



CERTIFIED PUBLIC ACCOUNTANTS

DECEMBER 18, 2024

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

DEAR SUE:

ENCLOSED IS THE ORGANIZATION'S 2023 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2025.

FORM 990-T RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

NO AMOUNT IS DUE ON FORM 990-T.

ILLINOIS FORM IL-990-T RETURN:

THE ILLINOIS FORM IL-990-T SHOULD BE MAILED ON OR BEFORE JUNE 16, 2025 TO:

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

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

NO PAYMENT IS REQUIRED.

ILLINOIS FORM AG990-IL:

THE ILLINOIS FORM AG990-IL SHOULD BE MAILED ON OR BEFORE FEBRUARY 28, 2025 TO:

OFFICE OF THE ATTORNEY GENERAL
CHARITABLE TRUST BUREAU
115 S. LASALLE ST
CHICAGO, IL 60603

ENCLOSE A CHECK OR MONEY ORDER FOR \$15, PAYABLE TO ILLINOIS CHARITY BUREAU FUND.

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

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

VERY TRULY YOURS,

A handwritten signature in cursive script that reads "Aindrea Balagna".

AINDREA N. BALAGNA, CPA

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

UNITED WAY OF CHAMPAIGN COUNTY

EIN or SSN

**** - *** 2519**

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.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>6,590,644.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 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

I authorize MH CPA PLLC to enter my PIN 62519
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 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 2023 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

Date

Part III Certification and Authentication

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

37545819790

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 MH CPA PLLC Date 12/18/24

ERO Must Retain This Form - See Instructions

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

Return of Organization Exempt From Income Tax

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

2023

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

Form header section containing organization name (UNITED WAY OF CHAMPAIGN COUNTY), address (5 DUNLAP CT, SAVOY, IL 61874), EIN (**-***2519), and other identifying information.

Part I Summary

Table with 3 main sections: Activities & Governance (rows 1-7), Revenue (rows 8-12), and Expenses (rows 13-19). Includes a Net Assets or Fund Balances section (rows 20-22) with columns for Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section with fields for officer signature (SUE GREY, CEO & PRESIDENT), preparer name (AINDREA N. BALAGNA, CPA), and firm information (MH CPA PLLC).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 4,464,173. including grants of \$ 3,771,004.) (Revenue \$ 84,316.) COMMUNITY IMPACT/COMMUNITY ORGANIZER - MOBILIZING VOLUNTEER RESOURCES, PROVIDING MANAGEMENT ASSISTANCE TO FUNDED PROGRAMS AND PARTICIPATING IN COMMUNITY ORGANIZATIONS TO DEVELOP ALLIANCES AND NETWORKS TO PROMOTE PUBLIC AWARENESS OF NEEDS.

