	11,752.	5,681.	1,779.	4,292.
14	Information technology				
15	Royalties	0F F21	10 240	2 067	0 200
16	Occupancy	25,531. 202.	12,342. 163.	3,867.	9,322.
17	Travel	404.	103.		39.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	2,437.	573.	599.	1,265.
19	Conferences, conventions, and meetings	4,431.	313.	333.	1,200.
20	Interest  Payments to affiliates				
21 22	Payments to affiliates	30,874.	14,925.	4,676.	11,273.
23		10,195.	4,928.	1,544.	3,723.
23 24	Insurance Other expenses. Itemize expenses not covered	10,100	1,520	1,311	5,725
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.)  AFFILIATION DUES	67,043.	32,409.	10,154.	24,480.
a b	COMPUTER SUPPORT AGREEM	41,281.	14,692.	4,603.	21,986.
	MATERIALS - DEVELOPMENT	37,747.	14,640.	2,0000	23,107.
d	SERVICE CHARGES	36,410.		36,148.	262.
	All other expenses	60,764.	34,121.	7,185.	19,458.
25	Total functional expenses. Add lines 1 through 24e	4,354,980.	3,688,710.	229,785.	436,485.
26	Joint costs. Complete this line only if the organization	, ,	. ,	,	•
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)				
	· — · · · · · ·	L			Form 990 (2021)

Form 990 (2021)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,474,052.	1	1,285,849.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			848,570.	3	1,100,777.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
ţ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
ď	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	947,724. 181,550.			
	b	Less: accumulated depreciation			692,886.	10c	766,174. 3,779,795.
	11	Investments - publicly traded securities			3,986,123.	11	3,779,795.
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	F 001 601	15	6 020 505		
	16	Total assets. Add lines 1 through 15 (must e	7,001,631.	16	6,932,595.		
	17	Accounts payable and accrued expenses	40,296.	17	38,585.		
	18	Grants payable	34,562.	18	2 006		
	19	Deferred revenue			34,304.	19	2,006.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su				00	
Lia	00	controlled entity or family member of any of t				22	
	23 24	Secured mortgages and notes payable to unit Unsecured notes and loans payable to unrela				23 24	
	25	Other liabilities (including federal income tax,		Г		24	
	23	parties, and other liabilities not included on li					
		of Schedule D		1	1,959,884.	25	2,254,947.
	26	Total liabilities. Add lines 17 through 25			2,034,742.	26	2,295,538.
		Organizations that follow FASB ASC 958, o	heck here	► X			
es		and complete lines 27, 28, 32, and 33.					
anc	27				2,430,751.	27	1,967,268.
Bala	28				2,536,138.	28	1,967,268. 2,669,789.
pu		Organizations that do not follow FASB ASC					
Ψ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,966,889.	32	4,637,057.
	33	Total liabilities and net assets/fund balances			7,001,631.	33	6,932,595.
							Form <b>990</b> (2021)

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u> .		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	<u> 355</u>	, 02	<u>25.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	<u> 354</u>	, 98	<u>80.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>45.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,9	<del>366</del>	, 88	89.
5	Net unrealized gains (losses) on investments	5	<u> </u>	<u>345</u>	, 87	<u>77.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		16	,00	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	4,0	537	, 05	57.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:	ŕ				
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?	J. 5 7 134		3а		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	·····			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		l

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection
Employer identification number

		UNIT	ED WAY OF (	CHAMPAIGN COU	JNTY			3	7-066251	.9
Pa	rt I	Reason for Public (	Charity Status. (	All organizations must c	omplete th	nis part.) S	ee instructions	S.		
Γhe	organ	nization is not a private found								
1		A church, convention of ch	•	•	•	,	(VA)(i)			
2	Ħ	A school described in <b>sect</b> i					. ///(-)-			
3	П	A hospital or a cooperative		•		/h//1////ii	i)			
_	H	A medical research organization					•	(iii) Entor	the beenital's n	amo
4			ation operated in cor	ijuriction with a nospitar	described	III Sectio	11 170(D)(1)(A)	(III). Linter	trie riospitai s ri	arrie,
_	$\overline{}$	city, and state:							and the	
5		An organization operated for		lege or university owned	or operati	ed by a go	vernmentai ur	nt describe	ea in	
		section 170(b)(1)(A)(iv). (C	•							
6		A federal, state, or local gov	•				. ,			
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental ı	unit or from th	e general p	oublic described	l in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Part	t II.)					
9		An agricultural research org	anization described	in <b>section 170(b)(1)(A)(</b>	ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city,	, and state of t	he college	or	
		university:								
10		An organization that norma	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	ns, membershi	p fees, and	d gross receipts	from
		activities related to its exem								
		income and unrelated busin		·					-	
		See section 509(a)(2). (Cor		(lead deciloti of i tax) ite	iii badiiicc	ooo aoqan	ca by the orgi	unization c	inter durie de, re	70.
11		An organization organized a	•	volv to tost for public sat	foty Soo	saction FC	10(2)(4)			
12	H	-	•	•	•			n, out the	nurnaces of one	0 or
12	ш	An organization organized a	•	•	-			•	•	
		more publicly supported or	-						neck the box o	n
		lines 12a through 12d that	* *					-		
а			•		•	_				
		the supported organization			majority o	of the direc	tors or trustee	s of the su	ipporting	
		organization. You must o	complete Part IV, Se	ctions A and B.						
b			anization supervised	or controlled in connect	ion with its	s supporte	d organization	n(s), by hav	ring	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manag	e the supp	oorted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,	
		its supported organization	n(s) (see instructions)	. You must complete i	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its support	ed organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution req	uirement and	an attentiv	/eness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III		
		functionally integrated, or					<i>y</i> . <i>y y</i> .	, ,,		
f	Fnte	er the number of supported o		, 5	5 5					
		vide the following information	•	d organization(s).						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of	other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see inst	ructions)
				above (see instructions))						
	_									

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3573225.	4490452.	4362124.	4369063.	4163244.	20958108.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	2552225	4400450	4260104	4250052	44.6004.4	00050100
	Total. Add lines 1 through 3	3573225.	4490452.	4362124.	4369063.	4163244.	20958108.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						00000100
	Public support. Subtract line 5 from line 4.						20958108.
		(-) 0047	(1-) 0040	(-) 0040	(-1) 0000	(-) 0004	(C) T. J. J.
	ndar year (or fiscal year beginning in)	(a) 2017 3573225.	(b) 2018 4490452.	(c) 2019 4362124.	(d) 2020 4369063.	(e) 2021 4163244	(f) Total 20958108.
	Amounts from line 4	3373223.	4490432.	4302124.	4309003.	4103244.	20930100.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	12,774.	24,897.	28,901.	19,296.	16,351.	102,219.
9	Net income from unrelated business	12,774.	24,0574	20,501.	15,250.	10,331.	102,213.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	198,110.	2,672.	3,658.	4,584.	10.367.	219,391.
11	<b>Total support.</b> Add lines 7 through 10		= /	27223	= / 5 5 = 1		21279718.
12		etc. (see instruction	ons)			12	891,919.
	First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•
	organization, check this box and stop	-		•			
Sec	ction C. Computation of Publi						•
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	98.49 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	98.43 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			<b>&gt;</b>
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported o	rganization		<b>&gt;</b>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶□

#### 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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support			T	_		
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			•		
80	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi			(0)		145	
	Public support percentage for 2021 (li			.,,		15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	<u>%</u>
				no 10 polyman (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 2					18   18   1/3% and line 1	7 is not
198	33 1/3% support tests - 2021. If the						<b>.</b> —
	more than 33 1/3%, check this box ar						
ľ	33 1/3% support tests - 2020. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	DOX ON HINE 14, 198	a, or 190, check tr	iis dux and see ins	นเนติเเดเร	🟲 📖

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Von	N-
	Yes	No
1		
2		
3a		
3b		
3с		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
3		
9a		
9b		
9c		
90		
10a		
10b		
 A (Forn	n aan)	2021

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	-		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ad Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Par	t V	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Secti	on D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported			
	organ	izations, in excess of income from activity			2	
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amou	nts paid to acquire exempt-use assets			4	
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.			6	
7		annual distributions. Add lines 1 through 6.			7	
8	Distrik	outions to attentive supported organizations to which the	ne organization is responsive			
		de details in <b>Part VI</b> ). See instructions.			8	
9	7	outable amount for 2021 from Section C, line 6			9	
10		amount divided by line 9 amount			10	
		1	(i)	(ii)		(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ıs	Distributable Amount for 2021
1	Distrib	outable amount for 2021 from Section C, line 6				
2	Unde	distributions, if any, for years prior to 2021 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
а	From	2016				
b	From	2017				
С	From	2018				
d	From	2019				
е	From	2020				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2021 distributable amount				
i	Carry	over from 2016 not applied (see instructions)				
j	Rema	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrik	outions for 2021 from Section D,				
	line 7:	\$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2021 distributable amount				
С	Rema	inder. Subtract lines 4a and 4b from line 4.				
5		ining underdistributions for years prior to 2021, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than z	ero, explain in Part VI. See instructions.				
6	Rema	ining underdistributions for 2021. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
		/I. See instructions.				
7		ss distributions carryover to 2022. Add lines 3				
	and 4	-				
8		down of line 7:				
		s from 2017				
		s from 2018				
		s from 2019				
		s from 2020				
		s from 2021				