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

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

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

4e Total program service expenses 4,464,173.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and noncash contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 26; 1b Enter the number of voting members included on line 1a... 26; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
KATIE BRAEMER - 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN GREY PRESIDENT AND CEO	40.00			X			129,175.	0.	31,336.	
(2) CATHY BAIRD CHIEF FINANCIAL OFFICER	40.00			X			98,500.	0.	6,613.	
(3) JEWELL WHITE BOARD CHAIR	5.00	X		X			0.	0.	0.	
(4) CAITLIN DRAKE BOARD MEMBER	1.00	X					0.	0.	0.	
(5) KARA JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
(6) SHMONICA COBB BOARD MEMBER	1.00	X					0.	0.	0.	
(7) DEMOND DADE BOARD MEMBER	1.00	X					0.	0.	0.	
(8) MIA HERNANDEZ BOARD MEMBER	1.00	X					0.	0.	0.	
(9) JT BARNHART BOARD MEMBER	1.00	X					0.	0.	0.	
(10) ALMA SEALINE BOARD MEMBER	1.00	X					0.	0.	0.	
(11) STEPHANIE SEAY BOARD MEMBER	1.00	X					0.	0.	0.	
(12) SARAH GANTZ BOARD MEMBER	1.00	X					0.	0.	0.	
(13) RYAN SQUIRE BOARD MEMBER	1.00	X					0.	0.	0.	
(14) LUKE SULLIVAN BOARD MEMBER	1.00	X					0.	0.	0.	
(15) KEVIN SAGE BOARD MEMBER	1.00	X					0.	0.	0.	
(16) DEMETRIA CANDLER BOARD MEMBER	1.00	X					0.	0.	0.	
(17) CHARLES OSBORNE BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEPHANIE STUART BOARD MEMBER	1.00	X						0.	0.	0.
(19) ROBERT ROWE BOARD MEMBER	1.00	X						0.	0.	0.
(20) LISA KNEISLEY RECTOR CHAIR ELECT	5.00	X		X				0.	0.	0.
(21) JENN SMIST CIC CHAIR	5.00	X		X				0.	0.	0.
(22) MARK WISNIEWSKI PAST BOARD CHAIR	5.00	X		X				0.	0.	0.
(23) KAYLA BANKS RD CHAIR	5.00	X		X				0.	0.	0.
(24) CHRISTOPHER WALTON SECRETARY	5.00	X		X				0.	0.	0.
(25) MICHAEL VITONE TREASURER	5.00	X		X				0.	0.	0.
1b Subtotal								227,675.	0.	37,949.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								227,675.	0.	37,949.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,217,073.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 251,008.			
	h	Total. Add lines 1a-1f		6,217,073.			
Program Service Revenue	2 a	MANAGEMENT FEES	Business Code 900003	64,847.	64,847.		
	b	FARMERS FEEDING FAMILI	110000	47,852.		47,852.	
	c	ANNUAL MEETING	900003	9,827.	9,827.		
	d	WOMEN UNITED EVENTS	900003	7,592.	7,592.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		130,118.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		103,420.		103,420.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses					
	7 c	Gain or (loss)					
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8a	183,945.				
		8b	45,962.				
c	Net income or (loss) from fundraising events		137,983.		137,983.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
		9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
		10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code 900003	2,050.	2,050.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		2,050.			
12	Total revenue. See instructions		6,590,644.	84,316.	47,852.	241,403.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,771,004.	3,771,004.		
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	268,484.	111,229.	91,329.	65,926.
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	541,795.	303,584.	18,381.	219,830.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,787.	16,194.		7,593.
9 Other employee benefits	91,824.	65,598.	5,633.	20,593.
10 Payroll taxes	58,822.	29,943.	8,077.	20,802.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,123.		5,123.	
c Accounting	16,256.		16,256.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	8,100.		8,100.	
12 Advertising and promotion				
13 Office expenses	16,362.	8,367.	2,187.	5,808.
14 Information technology				
15 Royalties				
16 Occupancy	32,775.	16,761.	4,381.	11,633.
17 Travel	1,618.	1,157.	349.	112.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	5,645.	2,808.	536.	2,301.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,667.	18,751.	4,901.	13,015.
23 Insurance	12,495.	6,390.	1,670.	4,435.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a AFFILIATION DUES	49,930.	25,534.	6,674.	17,722.
b SERVICE CHARGES	43,887.		43,825.	62.
c EVENTS AND PROGRAMS	41,577.	37,620.		3,957.
d SUPPORT AGREEMENTS	39,154.	16,934.	4,426.	17,794.
e All other expenses	74,876.	32,299.	7,030.	35,547.
25 Total functional expenses. Add lines 1 through 24e	5,140,181.	4,464,173.	228,878.	447,130.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,096,666.	1	116,933.
	2 Savings and temporary cash investments		2	1,265,808.
	3 Pledges and grants receivable, net	1,678,028.	3	2,002,262.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	32,623.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 982,403.		
	b Less: accumulated depreciation	10b 255,126.	754,540.	10c 727,277.
	11 Investments - publicly traded securities	4,257,624.	11	5,578,210.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,786,858.	16	9,723,113.	
Liabilities	17 Accounts payable and accrued expenses	66,825.	17	48,820.
	18 Grants payable		18	
	19 Deferred revenue	13,321.	19	26,756.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,207,376.	25	2,343,541.
	26 Total liabilities. Add lines 17 through 25	2,287,522.	26	2,419,117.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,622,882.	27	1,608,955.
	28 Net assets with donor restrictions	3,876,454.	28	5,695,041.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,499,336.	32	7,303,996.
33 Total liabilities and net assets/fund balances	7,786,858.	33	9,723,113.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,590,644.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,140,181.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,450,463.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,499,336.
5	Net unrealized gains (losses) on investments	5	354,197.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,303,996.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4362124.	4369063.	4163244.	5486725.	6217073.	24598229.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4362124.	4369063.	4163244.	5486725.	6217073.	24598229.
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)						453,352.
6 Public support. Subtract line 5 from line 4.						24144877.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	4362124.	4369063.	4163244.	5486725.	6217073.	24598229.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	28,901.	19,296.	16,351.	43,094.	103,420.	211,062.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,658.	4,584.	10,367.	8,504.	2,050.	29,163.
11 Total support. Add lines 7 through 10						24838454.
12 Gross receipts from related activities, etc. (see instructions)					12	994,742.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	97.21	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.30	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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

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

Part IV Supporting Organizations (continued)

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

Section 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 officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Part VI

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

Horizontal lines for supplemental information input.

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

2023

Open to Public Inspection

Name of the organization UNITED WAY OF CHAMPAIGN COUNTY Employer identification number ** - *** 2519

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include whether art collections are reported and amounts of revenue and assets included.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,760,598.	2,456,131.	2,842,291.	2,293,751.	2,209,805.
b Contributions	1,155,978.	1,212,145.	12,761.	115,277.	62,600.
c Net investment earnings, gains, and losses	307,971.	124,860.	-370,428.	459,909.	48,290.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	35,504.	32,538.	28,493.	26,646.	26,944.
g End of year balance	5,189,042.	3,760,598.	2,456,131.	2,842,291.	2,293,751.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 88.0000 %
 - c Term endowment 12.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,400.		20,400.
b Buildings		819,408.	139,180.	680,228.
c Leasehold improvements				
d Equipment		142,595.	115,946.	26,649.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				727,277.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ALLOCATIONS PAYABLE	1,720,698.
(3) DESIGNATIONS PAYABLE	622,843.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,343,541.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,824,748.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 354,197.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	354,197.
3	Subtract line 2e from line 1		3	5,470,551.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 1,120,093.		
c	Add lines 4a and 4b		4c	1,120,093.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	6,590,644.

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

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

1	Total expenses and losses per audited financial statements		1	4,020,088.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,020,088.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 1,120,093.		
c	Add lines 4a and 4b		4c	1,120,093.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	5,140,181.

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 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS RAISED ON BEHALF OF OTHERS 1,120,093.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS RAISED ON BEHALF OF OTHERS 1,120,093.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		POWER OF THE PURSE		NONE	
	Revenue	(event type)	(event type)	(total number)	
1	Gross receipts	183,945.			183,945.
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	183,945.			183,945.
Direct Expenses					
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	45,962.			45,962.
10	Direct expense summary. Add lines 4 through 9 in column (d)				45,962.
11	Net income summary. Subtract line 10 from line 3, column (d)				137,983.

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

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF CHAMPAIGN COUNTY** Employer identification number **** - *** 2519**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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
AKWAABA QC 1531 47TH AVENUE SUITE 2 MOLINE, IL 61265	** - *** 7610	501(C)(3)	20,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
AMERICAN RED CROSS PO BOX 37842 BOONE, IA 50037	** - *** 3451	501(C)(3)	5,115.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
ANTI-VIOLENCE COLLECTIVE, INC 1104 SILVER STREET URBANA, IL 61801	** - *** 5417	501(C)(3)	25,031.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
ARTISTS REENVISIONION TOMORROW (ART INC) - 919 NE JEFFERSON STREET - PEORIA, IL 61603	** - *** 3451	501(C)(3)	25,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
BIG BROTHERS BIG SISTERS 310 W. WILLIAM ST DECATUR, IL 62522	** - *** 8685	501(C)(3)	14,800.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
BLACK ADMINISTRATORS IN CHILD WELFARE OF ILLINOIS - 25 BILLY CASPER LANE - MIDLOTHIAN, IL 60445	** - *** 1199	501(C)(3)	30,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **68.**