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

#### **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 Inspection

Name of the organization

UNITED WAY OF CHAMPAIGN COUNTY

**Employer identification number** 37-0662519

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor or		•
Pa	rt II Conservation Easements. Complete if the ord		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	·
	Preservation of land for public use (for example, recreated)	`	a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			1 1
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ire
	listed in the National Register		I I
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB A	<b>G</b>	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990, Part V		<b>C</b>

	dule D (Form 990) 2021 UNITED T	WAY OF CHAI					2519 (continu	
3 a b c 4 5	Using the organization's acquisition, accessic collection items (check all that apply):  Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's concluding the year, did the organization solicition to be sold to raise funds rather than to be manufactured.	d e ollections and explair r receive donations o	Loan or exc Other how they further the	hange program  e organization's ex	empt purpose i	n Part X	(III.	□ No
Par	t IV Escrow and Custodial Arrangereported an amount on Form 990, Pai	gements. Comple						
	Is the organization an agent, trustee, custodi on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII					🗆	Yes	☐ No
d e f	Beginning balance Additions during the year Distributions during the year Ending balance				1d 1e 1f		Amount	
	Did the organization include an amount on Fulf "Yes," explain the arrangement in Part XIII.  The transfer of t	Check here if the ex	planation has been	provided on Part XI	II	<u> </u>	Yes	No
1 3		(a) Current year	(b) Prior year	(c) Two years back		s back	(e) Four	years back
12	Beginning of year balance	2,842,291.	2,293,751.	2,209,805				900,094.
	Contributions	12,761.	115,277.	· · ·				95,289.
	Net investment earnings, gains, and losses	-370,428.	459,909.	48,290		,129.		
	Grants or scholarships	3,3,223	200,000	,				,
	Other expenditures for facilities							
·								
f	Administrative expenses	28,493.	26,646.	26,944	. 27	,805.		27,840.
g g	End of year balance	2,456,131.	2,842,291.	,			1.	029,310.
2	Provide the estimated percentage of the curr							, , , , , , , ,
	Board designated or quasi-endowment	9.0000	%	, ricia as.				
	Permanent endowment > 89.0000	%						
	Term endowment ▶ 2.0000							
	The percentages on lines 2a, 2b, and 2c sho							
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	d administered for	the organization	n		
	by:	· ·			· ·		[	Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Par	Land, Buildings, and Equipm Complete if the organization answere		), Part IV, line 11a. S	ee Form 990, Part 2	K, line 10.			
	Description of property	(a) Cost or o basis (investr	nent) basis	(other)	Accumulated lepreciation		(d) Book	value
1a	Land			0,400.				,400.
	Buildings			1,508.	82,659	•		,849.
	Leasehold improvements							
d	Equipment Other		12	5,816.	98,891	•	26	,925.
	. Add lines 1a through 1e. (Column (d) must e		X column (B) line 10	Oc.)	<b>&gt;</b>	$\overline{}$	766	,174.

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Cabadida D. (Carra 200) 2001 IINITED WAY	OF CHAMPAIGN	COLINTY	37-0662519 Page <b>3</b>
Schedule D (Form 990) 2021 UNITED WAY  Part VII Investments - Other Securities.	OF CHAMFAIGN	COONTI	37-0002319 Page <b>3</b>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X,	, line 12.
(a) Description of security or category (including name of security)	(b) Book value		on: Cost or end-of-year market value
(1) Financial derivatives	( )		,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X,	, line 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<u>9 15.)</u>		<b>&gt;</b>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, l	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ALLOCATIONS PAYABLE			1,863,755.
(3) DESIGNATIONS PAYABLE			391,192.
(4)			

 1.
 (a) Description of liability
 (b) Book value

 (1) Federal income taxes
 1,863,755.

 (2) ALLOCATIONS PAYABLE
 1,863,755.

 (3) DESIGNATIONS PAYABLE
 391,192.

 (4)
 (5)

 (6)
 (7)

 (8)
 (9)

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 ≥ 2,254,947.

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 ...