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

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

Schedule I (Form 990) 2023

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
WESTERN ILLINOIS UNIVERSITY BOARD OF TRUSTEES - 1 UNIVERSITY CIRCLE SHERMAN HALL 320 - MACOMB, IL 61455	**-***0458	501(C)(3)	25,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
BRIDGEWATER SULLIVAN COMMUNITY LIFE CENTER - 401 EAST PARK STREET - CHAMPAIGN, IL 61820	**-***0363	501(C)(3)	30,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
BSA, PRAIRIELANDS COUNCIL 3301 FARBER DR CHAMPAIGN, IL 61826	**-***1186	501(C)(3)	6,845.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CARLE FOUNDATION HOSPITAL - HEALTH BEGINNINGS - 611 WEST PARK STREET - URBANA, IL 61801	**-***9538	501(C)(3)	103,125.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CARLE HEALTH CENTER FOR PHILANTHROPY - 611 WEST PARK - URBANA, IL 61801	**-***9978	501(C)(3)	10,233.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CATHOLIC CHARITIES 419 NE MADISON AVE PEORIA, IL 61603	**-***2513	501(C)(3)	11,622.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CENTER FOR YOUTH AND FAMILY SOLUTIONS - 1315A CURT DRIVE - CHAMPAIGN, IL 61821	**-***1182	501(C)(3)	25,578.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CHAMPAIGN COUNTY CASA 154 C LINCOLN SQUARE URBANA, IL 61801	**-***5204	501(C)(3)	81,843.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER - PO BOX 5005 - CHAMPAIGN, IL 61825	**-***1584	501(C)(3)	37,500.	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) 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 FIRE FIGHTERS BENEVOLENT FUND - 2204 W JOHN STREET SUITE D - CHAMPAIGN, IL 61821	**-***1438	501(C)(3)	8,122.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CHAMPAIGN PUBLIC LIBRARY FOUNDATION - 505 S RANDOLPH ST - CHAMPAIGN, IL 61820	**-***3456	501(C)(3)	19,768.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CHAMPAIGN UNIT 4 SCHOOLS 502 W WINDSOR ROAD CHAMPAIGN, IL 61820	**-***2530	501(C)(3)	32,850.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CHAMPAIGN URBANA SCHOOLS FOUNDATION - PO BOX 1166 - CHAMPAIGN, IL 61824	**-***3798	501(C)(3)	16,708.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CHAMPAIGN COUNTY CHILDREN'S ADVOCACY CENTER - 201 W KENYON ROAD SUITE 1 - CHAMPAIGN, IL 61820	**-***6910	501(C)(3)	13,031.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CITY OF MACOMB POLICE DEPARTMENT 120 S MCARTHUR STREET MACOMB, IL 61455	**-***1536	501(C)(1)	25,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
COMMUNITY SERVICE CENTER 520 E WABASH AVE RANTOUL, IL 61866	**-***0247	501(C)(3)	48,852.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
COMMUNITY SHARES OF ILLINOIS 44 E MAIN STREET UNIT 208 CHAMPAIGN, IL 61820	**-***3918	501(C)(3)	7,248.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
COPPER CREEK CHURCH 2202 CURTIS ROAD CHAMPAIGN, IL 61822	**-***2510	501(C)(3)	10,500.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to 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
COURAGE CONNECTION 1304 E MAIN ST URBANA, IL 61802	**-***6397	501(C)(3)	76,832.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CRISIS NURSERY 1309 W HILL STREET URBANA, IL 61801	**-***1152	501(C)(3)	185,768.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CROSSPOINT HUMAN SERVICES 210 AVENUE C DANVILLE, IL 61832	**-***5771	501(C)(3)	27,500.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
C-U AT HOME PO BOX 8816 CHAMPAIGN, IL 61826	**-***2278	501(C)(3)	49,648.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CUNNINGHAM CHILDREN'S HOME PO BOX 878 URBANA, IL 61803	**-***2521	501(C)(3)	85,268.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
DAILY BREAD SOUP KITCHEN PO BOX 648 CHAMPAIGN, IL 61824	**-***5172	501(C)(3)	64,623.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
DEVELOPMENTAL SERVICES CENTER 1304 W BRADLEY AVENUE CHAMPAIGN, IL 61821	**-***3661	501(C)(3)	124,280.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
DON MOYER BOYS & GIRLS CLUB 600 N. NEIL STREET CHAMPAIGN, IL 61824	**-***6638	501(C)(3)	236,480.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
DREAAM HOUSE PO BOX 11 CHAMPAIGN, IL 61824	**-***3964	501(C)(3)	184,288.	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) 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
EASTERN ILLINOIS FOODBANK 2405 NORTH SHORE DRIVE URBANA, IL 61802	**-***0252	501(C)(3)	158,605.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
FAMILY SERVICE OF CHAMPAIGN COUNTY 405 S STATE STREET CHAMPAIGN, IL 61820	**-***3559	501(C)(3)	92,105.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
FOREST PRESERVE FRIENDS FOUNDATION OF CHAMPAIGN - PO BOX 1040 - MAHOMET, IL 61853	**-***1088	501(C)(3)	7,241.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
HABITAT FOR HUMANITY OF CHAMPAIGN COUNTY - PO BOX 1162 - CHAMPAIGN, IL 61824	**-***7094	501(C)(3)	44,581.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
HEALTHY CHAMPAIGN COUNTY 201 W KENYON ROAD CHAMPAIGN, IL 61820	**-***8630	501(C)(3)	20,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
HEART OF ILLINOIS UNITED WAY 509 W HIGH STREET PEORIA, IL 61606	**-***1504	501(C)(3)	67,879.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
IMMIGRANT SERVICES OF C-U 201 W KENYON ROAD CHAMPAIGN, IL 61820	**-***7978	501(C)(3)	25,729.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
LAND OF LINCOLN LEGAL ASSISTANCE 302 N FIRST STREET CHAMPAIGN, IL 61820	**-***8448	501(C)(3)	82,726.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
PARKLAND FOUNDATION 2400 W BRADLEY AVENUE CHAMPAIGN, IL 61821	**-***9180	501(C)(3)	5,128.	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) 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
PATH CRISIS 2-1-1 201 E GROVE STREET SUITE 200 BLOOMINGTON, IL 61701	**-***9387	501(C)(3)	42,660.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
PROJECT OZ 1105 W FRONT STREET BLOOMINGTON, IL 61701	**-***2824	501(C)(3)	30,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
PROMISE HEALTHCARE 819 BLOOMINGTON ROAD CHAMPAIGN, IL 61820	**-***0824	501(C)(3)	59,497.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
RACES - RAPE, ADVOCACY, COUNSELING, EDUCATION AND SERVICES - 301 S VINE SUITE 211 - URBANA, IL 61801	**-***5591	501(C)(3)	91,617.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
RANTOUL CITY SCHOOLS 400 E WABASH RANTOUL, IL 61866	**-***2546	501(C)(3)	115,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
REGIONAL PLANNING COMMISSION 1776 E WASHINGTON URBANA, IL 61802	**-***6910	501(C)(3)	117,213.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
SALT AND LIGHT 1512 W ANTHONY CHAMPAIGN, IL 61821	**-***4485	501(C)(3)	21,044.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
SUPPORTIVE HOUSING PROVIDERS ASSOCIATION - 6 LAWRENCE SQUARE - SPRINGFIELD, IL 62704	**-***8832	501(C)(3)	15,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
THE READING GROUP 300 SOUTH BROADWAY UNIT 23 URBANA, IL 61801	**-***2871	501(C)(3)	6,485.	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) 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
THE REFUGEE CENTER 201 W KENYON ROAD CHAMPAIGN, IL 61820	**-***2770	501(C)(3)	51,043.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
THE SALVATION ARMY 2212 N MARKET ST CHAMPAIGN, IL 61822	**-***7910	501(C)(3)	29,281.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
THE UP CENTER OF CHAMPAIGN COUNTY 1001 S WRIGHT ST CHAMPAIGN, IL 61820	**-***6190	501(C)(3)	16,637.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
THE WELL EXPERIENCE 803 PHILO RD URBANA, IL 61802	**-***8425	501(C)(3)	125,979.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
TRAUMA & RESILIENCE INC. 102 NORTH STATE STREET CHAMPAIGN, IL 61820	**-***3502	501(C)(3)	27,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
UNITED WAY OF DECATUR & MID-ILLINOIS - 201 W ELDORADO ST - DECATUR, IL 62522	**-***3475	501(C)(3)	11,634.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
UNITED WAY OF GREATER ST LOUIS 910 NORTH 11TH STREET ST. LOUIS, MO 63101	**-***4167	501(C)(3)	17,205.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
UNITED WAY OF LEE, HENDRY, GLADES 7273 CONCOURSE DRIVE FORT MYERS, FL 33908	**-***5169	501(C)(3)	15,036.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
UNITED WAY OF MCLEAN COUNTY 201 E GROVE ST BLOOMINGTON, IL 61702	**-***2534	501(C)(3)	7,724.	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) 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
UNITED WAY OF METROPOLITAIN CHICAGO - 222 MERCHANDISE MART PLAZA STE 633 - CHICAGO, IL 60654	**-***0478	501(C)(3)	6,084.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN (BOARD OF TRUSTEES) - 1901 S FIRST STREET SUITE A - CHAMPAIGN, IL 61820	**-***0511	501(C)(3)	30,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
UNIVERSITY OF ILLINOIS FOUNDATION 400 HARKER HALL URBANA, IL 61801	**-***6007	501(C)(3)	6,969.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
UNIVERSITY OF ILLINOIS YWCA PO BOX 8046 CHAMPAIGN, IL 61826	**-***0370	501(C)(3)	54,207.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
UNIVERSITY YMCA 1001 S WRIGHT CHAMPAIGN, IL 61820	**-***1257	501(C)(3)	49,325.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
URBANA ADULT EDUCATION 211 N RACE STREET URBANA, IL 61801	**-***2534	501(C)(3)	20,250.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
URBANA NEIGHBORHOOD CONNECTION 1401 E MAIN ST URBANA, IL 61801	**-***6885	501(C)(3)	65,294.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
YWCA OF MCLEAN COUNTY 1201 N HERSHEY ROAD BLOOMINGTON, IL 61704	**-***1264	501(C)(3)	25,000.	0.			UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY OF CHAMPAIGN COUNTY