1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments  b Donated services and use of facilities  c Recoveries of prior year grants  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  1 3,157,928.  2a -345,877.  2b  2c  3 16,000.	Par	Reconciliation of Revenue per Audited Financial Statements V  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	With I	Revenue per Re	turn.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (Boses) on investments b Donated services and use of facilities c Recoveries of prior year grants c Recoveries of prior year grants d Other (Describe in Part XIII)  a Add lines 2a through 2d  3 3,487,805.  A Amounts included on Form 990, Part VIII, line 7b  4 Amounts included on Form 990, Part VIII, line 7b  5 Total revenue Add lines 3 and 4c. (This prost cause from 990, Part IV, line 12: 4 Amounts included on Form 990, Part VIII, line 7b  5 Total revenue Add lines 3 and 4c. (This prost cause from 990, Part IV, line 12: 4 Total septemes and classes per addited financial statements.  Complete If the organization answered "Yes" on Form 990, Part IV, line 12: 1 Total septemes and classes per addited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 12: 2 Total septemes and classes per addited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Piror year adjustments c Other classes c Description required or Form 990, Part IX, line 25: a Donated services and use of facilities b Piror year adjustments c Other Classofts in Part XIII] c Add lines 2a through 2d 3 3,487,760.  4 Amounts included on Form 990, Part IX, line 25: b Did ther (Describe in Part XIII) c Add lines 2a through 2d 3 3,487,760.  5 Total expenses. And lines 3 and 4c. (This must equal Form 990, Part II, line 18) c Add lines 4a and 4b 5 Total expenses. And lines 3 and 4c. (This must equal Form 990, Part II, line 18) c Add lines 4a and 4b	1				1	3,157,928.
a Not urrealized gains obseed on investments 2b						
b Donated services and use of facilities 2c and another (Describe in Part XIII) 2c and 16,000 and 2c			2a	-345,877.		
c. Recoveries of prior year grants				. ,		
d Other (Describe in Part XIII) 2			_			
e Add lines 2 at through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4e. (This must social Form 990, Part IV, line 12) 5 1 4, 355, 025.    Part XIII   Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return.				16,000.		
3 3 3,487,805.  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 70 b Other (Describe in Part XIII) 5 Total revenue. Add lines 3 and 4e. This must equal Form 990, Part I, line 121 Total expenses and lines lines 1 Statements with Expenses per Return.  Complete if the organization answered 'Vest' on Form 990, Part II, line 122. 1 Total expenses and losses per audited financial statements.  Complete if the organization answered 'Vest' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 Prior year adjustments 2 Complete on the part XIII. 2 Prior year adjustments 2 Complete on Part XIII. 2 Add lines 2 through 2d 3 3,487,760.  3 3,487,760.  4 Other (Describe in Part XIII.) 4 Amounts included on Form 990, Part IX, line 25: b Cither (Describe in Part XIII.) 5 Coth of lines 2 through 2d 4 Amounts included on Form 990, Part VIII, line 7b 5 Cither (Describe in Part XIII.) 6 Cother (Describe in Part XIII.) 6 Cother (Describe in Part XIII.) 7 Cother (Describe in Part XIII.) 8 Cother (Describe in Part XIII.) 9 Add lines 4a and 4b 8 67, 220. 8 67					2e	-329,877.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 4, 355, 025.  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Comprehe if the organization answered "Yes" on Form 990, Part I, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) 2 Add lines 2 through 2d 2 Substract line 2e from line 1 3 3,487,760. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4 Amounts included on Form 990, Part VIII, line 7b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) 6 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) 6 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IX, lines 1b and 2b; Part IX, line 4; Part X, line 2; Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  PART X, LINE 4: TO PROVIDE A SOURCE OF INCOME FOR THE ORGANIZATION IN RELATION TO ITS CAMPAIGN PROGRAMS.  PART XII, LINE 4B - OTHER ADJUSTMENTS:  CHANGE IN FAIR VALUE OF ENDOWMENT PROMISE TO GIVE  16,000.	3	•				3,487,805.
b Other (Describe in Part XIII) c Add lines 4g and 4b 5 Total revenue Add lines 3 and 4c. This must equal Form 390, Part I, line 121 1 Total expenses and losses per audited financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Announts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Pror year adjustments 2 C Other losses d Other (Describe in Part XIII) 2 And lines 2 through 2d 3 Subtract line 2e from line 1 4 Announts included on Form 1990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVI, line 7b b Other (Describe in Part XIII) 4 Announts included on Form 990, Part IVI, line 7b b Other (Describe in Part XIII) 4 Announts included on Form 990, Part IVI, line 7b b Other (Describe in Part XIII) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IVI, line 18.)  Part XIII Supplemental Information.  PART V, LINE 4:  TO PROVIDE A SOURCE OF INCOME FOR THE ORGANIZATION IN RELATION TO ITS  CAMPAIGN PROGRAMS.  PART XII, LINE 2D - OTHER ADJUSTMENTS:  CHANGE IN FAIR VALUE OF ENDOWMENT PROMISE TO GIVE  16,000.	4					
b Other (Describe in Part XIII)	а	Investment expenses not included on Form 990, Part VIII, line 7b	1a			
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 46. This must angle from 990, Part I, line 12) 5 Total revenue Add lines 3 and 46. This must angle from 990, Part II, line 12.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 3 Donated services and use of facilities 5 Pitor year adjustments 6 Other losses 7 Determine 1	b		1b	867,220.		
\$ Total revenue. Add lines 3 and 4e. This must squal Form 390, Part I, line 12)	С	A 110 A 140			4c	867,220.
Competer the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements   1   3 , 487, 760 .  2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 2 Destroy ear adjustments   2b   2c   2d   2d   2d   2d   2d   2d   2d		Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 3,487,760.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I III, line 18) Fart 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. 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 XII, LINE 2D - OTHER ADJUSTMENTS:  CHANGE IN FAIR VALUE OF ENDOWMENT PROMISE TO GIVE 16,000.  PART XI, LINE 4B - OTHER ADJUSTMENTS:  CONTRIBUTIONS RAISED ON BEHALF OF OTHERS 867,220.	Par	t XII Reconciliation of Expenses per Audited Financial Statements	With	Expenses per F	Returr	۱.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d  3 Subtract line 2a from line 1 3 3,487,760.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  Fart XIII   Supplemental Information.  Part XIII   Supplemental 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  16,000.  PART XII, LINE 4B - OTHER ADJUSTMENTS:  CONTRIBUTIONS RAISED ON BEHALF OF OTHERS  867,220.						
a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII, 1) c Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3,487,760.  3 Subtract line 2e from line 1 3 3,487,760.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IXII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 6 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 6 Total expenses. Add lines 3 and 4b. (This must equal Form 990, Part I. line 18.) 6 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 6 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 6 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 6 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 6 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 8 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 8 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II. lines 18.) 8 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II. line 18.) 8 Total expenses. Add lines 2d and 4b. Also complete this part I. line 18.) 8 Total expenses. Add lines 2a. (1) 8 Total expenses. Add line	1				1	3,487,760.
b Prior year adjustments c Other lossess d Other lossess 2c d Other lossess 2d d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X, 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 16,000.  PART XI, LINE 4B - OTHER ADJUSTMENTS:  CONTRIBUTIONS RAISED ON BEHALF OF OTHERS 867,220.	2					
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d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 3,487,760.  Subtract line 2e from line 1 3 3,487,760.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part III, 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 XIII, 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  16,000.  PART XI, LINE 4B - OTHER ADJUSTMENTS:  CONTRIBUTIONS RAISED ON BEHALF OF OTHERS  867,220.	b					
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1b and 2b; Part VIII Supplemental Information.  Part XIII Supplemental 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  16,000.  PART XI, LINE 4B - OTHER ADJUSTMENTS:  CONTRIBUTIONS RAISED ON BEHALF OF OTHERS  867,220.	С					
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 5 4, 354, 980.  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. 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  16,000.  PART XI, LINE 4B - OTHER ADJUSTMENTS:  CONTRIBUTIONS RAISED ON BEHALF OF OTHERS  867,220.		<del></del>				0
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a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I line 18.) 5 4, 354, 980.  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  16,000.  PART XI, LINE 4B - OTHER ADJUSTMENTS:  CONTRIBUTIONS RAISED ON BEHALF OF OTHERS  867,220.					3	3,407,700.
b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  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  16,000.  PART XI, LINE 4B - OTHER ADJUSTMENTS:  CONTRIBUTIONS RAISED ON BEHALF OF OTHERS  867,220.	-		ا ۔ ا			
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5 Total expenses. Add lines 3 and 4c. This must equal Form 990, Part I. line 18).  6 4,354,980.  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  16,000.  PART XI, LINE 4B - OTHER ADJUSTMENTS:  CONTRIBUTIONS RAISED ON BEHALF OF OTHERS  867,220.  PART XII, LINE 4B - OTHER ADJUSTMENTS:					10	867 220
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 16,000.  PART XI, LINE 4B - OTHER ADJUSTMENTS:  CONTRIBUTIONS RAISED ON BEHALF OF OTHERS 867,220.					-	
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 16,000.  PART XI, LINE 4B - OTHER ADJUSTMENTS:  CONTRIBUTIONS RAISED ON BEHALF OF OTHERS 867,220.		t XIII Supplemental Information.			_ J	1,331,300.
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  16,000.  PART XI, LINE 4B - OTHER ADJUSTMENTS:  CONTRIBUTIONS RAISED ON BEHALF OF OTHERS  867,220.					; Part X	K, line 2; Part XI,
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 16,000.  PART XI, LINE 4B - OTHER ADJUSTMENTS:  CONTRIBUTIONS RAISED ON BEHALF OF OTHERS 867,220.  PART XII, LINE 4B - OTHER ADJUSTMENTS:		ed and 40, and 1 art Art, lines 2d and 40. Also complete this part to provide any additional		ation.		
CAMPAIGN PROGRAMS.  PART XI, LINE 2D - OTHER ADJUSTMENTS:  CHANGE IN FAIR VALUE OF ENDOWMENT PROMISE TO GIVE 16,000.  PART XI, LINE 4B - OTHER ADJUSTMENTS:  CONTRIBUTIONS RAISED ON BEHALF OF OTHERS 867,220.  PART XII, LINE 4B - OTHER ADJUSTMENTS:	PAF	T V, LINE 4:				
PART XI, LINE 2D - OTHER ADJUSTMENTS:  CHANGE IN FAIR VALUE OF ENDOWMENT PROMISE TO GIVE  PART XI, LINE 4B - OTHER ADJUSTMENTS:  CONTRIBUTIONS RAISED ON BEHALF OF OTHERS  867,220.  PART XII, LINE 4B - OTHER ADJUSTMENTS:	то	PROVIDE A SOURCE OF INCOME FOR THE ORGANIZAT	ION	IN RELATIO	N TO	) ITS
PART XI, LINE 2D - OTHER ADJUSTMENTS:  CHANGE IN FAIR VALUE OF ENDOWMENT PROMISE TO GIVE  PART XI, LINE 4B - OTHER ADJUSTMENTS:  CONTRIBUTIONS RAISED ON BEHALF OF OTHERS  867,220.  PART XII, LINE 4B - OTHER ADJUSTMENTS:	CAM	PAIGN PROGRAMS.				
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PART XI, LINE 4B - OTHER ADJUSTMENTS:  CONTRIBUTIONS RAISED ON BEHALF OF OTHERS  867,220.  PART XII, LINE 4B - OTHER ADJUSTMENTS:						
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CONTRIBUTIONS RAISED ON BEHALF OF OTHERS 867,220.  PART XII, LINE 4B - OTHER ADJUSTMENTS:						
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PAF	T XI, LINE 4B - OTHER ADJUSTMENTS:				
	CON	TRIBUTIONS RAISED ON BEHALF OF OTHERS				867,220.
	PAF	T XII, LINE 4B - OTHER ADJUSTMENTS:				

Schedule D (F	orm 990) 2021	UNITED	WAY OF	CHAMPAIGN	COUNTY	37-0662519	Page 5
Part XIII S	orm 990) 2021 <b>Supplemental Infor</b>	mation <sub>(cont</sub>	tinued)				

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, 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 for instructions and the latest information.

OMB No. 1545-0047

**2021** 

Open to Public Inspection

Name of the organization

Go to www.iis.gov/i orinisso for instructions and the latest information

Employer identification number 37 – 0.662519

UNITED	WAY OF CHAMPAIGN C	OUN	ľΥ		37-0662	519			
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.									
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(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						
Total			<b>•</b>						
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration			

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 POWER OF THE NONE (add col. (a) through PURSE col. (c)) (event type) (event type) (total number) 159,401. 159,401. Gross receipts 2 Less: Contributions 159,401. 159,401. 3 Gross income (line 1 minus line 2) ..... 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs ..... 7 Food and beverages 8 Entertainment 48,471. 48,471 9 Other direct expenses 48,471 **10** Direct expense summary. Add lines 4 through 9 in column (d) ..... 110,930 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers?	Sch	redule G (Form 990) 2021 UNITED WAY OF CHAMPAIGN COUNTY 37-0	7002	этэ	Page 3
to administer charitable garning?	11	Does the organization conduct gaming activities with nonmembers?		Yes	O No
13 Indicate the percentage of gaming activity conducted in: a The organization's facility	12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
13 Indicate the percentage of gaming activity conducted in: a The organization's facility		to administer charitable gaming?		Yes	O No
b An outside facility	13	Indicate the percentage of gaming activity conducted in:			
b An outside facility	a	a The organization's facility	13a		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name ▶  Address ▶  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			13b		%
Address ▶					
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name ▶			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party:  Name ▶ Address ▶ Address ▶ Baming manager information:  Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer		Address >			
of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party:  Name ▶  Address ▶  16 Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer	15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
c If "Yes," enter name and address of the third party:  Name ▶  Address ▶  16 Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer	k	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
Address ►  Address ►  16 Garning manager information:  Name ►  Garning manager compensation ► \$  Description of services provided ►  Director/officer		of gaming revenue retained by the third party ▶\$			
Address ▶  16 Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer	c				
16 Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer		Name			
Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer		Address			
Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer	16	Gaming manager information:			
Description of services provided  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		Name			
Description of services provided  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		Gaming manager compensation ▶ \$			
Director/officer					
17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		Description of services provided			
17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,					
17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer Employee Independent contractor			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17	Mandatory distributions:			
retain the state gaming license?  • Description of the distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year   • Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		•			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	Ī			Yes	No
organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	ŀ				
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	_				
	Pa		rt III. lir	es 9. 9	9b. 10b.
			,	,	,