Employer identification number

-*2519

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSAN GREY PRESIDENT AND CEO	(i)	129,175.	0.	0.	7,751.	23,585.	160,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

BOARD EVALUATION; COMPARABLE SALARY REVIEWED

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF CHAMPAIGN COUNTY** Employer identification number **** - *** 2519**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	251,008.	FMV ON DONATION DATE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

PART I LINE 9B REFLECTS NUMBER OF CONTRIBUTIONS RECEIVED BY THE ORGANIZATION DURING THE FISCAL YEAR.

**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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY OF CHAMPAIGN COUNTY

Employer identification number

-*2519

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

LASTING IMPACT FOR OUR COMMUNITY.

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

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

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

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

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

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

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

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

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

THE FORM 990 IS AVAILABLE ON WWW.GUIDESTAR.ORG 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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Name of the organization

UNITED WAY OF CHAMPAIGN COUNTY

Employer identification number

** - ***2519

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 XII, LINE 2C

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

Type and Entity: FARMING INCOME POST-2017 NOL FED
 Section 382 Annual Limitation Section 382 Carryover

DETAIL CARRYOVER SCHEDULE

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for								
			_____	_____	_____	_____	_____	_____	_____	_____	_____
A 2018	1,892.										
B 2019	113.										
C 2020	99.										
D 2021	8,769.										
E 2022	500.										
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	ESBC	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											
D											
E											
F											
G											
H											
I											
J											
K											
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M											
N											
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P											
Q											
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S											
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U											
V											
W											

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

UNITED WAY OF CHAMPAIGN COUNTY

EIN or SSN

**** - *** 2519**

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.**

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>0.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 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

I authorize **MH CPA PLLC** to enter my PIN **62519**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 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 2023 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

Date

Part III Certification and Authentication

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

37545819790

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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

MH CPA PLLC

Date

12/18/24

ERO Must Retain This Form - See Instructions

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. UNITED WAY OF CHAMPAIGN COUNTY	Taxpayer identification number (TIN) ** - ***2519
	Number, street, and room or suite no. If a P.O. box, see instructions. 5 DUNLAP CT	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAVOY, IL 61874	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **KATIE BRAEMER**
5 DUNLAP COURT - SAVOY, IL 61874

Telephone No. **217-352-5151** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 ____ or
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

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

For calendar year 2023 or other tax year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

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).

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

Form header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 9,723,113, D Employer identification number ** - *** 2519, E Group exemption number, F Check box if an amended return.