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	i (Form 990)	UNITED WA	Y OF	CHAMPAIGN	COUNTY	37-0662519	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continue	ed)				

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Name of the organization UNITED WA	Y OF CHAM	IPAIGN COUNT	Ϋ́				Employer identification number 37-0662519
Part I General Information on Grants a	and Assistance						
Does the organization maintain records criteria used to award the grants or assi     Describe in Part IV the organization's pr	stance?						
Part II Grants and Other Assistance to recipient that received more than	•				anization answered "	Yes" on Form 990, Parl	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							UNDESIGNATED AND PROGRAM
AMERICAN RED CROSS							RESTRICTED FUNDS TO
311 W JOHN H GWYNN JR. AVENUE							FURTHER ORGANIZATION'S
PEORIA, IL 61605	37-0673451	501(C)(3)	7,285.	0.			EXEMPT PURPOSE
							UNDESIGNATED AND PROGRAM
BIG BROTHERS BIG SISTERS							RESTRICTED FUNDS TO
117 N MAIN STREET							FURTHER ORGANIZATION'S
DECATUR, IL 62523	37-1348685	501(C)(3)	7,534.	0.			EXEMPT PURPOSE
							UNDESIGNATED AND PROGRAM
BSA, PRAIRIELANDS COUNCIL							RESTRICTED FUNDS TO
3301 FARBER DR							FURTHER ORGANIZATION'S
CHAMPAGIN, IL 61826	37-0661186	501(C)(3)	12,121.	0.			EXEMPT PURPOSE
							UNDESIGNATED AND PROGRAM
CARLE HEALTH CENTER FOR							RESTRICTED FUNDS TO
PHILANTHROPY - 611 WEST PARK -							FURTHER ORGANIZATION'S
URBANA, IL 61801	37-1159978	501(C)(3)	98,918.	0.			EXEMPT PURPOSE
							UNDESIGNATED AND PROGRAM
CATHOLIC CHARITIES							RESTRICTED FUNDS TO
1315A CURT DRIVE							FURTHER ORGANIZATION'S
CHAMPAIGN, IL 61821	37-0662513	501(C)(3)	10,886.	0.			EXEMPT PURPOSE
							UNDESIGNATED AND PROGRAM
CENTER FOR YOUTH AND FAMILY							RESTRICTED FUNDS TO
SOLUTIONS - 1315A CURT DRIVE -							FURTHER ORGANIZATION'S
CHAMPAIGN, IL 61821	45-3251182	501(C)(3)	14,496.	0.			EXEMPT PURPOSE

Enter total number of other organizations listed in the line 1 table

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

50.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CHAMPAIGN COUNTY CASA 154 C LINCOLN SQUARE URBANA, IL 61801	36-1325204	501(C)(3)	29,159.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE	
CHAMPAIGN COUNTY CRIMESTOPPERS PO BOX 814 CHAMPAGIN, IL 61824	37-1198293	501(C)(3)	5,672.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE	
CHAMPAIGN COUNTY REGIONAL PLANNING COMM - 1776 E WASHINGTON ST - URBANA, IL 61802	37-6006910	501(C)(3)	132,765.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE	
CHAMPAIGN PUBLIC LIBRARY FOUNDATION - 505 S RANDOLPH ST - CHAMPAGIN, IL 61820	37-1313456	501(C)(3)	10,975.	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)	36,500.	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)	14,184.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE	
COMMUNITY FOUNDATION OF EAST CENTRAL IL - 307 W UNIVERSITY AVE - CHAMPAGIN, IL 61820	23-7176723	501(C)(3)	6,908.	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)	44,621.	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)	82,046.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE	

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
							UNDESIGNATED AND PROGRAM	
CRIS SENIOR SERVICES							RESTRICTED FUNDS TO	
1606 WILLOW VIEW RD., STE 1E							FURTHER ORGANIZATION'S	
URBANA, IL 61802	37-0948852	501(C)(3)	13,137.	0.			EXEMPT PURPOSE	
							UNDESIGNATED AND PROGRAM	
CRISIS NURSERY							RESTRICTED FUNDS TO	
1309 W HILL STREET							FURTHER ORGANIZATION'S	
URBANA, IL 61801	37-1151152	501(C)(3)	160,106.	0.			EXEMPT PURPOSE	
							UNDESIGNATED AND PROGRAM	
C-U AT HOME							RESTRICTED FUNDS TO	
PO BOX 8816							FURTHER ORGANIZATION'S	
CHAMPAIGN, IL 61826	45-3132278	501(C)(3)	53,808.	0.			EXEMPT PURPOSE	
-							UNDESIGNATED AND PROGRAM	
CUNNINGHAM CHILDREN'S HOME							RESTRICTED FUNDS TO	
1301 NORTH CUNNINGHAM AVENUE							FURTHER ORGANIZATION'S	
URBANA, IL 61802	37-0662521	501(C)(3)	57,416.	0.			EXEMPT PURPOSE	
·			,				UNDESIGNATED AND PROGRAM	
DAILY BREAD SOUP KITCHEN							RESTRICTED FUNDS TO	
PO BOX 648							FURTHER ORGANIZATION'S	
CHAMPAIGN, IL 61824	27-0935172	501(C)(3)	53,429.	0.			EXEMPT PURPOSE	
			,				UNDESIGNATED AND PROGRAM	
DEVELOPMENTAL SERVICES CENTER							RESTRICTED FUNDS TO	
1304 W BRADLEY AVENUE							FURTHER ORGANIZATION'S	
CHAMPAIGN, IL 61821	23-7183661	501(C)(3)	113,219.	0.			EXEMPT PURPOSE	
,			, ,	-			UNDESIGNATED AND PROGRAM	
DON MOYER BOYS & GIRLS CLUB							RESTRICTED FUNDS TO	
PO BOX 1396							FURTHER ORGANIZATION'S	
CHAMPAIGN, IL 61824	37-0906638	501(C)(3)	231,566.	0.			EXEMPT PURPOSE	
				-			UNDESIGNATED AND PROGRAM	
DREAAM HOUSE							RESTRICTED FUNDS TO	
PO BOX 1162							FURTHER ORGANIZATION'S	
CHAMPAIGN, IL 61874	46-1643964	501(C)(3)	148,690.	0.			EXEMPT PURPOSE	
	10 1010304		110,030.	· · ·			UNDESIGNATED AND PROGRAM	
DREAM GIRLS ACADEMY							RESTRICTED FUNDS TO	
1307 W EUREKA							FURTHER ORGANIZATION'S	
URBANA, IL 61801	46-3749337	501(C)(3)	6,333.	0.			EXEMPT PURPOSE	
OKDIMA, III 01001	1 40 3/4333/	POT (C) (3)	1 0,333.	<u> </u>			DADRET FORFOSE	