G Check organization type: [X] 501(c) corporation, [] 501(c) trust, [] 401(a) trust, [] Other trust, [] State college/university, [] 6417(d)(1)(A) Applicable entity

H Check if filing only to claim: [] Credit from Form 8941, [] Refund shown on Form 2439, [] Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation []

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [] Yes [X] No

L The books are in care of KATIE BRAEMER Telephone number 217-352-5151

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from unrelated business taxable income to final amount of 0.

Table for Part II: Tax Computation. Rows 1-7 showing tax calculations for organizations taxable as corporations, trusts, proxy tax, and other tax amounts, resulting in a total of 0.

Table for Part III: Tax and Payments. Rows 1a-5 showing foreign tax credit, other credits, amounts due from various forms, and total tax liability, resulting in a current net liability of 0.

Part III Tax and Payments <i>(continued)</i>			
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ <u>6,869.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	110000	\$	11,373.
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____	Date _____	Title CEO & PRESIDENT	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name AINDREA N. BALAGNA, CPA	Preparer's signature AINDREA N. BALAGNA, CPA	Date 12/18/24	Check <input type="checkbox"/> if self-employed PTIN P00852053
	Firm's name MH CPA PLLC	Firm's address 2110 CLEARLAKE BLVD, STE 200 CHAMPAIGN, IL 61822		Firm's EIN ** - *** 9790
	Phone no. (217) 351-2000			

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>	<u>AVAILABLE THIS YEAR</u>
06/30/17	8,912.	2,043.	6,869.	6,869.
NOL CARRYOVER AVAILABLE THIS YEAR			6,869.	6,869.

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

Department of the Treasury
Internal Revenue Service

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

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).

1
OMB No. 1545-0047

2023

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

A Name of the organization UNITED WAY OF CHAMPAIGN COUNTY	B Employer identification number ** - *** 2519
C Unrelated business activity code (see instructions) 110000	D Sequence: 1 of 1

E Describe the unrelated trade or business **FARMING INCOME**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>47,852.</u>				
b Less returns and allowances _____ c Balance	1c	47,852.		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3	47,852.		47,852.
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c 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	47,852.		47,852.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

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	8a			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 STATEMENT 2				14
15 Total deductions. Add lines 1 through 14				15
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			0.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

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

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c 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 through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c 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	%	%	%	%
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 I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION	AMOUNT
RENT EXPENSE	18,000.
INSURANCE	1,103.
DISTRIBUTIONS	28,749.
TOTAL TO SCHEDULE A, PART II, LINE 14	47,852.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	1,892.	0.	1,892.	1,892.
06/30/20	113.	0.	113.	113.
06/30/21	99.	0.	99.	99.
06/30/22	8,769.	0.	8,769.	8,769.
06/30/23	500.	0.	500.	500.
NOL CARRYOVER AVAILABLE THIS YEAR			11,373.	11,373.

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Illinois Attorney General Kwame Raoul
Charitable Trust Bureau, 115 S. LaSalle St
Chicago, IL 60603

CO # 01-003181

Report for the Fiscal Period:

Beginning 07/01/2023

& Ending 06/30/2024

Make Checks Payable to Illinois Charity Bureau Fund

Check all items attached:

- Copy of IRS Return
- Audited Financial Statements
- Reviewed Financial Statements
- Copy of Form IFC
- \$15 Annual Report Filing Fee
- \$100 Late Report Filing Fee

Federal ID # **** - ***2519**

MO DAY YR

Date organization was created: **06/09/1957**

Are contributions to the organization tax deductible? Yes No

MO DAY YR

Legal Name: UNITED WAY OF CHAMPAIGN COUNTY	YEAR-END AMOUNTS	
Mail Address: 5 DUNLAP CT	A) ASSETS	A) \$ 9,723,113.
City, State: SAVOY, IL	B) LIABILITIES	B) \$ 2,419,117.
Zip Code: 61874	C) NET ASSETS	C) \$ 7,303,996.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)	96.306 %	D) \$ 6,347,191.
E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	3.694 %	F) \$ 243,453.
G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 6,590,644.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	13.485 %	H) \$ 693,169.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	13.485 %	J) \$ 693,169.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	73.363 %	K) \$ 3,771,004.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	86.849 %	L) \$ 4,464,173.
M) MANAGEMENT AND GENERAL EXPENSE	4.453 %	M) \$ 228,878.
N) FUNDRAISING EXPENSE	8.699 %	N) \$ 447,130.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	100 %	O) \$ 5,140,181.
III. SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES:		
(Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: SUE GREY, PRESIDENT & CEO		T) \$ 132,424.
U) NAME, TITLE: CATHY BAIRD, CHIEF FINANCIAL OFFICER		U) \$ 97,722.
V) NAME, TITLE: BECCA GUYETTE, CHIEF DEVELOPMENT OFFICER		V) \$ 100,245.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of instructions CODE	
W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATIONS	W) #	150
X) DESCRIPTION:	X) #	
Y) DESCRIPTION:	Y) #	