(b) EIN						
(5) =	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						UNDESIGNATED AND PROGRAM
						RESTRICTED FUNDS TO
						FURTHER ORGANIZATION'S
37-1130252	501(C)(3)	140,970.	0.			EXEMPT PURPOSE
						UNDESIGNATED AND PROGRAM
						RESTRICTED FUNDS TO
						FURTHER ORGANIZATION'S
37-0663559	501(C)(3)	108,383.	0.			EXEMPT PURPOSE
						UNDESIGNATED AND PROGRAM
						RESTRICTED FUNDS TO
						FURTHER ORGANIZATION'S
37-1189518	501(C)(3)	9,895.	0.			EXEMPT PURPOSE
						UNDESIGNATED AND PROGRAM
						RESTRICTED FUNDS TO
						FURTHER ORGANIZATION'S
37-1277094	501(C)(3)	36,855.	0.			EXEMPT PURPOSE
						UNDESIGNATED AND PROGRAM
						RESTRICTED FUNDS TO
						FURTHER ORGANIZATION'S
37-0958448	501(C)(3)	55,324.	0.			EXEMPT PURPOSE
						UNDESIGNATED AND PROGRAM
						RESTRICTED FUNDS TO
						FURTHER ORGANIZATION'S
75-2089180	501(C)(3)	38,055.	0.			EXEMPT PURPOSE
						UNDESIGNATED AND PROGRAM
						RESTRICTED FUNDS TO
						FURTHER ORGANIZATION'S
37-0959387	501(C)(3)	42,660.	0.			EXEMPT PURPOSE
						UNDESIGNATED AND PROGRAM
						RESTRICTED FUNDS TO
						FURTHER ORGANIZATION'S
37-6013590	501(C)(3)	16,914.	0.			EXEMPT PURPOSE
		, , , , , , , , , ,				UNDESIGNATED AND PROGRAM
						RESTRICTED FUNDS TO
						FURTHER ORGANIZATION'S
37-0799752	501(C)(3)	6 312	n			EXEMPT PURPOSE
3 3 3 3	37-0663559 37-1189518 37-1277094 37-0958448 75-2089180 37-0959387	37-0663559 501(C)(3)  37-1189518 501(C)(3)  37-1277094 501(C)(3)  37-0958448 501(C)(3)  75-2089180 501(C)(3)	37-0663559 501(C)(3) 108,383. 37-1189518 501(C)(3) 9,895. 37-1277094 501(C)(3) 36,855. 37-0958448 501(C)(3) 55,324. 75-2089180 501(C)(3) 38,055. 37-0959387 501(C)(3) 42,660. 37-6013590 501(C)(3) 16,914.	37-1130252 501(C)(3) 140,970. 0.  37-0663559 501(C)(3) 108,383. 0.  37-1189518 501(C)(3) 9,895. 0.  37-1277094 501(C)(3) 36,855. 0.  37-0958448 501(C)(3) 55,324. 0.  75-2089180 501(C)(3) 38,055. 0.  37-0959387 501(C)(3) 42,660. 0.  37-6013590 501(C)(3) 16,914. 0.	appraisal, other)  37-1130252 501(C)(3) 140,970. 0.  37-0663559 501(C)(3) 108,383. 0.  37-1189518 501(C)(3) 9,895. 0.  37-1277094 501(C)(3) 36,855. 0.  37-0958448 501(C)(3) 55,324. 0.  37-0959387 501(C)(3) 38,055. 0.  37-0959387 501(C)(3) 42,660. 0.  37-0959387 501(C)(3) 16,914. 0.	appraisal, other)  37-1130252 501(C)(3) 140,970. 0.  37-0663559 501(C)(3) 108,383. 0.  37-1189518 501(C)(3) 9,895. 0.  37-1277094 501(C)(3) 36,855. 0.  37-0958448 501(C)(3) 55,324. 0.  37-0958448 501(C)(3) 38,055. 0.  37-0959387 501(C)(3) 42,660. 0.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
							UNDESIGNATED AND PROGRAM	
PROMISE HEALTHCARE							RESTRICTED FUNDS TO	
819 BLOOMINGTON ROAD							FURTHER ORGANIZATION'S	
CHAMPAIGN, IL 61820	14-1880824	501(C)(3)	235,052.	0.			EXEMPT PURPOSE	
RACES - RAPE, ADVOCACY,							UNDESIGNATED AND PROGRAM	
COUNSELING, EDUCATION AND SERVICES							RESTRICTED FUNDS TO	
- 145A LINCOLN SQUARE - URBANA, IL							FURTHER ORGANIZATION'S	
61801	27-0615591	501(C)(3)	34,884.	0.			EXEMPT PURPOSE	
							UNDESIGNATED AND PROGRAM	
RANTOUL CITY SCHOOLS							RESTRICTED FUNDS TO	
400 E WBASH							FURTHER ORGANIZATION'S	
RANTOUL, IL 61866	37-6002546	501(C)(3)	85,000.	0.			EXEMPT PURPOSE	
·			,				UNDESIGNATED AND PROGRAM	
SALT AND LIGHT							RESTRICTED FUNDS TO	
1512 W ANTHONY							FURTHER ORGANIZATION'S	
CHAMPAIGN, IL 61821	32-0074485	501(C)(3)	23,216.	0.			EXEMPT PURPOSE	
							UNDESIGNATED AND PROGRAM	
STEPHENS FAMILY YMCA							RESTRICTED FUNDS TO	
500 W CHURCH STREET							FURTHER ORGANIZATION'S	
CHAMPAIGN, IL 61820	37-0676564	501(C)(3)	7,220.	0.			EXEMPT PURPOSE	
<u> </u>	37 0070301	301(0)(3)	7,220.	••			UNDESIGNATED AND PROGRAM	
THE READING GROUP							RESTRICTED FUNDS TO	
3011A VILLAGE OFFICE PLACE							FURTHER ORGANIZATION'S	
	37-1232871	501(C)(3)	5,571.	0.				
CHAMPAIGN, IL 61822	37-1232671	501(C)(3)	5,5/1.	0.			EXEMPT PURPOSE UNDESIGNATED AND PROGRAM	
MILE DEBUGEE GENMED								
THE REFUGEE CENTER							RESTRICTED FUNDS TO	
201 W KENYON ROAD		504 (5) (0)					FURTHER ORGANIZATION'S	
CHAMPAIGN, IL 61820	37-1122770	501(C)(3)	31,498.	0.			EXEMPT PURPOSE	
							UNDESIGNATED AND PROGRAM	
THE SALVATION ARMY							RESTRICTED FUNDS TO	
PO BOX 618							FURTHER ORGANIZATION'S	
CHAMPAIGN, IL 61824	36-2167910	501(C)(3)	6,384.	0.			EXEMPT PURPOSE	
							UNDESIGNATED AND PROGRAM	
THE UP CENTER OF CHAMPAIGN COUNTY							RESTRICTED FUNDS TO	
1001 S WRIGHT ST							FURTHER ORGANIZATION'S	
CHAMPAGIN, IL 61820	27-1636190	501(C)(3)	5,047.	0.			EXEMPT PURPOSE	

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
							UNDESIGNATED AND PROGRAM	
THE WELL EXPERIENCE							RESTRICTED FUNDS TO	
803 PHILO RD							FURTHER ORGANIZATION'S	
URBANA, IL 61802	83-2838425	501(C)(3)	93,750.	0.			EXEMPT PURPOSE	
							UNDESIGNATED AND PROGRAM	
UNITED WAY OF DANVILLE							RESTRICTED FUNDS TO	
28 W NORTH ST, #102							FURTHER ORGANIZATION'S	
DANVILLE, IL 61832	37-0673481	501(C)(3)	5,517.	0.			EXEMPT PURPOSE	
							UNDESIGNATED AND PROGRAM	
UNITED WAY OF DECATUR &							RESTRICTED FUNDS TO	
MID-ILLINOIS - 201 W ELDORADO ST -							FURTHER ORGANIZATION'S	
DECATUR, IL 62522	37-0673475	501(C)(3)	5,124.	0.			EXEMPT PURPOSE	
							UNDESIGNATED AND PROGRAM	
UNITED WAY OF MCLEAN COUNTY							RESTRICTED FUNDS TO	
201 E GROVE ST							FURTHER ORGANIZATION'S	
BLOOMINGTON, IL 61702	37-6002534	501(C)(3)	14,275.	0.			EXEMPT PURPOSE	
							UNDESIGNATED AND PROGRAM	
URBANA ADULT EDUCATION							RESTRICTED FUNDS TO	
211 N RACE STREET							FURTHER ORGANIZATION'S	
URBANA, IL 61801	37-6002534	501(C)(3)	22,500.	0.			EXEMPT PURPOSE	
							UNDESIGNATED AND PROGRAM	
URBANA NEIGHBORHOOD CONNECTIONS							RESTRICTED FUNDS TO	
PO BOX 3039							FURTHER ORGANIZATION'S	
URBANA, IL 61803	37-6002534	501(C)(3)	69,681.	0.			EXEMPT PURPOSE	
							UNDESIGNATED AND PROGRAM	
WIN 4 RECOVERY							RESTRICTED FUNDS TO	
601 N NEIL, #956							FURTHER ORGANIZATION'S	
CHAMPAGIN, IL 61824	82-4457188	501(C)(3)	20,000.	0.			EXEMPT PURPOSE	
							UNDESIGNATED AND PROGRAM	
YOUTH FOR CHRIST							RESTRICTED FUNDS TO	
PO BOX 1076							FURTHER ORGANIZATION'S	
CHAMPAIGN, IL 61824	37-0860369	501(C)(3)	6,375.	0.			EXEMPT PURPOSE	
·								

Schedule	I (Form 990) 2021 UNITED WAY OF C	CHAMPAIGN	COUNTY			37-0662519	Page 2
Part III		s. Complete if the	e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
	(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 re-	quired in Part I, lir	ne 2; Part III, column	(b); and any other ac	dditional information.		

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2021
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 COMMMITTEE'S MINUTES. FORM 990, PART VI, SECTION C, LINE 18: THE FORM 990 IS AVAILABLE ON 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.

Schedule O (Form 990) 2021 Page **2** 

Name of the organization UNITED WAY OF CHAMPAIGN COUNTY	Employer identification number 37-0662519
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	16,000.
FORM 990, PART XII, LINE 2C	
NO CHANGES HAVE BEEN MADE IN THE PROCESS FROM THE PRIOR YE	AR

### UNRELATED BUSINESS INCOME

### **CARRYOVER DATA TO 2022**

Name UNITED WAY OF CHAMPAIGN COUNTY	Employer Identification Number 37-0662519
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL POST-2017 NET OPERATING LOSS - FARMING INCOME	10,873.
FEDERAL PRE-2018 NET OPERATING LOSS	6,869.
TEDERAL FRE-2010 NET OFERATING 1055	
	-
	<del></del>
	<u></u>

Name: UNITED WAY OF CHAMPAIGN COUNTY	FEIN:	37-0662519
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	Type and Entity: FARMING INCOME POST-2017 NOL FED DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover										
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for								
A 2018 B 2019 C 2020	113.										
A 2018 B 2019 C 2020 D 2021 E F											
F G H											
J											
K L M											
N O											
P Q R											
S T U											
V W											
Detail Type		Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B C											
C D E F											
G											
H J											
K L M											
N O											
P Q R											
S T											
U V W											

112571 04-01-21

Name: UNITED WAY OF CHAMPAIGN COUNTY FEIN:	37-0662519
--	------------

Type and Entity: PRE-2018 NOL FED DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover											
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/18	Amount Used for							
A B C D E F G H I J K L M N O P Q R S T	8,912.	2,043.	2,043.								
T U V W Detail Type A B C D E F G H I J K L M N O O P Q R S T U V V W		Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for

112571 04-01-21

### Form 8879-TE

For cale

# IRS e-file Signature Authorization for a Tax Exempt Entity

ndar year 2021, or fiscal year beginning	JUL 1	, 2021, and ending	JUN 30	, 20 2 2

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN UNITED WAY OF CHAMPAIGN COUNTY 37-0662519 Name and title of officer or person subject to tax SUE GREY CEO & PRESIDENT Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ **1b** Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here ... > **b Total tax** (Form 1120-POL, line 22) Form 1120-POL check here 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) Form 990-PF check here ... > 4a b Balance due (Form 8868, line 3c) Form 8868 check here ...... > 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here X 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here ..... **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 62519 X Lauthorize MARTIN HOOD LLC to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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. Signature of officer or person subject to tax **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 37545819790 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 
MARTIN HOOD LLC \_\_\_\_\_\_ Date **>** <u>11/</u>10/22 **ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE** (2021)

Form <b>990-</b>	990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))					
		For cal	endar year 2021 or other tax year beginning JUL 1, 2021 and ending JUN 30, 202	2 .	2	021
Department of the Internal Revenue S	Treasury Service		► Go to 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).	_	Open to Pu	ublic Inspection for rganizations Only
A Check addres	box if ss changed.		Name of organization ( Check box if name changed and see instructions.)	DEmplo	oyer identif	ication number
<b>B</b> Exempt und	ler section	Print	UNITED WAY OF CHAMPAIGN COUNTY	3	7-06	62519
X 501(c) 408(e)		or Type	Number, street, and room or suite no. If a P.O. box, see instructions.  5 DUNLAP CT		exemption extructions	
408A [ 529(a) [	530(a) 529A		City or town, state or province, country, and ZIP or foreign postal code ${\tt SAVOY}$ , ${\tt IL}$ ${\tt 61874}$	F _	Check	s box if
		С Во	ok value of all assets at end of year   6,932,595.		an am	ended return.
G Check or	ganization t	уре 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust			
H Check if f	filing only to	<b>&gt;</b>	Claim credit from Form 8941 Claim a refund shown on Form 2439			
Check if a	a 501(c)(3) c	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation			<b>&gt;</b>
			ed Schedules A (Form 990-T)		<u>1</u>	
-	-		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	▶ ∟	Yes	X No
			d identifying number of the parent corporation.	010	1250	
			CATHY BAIRD Telephone number ▶ ( d Business Taxable Income	217	352	-5151
				I		
			ss taxable income computed from all unrelated trades or businesses (see	_		0
instruct	,			1		0.
2 Reserve				2		
_	es 1 and 2		and instructions for limitation rules	<u>3</u> 4		0.
		•	see instructions for limitation rules) taxable income before net operating losses. Subtract line 4 from line 3	5		
				6		0.
		•	ng loss. See instructions ss taxable income before specific deduction and section 199A deduction.	-		
	ct line 6 fror		·	7		
			ally \$1,000, but see instructions for exceptions)	8		1,000.
			duction. See instructions	9		
-			nes 8 and 9	10		1,000.
			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,			
enter ze	ero		· · · · · · · · · · · · · · · · · · ·	11		0.
Part II T	ax Com	outati	on			
1 Organi	zations tax	able a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1_		0.
2 Trusts	taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on			
Part I, li	ine 11 from	: [	Tax rate schedule or Schedule D (Form 1041)	2		
3 Proxy t	t <b>ax.</b> See ins	tructio	ns <b>&gt;</b>	3		
4 Other to	ax amounts	. See ir	nstructions	4		
5 Alterna	tive minimu	m tax (	trusts only)	5		
6 Tax on	noncompl	iant fa	cility income. See instructions	6		
7 Total.	Add lines 3	througl	n 6 to line 1 or 2, whichever applies	7		0.

Form **990-T** (2021)

LHA For Paperwork Reduction Act Notice, see instructions.

Part	III T	Tax and Payments					
1a	Foreig	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a				
b	Other	credits (see instructions)	1b				
С	Gener	ral business credit. Attach Form 3800 (see instructions)					
d		t for prior year minimum tax (attach Form 8801 or 8827)					
е	Total	credits. Add lines 1a through 1d			1e		
2		act line 1e from Part II, line 7			2		0.
3	Other	amounts due. Check if from: Form 4255 Form 8611 Form	n 8697 🔲	Form 8866			
		Other (attach statement)			3		
4	Total	tax. Add lines 2 and 3 (see instructions).	viously deferre	d under			
	sectio	on 1294. Enter tax amount here	•		4		0.
5		nt net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k),			5		0.
6a		ents: A 2020 overpayment credited to 2021					
b		estimated tax payments. Check if section 643(g) election applies	6b				
С		eposited with Form 8868	6c				
d	Foreig	gn organizations: Tax paid or withheld at source (see instructions)	6d				
е	Backı	up withholding (see instructions)	6e				
f		t for small employer health insurance premiums (attach Form 8941)					
g	Other	credits, adjustments, and payments: Form 2439	_				
		Form 4136 Other Total	▶ 6g				
7	Total	payments. Add lines 6a through 6g		<u></u>	7		
8	Estim	ated tax penalty (see instructions). Check if Form 2220 is attached		▶ □	8		
9	Tax d	lue. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		<b>&gt;</b>	9		
10		payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	rpaid	<b>&gt;</b>	10		
11		the amount of line 10 you want: Credited to 2022 estimated tax		Refunded >	<u> 11                                  </u>		
Part		Statements Regarding Certain Activities and Other Informa					
1		y time during the 2021 calendar year, did the organization have an interest in c	· ·		•	Yes	No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the					
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	ne name of the	foreign country	/		
	here	-					<u> </u>
2		g the tax year, did the organization receive a distribution from, or was it the gra					l
	foreig	n trust?					<u> </u>
		s," see instructions for other forms the organization may have to file.					
3		···				_	
4		available pre-2018 NOL carryovers here \$ 6,869. Do not	* 1		-		-
		n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by			art I, line 4.		
5		2017 NOL carryovers. Enter available Business Activity Code and post-2017 N	-				
	the ar	mounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo					
		Business Activity Code		post-2017 NOL			
		110000	\$		2,104	<u>-</u>	
	D: 1 11		\$			_	v
6a		· · · · · · · · · · · · · · · · · · ·					X
b		s "Yes," has the organization described the change on Form 990, 990-EZ, 990	-PF, or Form 11	128? If "No,"			
Part		in in Part V Supplemental Information					
			nation Coalinat	w.otiono			
rovide	trie ex	xplanation required by Part IV, line 6b. Also, provide any other additional inform	nation. See inst	ructions.			
		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and			vledge and belief, it i	s true,	
Sign	co	prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	parer has any knowle	edge.			
Here		► CEO &	PRESIDE	NT	May the IRS discus the preparer shown		with
		Signature of officer Date Title			instructions)? X		No
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN		
Paid		Topass of Signature		self- employe	<b>I</b>		
Paid Prepa	ror	DONNA LAWSON, CPA DONNA LAWSON, CPA	11/10/22			87169	)
Prepa Use C		Firm's name ► MARTIN HOOD LLC	, ., <b>-</b>	Firm's EIN		11979	
use C	illy	2507 SOUTH NEIL STREET					
		Firm's address CHAMPATGN TL 61820-		Phone no	(217)35	1 - 200	0

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/17	8,912.	2,043.	6,869.	6,869.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	6,869.	6,869.

### **SCHEDULE A** (Form 990-T)

### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to 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).