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. 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 PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b. 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 \$ _____ .		
7. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. 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 61820 U OF I COMMUNITY CREDIT UNION, 2201 S 1ST STREET, CHAMPAIGN, IL 61820 HICKORY POINT BANK, 225 N WATER, DECATUR, IL 62523		
11. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: KATIE BRAEMER - 217-352-5151		

• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS •

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

BE SURE TO INCLUDE ALL FEES DUE:

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

SUSAN GREY		
PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
MICHAEL VITTON		
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
AINDREA N. BALAGNA, CPA		
PREPARER (PRINT NAME)	SIGNATURE	DATE



2023 Form IL-990-T

Exempt Organization Income and Replacement Tax Return

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

If this return is not for calendar year 2023, enter your fiscal tax year here.

Tax year beginning JUL 1, 2023, ending JUN 30, 2024

Enter the amount you are paying.

\$

WARNING This form is for tax years ending on or after December 31, 2023, and before December 31, 2024. For all other situations, see instructions to determine the correct form to use.

Step 1: Identify your exempt organization

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

B Enter your mailing address. C/O:

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

If this is the first or final return, check the applicable box(es). First return Final return

D Enter your federal employer identification no. (FEIN). ** - *** 2519 E Check if you are taxed as a corporation. F Check if you are taxed as a trust. G Provide the nature of your unrelated trade or business. FARMING INCOME H Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits. I Enter your North American Industry Classification System (NAICS) Code, if applicable. See instructions. J Check this box if you are a 52/53 week filer.

Step 2: Figure your base income or loss

(Whole dollars only)

Table with 3 rows: 1 Unrelated business taxable income or loss from U.S. Form 990-T. See Instructions. Attach a copy of your U.S. Form 990-T. 2 Illinois income and replacement tax and surcharge deducted in arriving at Line 1. 3 Base income or loss. Add Lines 1 and 2.

STOP A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete all lines of Step 3. (Do not leave Lines 6 through 8 blank.) See instructions.

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

Table with 11 rows: 4 Business income or loss included in Line 3 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions. 5 Business income or loss. Subtract Line 4 from Line 3. 6 Total sales everywhere. This amount cannot be negative. 7 Total sales inside Illinois. This amount cannot be negative. 8 Apportionment factor. Divide Line 7 by Line 6. Round to six decimal places. 9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8. 10 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions. 11 Base income or loss allocable to Illinois. Add Lines 9 and 10.

Step 4: Figure your net replacement tax

Table with 7 rows: 12 Net income or loss from Line 3 or Line 11. 13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiply by 1.5% (.015). 14 Recapture of investment credits. Attach Schedule 4255. 15 Replacement tax before investment credits. Add Lines 13 and 14. 16 Investment credits. Attach Form IL-477. 17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative, enter zero.

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

IR NS DR



Step 5: Figure your net income tax

Table with 2 columns: Description and Amount. Rows 18-23 showing net income tax calculation.

Step 6: Figure your refund or balance due

Table with 2 columns: Description and Amount. Rows 24-33 showing refund or balance due calculation.

Form for Step 34: Complete to direct deposit your refund. Includes fields for Routing Number, Account Number, and checkboxes for Checking or Savings.

35 Tax Due. If Line 28 is greater than Line 30, subtract Line 30 from Line 28. This is the amount you owe. 35 .00

If you owe tax on Line 35, make an electronic payment at Tax.Illinois.gov. If you must mail your payment, complete a payment voucher, Form IL-990-T-V. Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form.

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

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

Signature and Preparer information section. Includes fields for Sign Here (Signature, Date, Title, Phone), Paid Preparer Use Only (Name, Signature, Date, Firm's name, FEIN, Address, Phone), and a checkbox for Department discussion.

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