501(c)(3) Organizations Only

A Name of the organization UNITED WAY OF CHAMPAIGN COUNTY					B Employer identification number 37-0662519			
<u>c</u>	Unrelated business activity code (see instructions) ► 11000	0		<b>D</b> Sequence	:e: 1	of 1		
	EADMING INCO	MTC:						
	Describe the unrelated trade or business FARMING INCO	ME						
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net		
1a	Gross receipts or sales 56,964.							
b		1c	56,964					
2	Cost of goods sold (Part III, line 8)	2	<b>,</b>					
3	Gross profit. Subtract line 2 from line 1c	3	56,964	•		56,964.		
4 a	Capital gain net income (attach Sch D (Form 1041 or Form		•			•		
	1120)). See instructions	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement)	12						
13	Total. Combine lines 3 through 12	13	56,964	•		56,964.		
Pa	Tet II Deductions Not Taken Elsewhere See instruction		limitations on d	eductions. Ded	uctions r	must be		
	directly connected with the unrelated business in	come						
1	Compensation of officers, directors, and trustees (Part X)				1			
2	Salaries and wages				2			
3	Repairs and maintenance				3			
4	Bad debts				4			
5	Interest (attach statement). See instructions				5			
6	Taxes and licenses				6			
7	Depreciation (attach Form 4562). See instructions		7					
8	Less depreciation claimed in Part III and elsewhere on return				8b			
9	Depletion				9			
10	Contributions to deferred compensation plans				10			
11	Employee benefit programs				11			
12	Excess exempt expenses (Part VIII)				12			
13	Excess readership costs (Part IX)			······································	13			
14	Other deductions (attach statement)		SEE STA	ATEMENT 2	14	65,733.		
15	Total deductions. Add lines 1 through 14				15	65,733.		
16	Unrelated business income before net operating loss deduction. Su					0 766		
	column (C)				16	<u>-8,769.</u>		
17	Deduction for net operating loss. See instructions				17	0.		
<u>18</u>	Unrelated business taxable income. Subtract line 17 from line 16	·			18	-8,769.		

⊃ac	ie	1

Part	III Cost of Goods Sold Enter met	hod of inventory valuation	on •		Page Z
1	Little mot	nod of inventory valuation		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	·			Yes No
Part					
1	Description of property (property street address, city, s		-		
-	A	,,-			
	В				
	С				
	D				
		A	В	С	
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)		and on Part I, line 6, c	olumn (A)	0.
•	minos ziaj ana zijoj (attasmotatomonoj				
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I, I	ine 6, column (B)	<b>&gt;</b>	0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code). Ch	neck if a dual-use. See	instructions.	
	A				
	В				_
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D	). Enter here and on Part	t I, line 7, column (A)	<b>&gt;</b>	0.
_		Т	1	Т	
9	Allocable deductions. Multiply line 3c by line 6	rough D. Enter have and	an Dort Libra 7	mn (D)	0.
10 11	<b>Total allocable deductions.</b> Add line 9, columns A th <b>Total dividends-received deductions</b> included in line				0.
					<u>~ • • • • • • • • • • • • • • • • • • •</u>

Page :

	VI Interest, Annu		oyalties, and Re	ents fror	n Control	led Or	ganizations	s (se	e instruct	ions)	r age <b>o</b>
			_			E	xempt Contro	lled Org	ganization	s .	
	Name of controlled organization		2. Employer identification number 3. Net unre income (lo (see instruction))		ne (loss) payments m		•	late and the state of a state of		in the aniza-	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
	. Tavahla laasaa				Controlled Or	-	1	-£ l	0	- 44	Dadinatiana dinastin
/	. Taxable Income	in	Net unrelated acome (loss) e instructions)		otal of specif syments mad		that is inc controlling gross	luded i	n the ation's	,	Deductions directly connected with come in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and on	Part I,	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)
Totals						•			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee instr	ructions)		
		cription of			2. Amou incon	nt of	3. Deduction directly connected (attach states	ons ected		asides atemen	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
					Add amou column 2.						Add amounts in column 5. Enter
					here and or						here and on Part I,
					line 9, colu						line 9, column (B)
Totals Part	VIII Fundaited F		ativity Income	<u></u>	Flacia Advis	0.					0.
			activity Income,	, Juler I	iliali Auve	ะเนรแโ	y income (	see ins	tructions)		
1 2	Description of exploite Gross unrelated busin	•	o from trade or bire	nono [nt-	r horo and	n Dort I	lino 10 policina	n (Λ)		2	
3						,	•	. , .			
3	Expenses directly con line 10, column (B)									3	
4	Net income (loss) from		trade or business. S								
•	`					•				4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	7	

Schedule A (Form 990-T) 2021

	dule A (Form 990-T) 2021					Page 4
Part 1	IX Advertising Income  Name(s) of periodical(s). Check box if reportin	a two or m	noro poriodicale on	a consolidated has	ic	
'	A Production A Pro	ig two or ii	iore periodicais on	a consolidated bas	ilS.	
	В 🗆					
	c 🗆					
	D					
Enter	amounts for each periodical listed above in the	correspon	ding column.			
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and on	Part I, line	11, column (A)		<b>&gt;</b>	0.
а		_				
3	Direct advertising costs by periodical	L				
а	Add columns A through D. Enter here and on	Part I, line	11, column (B)		<b>&gt;</b>	0.
		_				
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	<b>I</b>				
	line 4 showing a loss or zero, do not complete					
_	lines 5 through 7, and enter zero on line 8	Г				
5 6	Readership costs Circulation income					
7	Excess readership costs. If line 6 is less than					
•	line 5, subtract line 6 from line 5. If line 5 is less	ss				
	than line 6, enter zero	1				
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain o	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gr			total or zero here a	nd on	
	Part II, line 13				<b>&gt;</b>	0.
Part	X Compensation of Officers, Dir	ectors,	and Trustees	(see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
<u>(2)</u>					%	
(3)					%	
<u>(4)</u>	L				70	
Tota	I. Enter here and on Part II, line 1					0.
Part						
	11	o in loti doti	5110)			

FORM 990-T	(A)		OTHER	DEDUCT:	IONS		STATEMENT	2
DESCRIPTIO	N						AMOUNT	
RENT EXPEN INSURANCE DISTRIBUTI HARVEST LU	ONS						45,8	091.
TOTAL TO S	CHEDULE A	, PART II,	LINE 14	ŀ			65,7	733.
990-T SCH	A	POST-2017	NET OF	PERATING	LOSS	DEDUCTION	STATEMENT	3
TAX YEAR	LOSS SU	STAINED	LOS PREVIC APPI	USLY	R1	LOSS EMAINING	AVAILABLE THIS YEAR	
06/30/19 06/30/20 06/30/21		1,892. 113. 99.		0. 0. 0.		1,892. 113. 99.		92. 13.
NOL CARRYO	VER AVAIL	ABLE THIS Y	EAR			2,104.	2,10	04.

For Of	ffice Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUAL Attorney General KWAME RAOUL State of III Charitable Trust Bureau, 100 West Randol 11th Floor, Chicago, Illinois 60601	inois		Form AG990-IL Revised 1/19 L – 003,181
			77		all items attached:
AM	Т	Report for the Fiscal Period:	X	- '	f IRS Return
		Beginning 07/01/2021	Make Checks X Pavable to		d Financial Statements
	-		the Illinois		f Form IFC
INIT		<b>&amp; Ending</b> 06/30/2022	Charity Bureau Fund		Annual Report Filing Fee O Late Report Filing Fee
Fede	ral ID # 37-0662519	MO DAY YR	Dulcau Fullu		MO DAY YR
	contributions to the organization t	ax deductible? X Yes No Date Or	ganization was creat		06/09/1957
7.10	LEGAL	an doddoning.	Year-end		
	NAME UNITED WAY	OF CHAMPAIGN COUNTY	amounts		
	MAIL		A) ASSETS	A) \$	6,932,595.
A	DDRESS 5 DUNLAP C	T	B) LIABILITIES	B) \$	2,295,538.
CIT	Y, STATE SAVOY, IL		C) NET ASSETS	C) \$	4,637,057.
Z	TIP CODE 61874				
I.	SUMMARY OF ALL F	EVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
	D) PUBLIC SUPPORT, CONTR	RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	96.839%	D) \$	4,217,377.
	E) GOVERNMENT GRANTS &	MEMBERSHIP DUES	%	E) \$	
	F) OTHER REVENUES		3.161%	F) \$	137,648.
				1	
١		AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	4,355,025.
III.		XPENDITURES DURING THE YEAR:	12.064		F.CO. 02F
	H) OPERATING CHARITABLE	PROGRAM EXPENSE	13.064%	H) \$	568,935.
	I) EDUCATION PROGRAM SI	ERVICE EXPENSE	%	l) \$	
	I) TOTAL CHARITARI F RROA	DDAM CEDVICE EVDENCE (ADD II & I)	13.064%	J) \$	568,935.
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)	13.004%	J) Ø	300,333.
	.I1) JOINT COSTS ALLOCATED	TO PROGRAM SERVICES (INCLUDED IN J): \$			
	or) doner doord needonie	ψ <u>Ψ</u>			
	K) GRANTS TO OTHER CHAR	ITABLE ORGANIZATIONS	71.637%	K) \$	3,119,775.
	,			117 +	•
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	84.701%	L) \$	3,688,710.
		• • •			
	M) MANAGEMENT AND GENE	RAL EXPENSE	5.276%	M) \$	229,785.
	N) FUNDRAISING EXPENSE		10.023%	N) \$	436,485.
	0) TOTAL EXPENDITURES TH	IIS PERIOD (ADD L, M, & N)	100 %	0) \$	4,354,980.
III.		AID FUNDRAISER AND CONSULTANT ACTIVITIES:			
	•	t of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
	PROFESSIONAL FUNDRAISER		100.0/	P) \$	0.
	P) TOTAL AMOUNT RAISED I	BY PAID PROFESSIONAL FUNDRAISERS	100 %	Γ) ψ	0.
	Q) TOTAL FUNDRAISERS FEE	S AND EYDENCES	%	Q) \$	
	Q) TOTAL TONDINAISENSTEE	S AND EXTENSES	/0	Ψ, ψ	
	R) NET RECEIVED BY THE CH	IARITY (P MINIIS O=R)	%	R) \$	
	,	· · · · · · · · · · · · · · · · · · ·	/0	1., 4	
	PROFESSIONAL FUNDRAISING S) TOTAL AMOUNT PAID TO	FCONSULTANTS: PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$	0.
IV.		THE (3) HIGHEST PAID PERSONS DURING THE YEAR	AR:		
		REY, PRESIDENT & CEO		T) \$	120,123.
		BAIRD, CHIEF FINANCIAL OFFICER		U) \$	88,587.
	V) NAME, TITLE: BECCA	GUYETTE, CHIEF DEVELOPMENT OFFICE	R	V) \$	85,806.

List on back side of instructions  $\begin{array}{c} \text{CODE} \end{array}$ 

150

W)#

X) # Y) #

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)

W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATIONS

198091 04-01-21

X) DESCRIPTION:

Y) DESCRIPTION:

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?	1.		Х
0	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
۷.				Х
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Λ
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?	3.		Х
		- 1		
1	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
4.	THE CONTRACT OF THE CHITATENESS	!		Х
	THAN 10% OF THE OUTSTANDING SHARES?	4.		Λ
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
	OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
	· · · · · · · · · · · · · · · · · · ·	ı		
7a	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
ru.		7.		Х
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	··		Λ
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?	8.		Х
		ı		
q	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
٥.		9.		Х
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		21
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			77
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10. [		Х
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
	THREE LARGEST ACCOUNTS:			
	BUSEY INVESTMENT SERVICES, 100 W UNIVERSITY, CHAMPAIGN, IL 6183	20		
	U OF I COMMUNITY CREDIT UNION, 2201 S 1ST STREET, CHAMPAIGN, II	ւ 6:	1820	
	HICKORY POINT BANK, 225 N WATER, DECATUR, IL 62523			
10	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: CATHY BAIRD - (217)352-5151			
12.	INAINIL AND ILLLITIONE NUMBER OF CONTACT FERSON. CATTLE DATED (ZII) 332 3131			
ΔΙΙ	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			
ALL	- ATTACHMENTO MOOT ACCOMITANT THICHEL CITY OLE INCHICOTIONIO			

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 VITTONE

TREASURER or TRUSTEE (PRINT NAME)

**SIGNATURE** DATE

DONNA LAWSON, CPA

PREPARER (PRINT NAME) **SIGNATURE** 

DATE

Illinois Department of Revenue



## 2021 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 r	return is not for calendar year 2021, enter your fiscal tax year here.		Enter the amount you are	paying.
•	ar beginning JUL 1, 20 21 vear , ending JUN 30 vear 20 22			-
WARN	This form is for tax years ending on or after December 31, 2021, and before December For all other situations, see instructions to determine the correct form to use.	r 31, 2022.	\$	
Step '	: Identify your exempt organization		ral employer identification no.	. (FEIN).
A E	nter your complete legal business name.	37-06625		,
	you have a name change, check this box.			
N	ame: UNITED WAY OF CHAMPAIGN COUNTY	E Check if you are	e taxed as a corporation.	X
	nter your mailing address.			
	heck this box if either of the following apply:	F Check if you are		
	this is your <b>first return,</b> or you have an <b>address change.</b>		ure of your unrelated trade or	
	•		MING INCOME	
С	/O:		if you attached Illinois	
	E DIBILAD CO		D, Income Tax Credits.	
	lailing address: 5 DUNLAP CT	•	n American Industry Classific	
	ity: SAVOY State: IL ZIP: 61874	System (NAICS)	Code, if applicable. See inst	ructions.
Clf	this is the first or final return, check the applicable box(es).			
Ĺ	First return	J Check this box i	if you are a 52/53 week filer.	
L	Final return (Enter the date of termination.			
Sten ?	2: Figure your base income or loss		A.B	
-	Unrelated business taxable income or loss from U.S. Form 990-T. See Instruction:	S.	(Whole dolla	us only)
	Attach a copy of your U.S. Form 990-T.		1	.00
	Illinois income and replacement tax and surcharge deducted in arriving at Line 1.		2	.00.
	Base income or loss. Add Lines 1 and 2.		3	.00.
				.00
c	A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resid from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must			X
STO	B If any portion of the amount on Line 3 is derived outside Illinois, check this box a (Do not leave Lines 6 through 8 blank.) See instructions.			
Step	3: Figure your income allocable to Illinois (Complete only if you ch	ecked the box on Line	B, above.)	
	Business income or loss included in Line 3 from non-unitary partnerships, partner		•	
7	Schedule UB, S corporations, trusts, or estates. See instructions.	Joidada oi1 a	4	.00
5	Business income or loss. Subtract Line 4 from Line 3.		5	.00
	Total sales everywhere. This amount cannot be negative.	6		.55
	Total sales inside Illinois. This amount cannot be negative.	7		
	Apportionment factor. Divide Line 7 by Line 6. Round to six decimal places.	8 -		
	Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.		9	.00
	Business income or loss apportionable to Illinois from non-unitary partnerships, pa	artnerships included or		
-	a Schedule UB, S corporations, trusts, or estates. See instructions.	,	10	.00
11	Base income or loss allocable to Illinois. Add Lines 9 and 10.		11	.00
v <sub>e</sub> S	tep 4: Figure your net replacement tax			
를 <mark>1</mark> 2			12	.00
your payment IL-990-T-V her		ly by 1.5% (.015).	13	
6 6 14		, _,, (.5 10).	14	
j 66 '⁻ 0 -1 15				
	The second secon		ıə	በበ
5≓ '` 5 € 16			15 16	
L 16 L 0 17	Investment credits. Attach Form IL-477.	, enter zero.	16 16 17	
5 E 16	Investment credits. Attach Form IL-477.	, enter zero.	16	0 .00



#### Step 5: Figure your net income tax

18	Net income or loss from Line 12.		18	.00
19	Income Tax. See instructions.		19	
20	Recapture of investment credits. Attach Schedule 4255.		20	
21	Income tax before credits. Add Lines 19 and 20.		21	
22	Income tax credits. Attach Schedule 1299-D.		22	.00
23	Net income tax. Subtract Line 22 from Line 21. If the amount is ne	gative, enter zero.	23	
tep (	6: Figure your refund or balance due			
24	Net replacement tax from Line 17.		24	.00
25	Net income tax from Line 23.		25	.00
26	Compassionate Use of Medical Cannabis Program Act surcharge.	See instructions.	26	
27	Sale of assets by gaming licensee surcharge. See instructions.		27	.00
28	Total net income and replacement taxes and surcharges. $\ensuremath{Add}\ \ensuremath{L}$	ines 24, 25, 26, and 27.	28	
29	Payments. See instructions.			
	a Credits from previous overpayments.	29a		
	<b>b</b> Total payments made before the date this return is filed.	29b	.00	
	c Pass-through withholding reported to you on Schedule(s)			
	K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	29c	.00	
	<b>d</b> Pass-through entity tax credit reported to you.			
	Attach Schedule(s) K-1-P or K-1-T.	<b>29</b> d	.00	
	e Illinois income tax withholding. <b>Attach</b> Form(s) W-2G.	<b>29</b> e	.00	
30	Total payments. Add Lines 29a through 29e.		30	.00
31	Overpayment. If Line 30 is greater than Line 28, subtract Line 28 fr	om Line 30.	¸ 31	
32	Amount to be <b>credited forward.</b> See instructions.	<b>.</b>	, • 32	.00
	Check this box and attach a detailed statement if this carryforward	is going to a different FEIN. 🛛 🗣	♦ `	
33	Refund. Subtract Line 32 from Line 31. This is the amount to be ref	funded.	33	.00
34	Complete to direct deposit your refund			
	Routing Number	Checking or Savings	5	
	Account Number			
35	Tax Due. If Line 28 is greater than Line 30, subtract Line 30 from Li	ine 28. This is the amount you ow	 e. <b>35</b>	.00
	If you owe tax on Line 35. make an electronic payment at Tax.III	•		

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.

Sign CEO discuss this return with t	
	he paid
Here Signature of authorized officer Date (mm/dd/yyyy) Title Phone preparer shown in this st	
DONNA LAWSON, CPA DONNA LAWSON, 11/10/2022 Check if P017	87169
Paid Print/Type paid preparer's name Paid preparer's signature Date (mm/dd/yyyy) self-employed Paid Preparer's signature Date (mm/dd/yyyy)	eparer's PTIN
Preparer Firm's name ►MARTIN HOOD LLC Firm's FEIN ► 37-1119790	
Use Only Firm's address ▶ 2507 SOUTH NEIL STREET, CHAMPA Firm's phone ▶ (217)351-20	00

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

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