See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492028012500

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 08-01-2008 , and ending 07-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
UNITED WAY OF LEE COUNTY

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 382

City or town, state or country, and ZIP + 4
DIXON, IL 61021

D Employer identification number
36-6009288

E Telephone number
(815) 284-3339

F Group Exemption Number ▶

✱ ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☑ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) — ☑ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 438,292

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	434,439
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	2,038
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a	1,790	
	b	Less direct expenses other than fundraising expenses	6b	2,775	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	-985
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	25
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	435,517
Expenses	10	Grants and similar amounts paid (attach schedule)		10	350,586
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	27,920
	13	Professional fees and other payments to independent contractors		13	7,500
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	3,543
	16	Other expenses (describe ▶)		16	15,010
	17	**Total expenses** (add lines 10 through 16) ▶		17	404,559
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	30,958
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	91,991
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶		21	122,949

Part II Balance Sheets—If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	92,492	22	123,383
23	Land and buildings		23	
24	Other assets (describe ▶)	0	24	
25	**Total assets**	92,492	25	123,383
26	**Total liabilities** (describe ▶)	501	26	434
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	91,991	27	122,949

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
TO SUPPORT VARIOUS CHARITABLE AND COMMUNITY ORGANIZATIONS IN THE LEE COUNTY AREA

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 TO SUPPORT IN EXCESS OF THIRTY CHARITABLE AND COMMUNITY ORGANIZATIONS THAT PROVIDE SOCIAL, FAMILY, MEDICAL, YOUTH ACTIVITY, CHILD CARE AND SPORTS PROGRAMS IN THE LEE COUNTY AREA (Grants $ 350,586) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	350,586
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
31 Other program services (attach schedule) . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	**32**	350,586

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		No
35	*If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? *If "Yes," complete applicable parts of Schedule N*	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*Section 501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? *If "Yes," complete Schedule L, Part I.*	40b		No
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No

41 List the states with which a copy of this return is filed ▶ IL

42a The books are in care of ▶ SUSAN HOHLEN EXECUTIVE DIRECTOR Telephone no ▶ (815) 284-3339

Located at ▶ PO BOX 382 DIXON, IL ZIP + 4 ▶ 61021

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	45		No

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of other independent contractors receiving over $100,000 ▶		

Please 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 officer) is based on all information of which preparer has any knowledge

****** — Signature of officer — 2010-01-19 — Date

SUSAN HOHLEN EXECUTIVE DIRECTOR — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ CLIFTON GUNDERSON LLP	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLIFTON GUNDERSON LLP 114 E EVERETT DIXON, IL 61021			EIN ▶ Phone no ▶ (815) 284-2285

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492028012500

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
UNITED WAY OF LEE COUNTY

Employer identification number
36-6009288

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

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

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	404,767	473,397	492,484	481,781	434,439	2,286,868
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		8,174	40	1,335	1,790	11,339
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5	404,767	481,571	492,524	483,116	436,229	2,298,207
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						2,298,207

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	404,767	481,571	492,524	483,116	436,229	2,298,207
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,207	2,445	3,827	3,337	2,038	12,854
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	1,207	2,445	3,827	3,337	2,038	12,854
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					25	25
13 **Total Support** (Add lines 9, 10c, 11 and 12)						2,311,086

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

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	99 440 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	99 520 %

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17	0 560 %
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18	0 480 %

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 36-6009288
Name: UNITED WAY OF LEE COUNTY

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CATHY JECKLIN 101 W FIRST STREET DIXON,IL 61021	SECRETARY/TREASURER 1 00	0	0	0
KATIE DALLAM-PRATT 1574 NACHUSA ROAD DIXON,IL 61021	VICE-PRESIDENT 1 00	0	0	0
GLEN HUGHES 509 N JEFFERSON AVE DIXON,IL 61021	DIRECTOR 1 00	0	0	0
SYLVAN LEFFELMAN 403 AUTUMNWOOD DRIVE DIXON,IL 61021	DIRECTOR 1 00	0	0	0
RYAN HARRISON 101 W SECOND ST DIXON,IL 61021	DIRECTOR 1 00	0	0	0
TOM WADSWORTH 1152 BAY DRIVE DIXON,IL 61021	DIRECTOR 1 00	0	0	0
TIM BROOS 403 EAST FIRST STREET DIXON,IL 61021	dIRECTOR 1 00	0	0	0
CHAD NICKLAUS 1314 N GALENA AVE DIXON,IL 61021	DIRECTOR 1 00	0	0	0
SUSAN HOHLEN PO BOX 382 DIXON,IL 61021	EXECUTIVE DIRECTOR 40 00	26,000	1,920	0
GAIL DUNN 204 JOE DRIVE AMBOY,IL 61310	DIRECTOR 1 00	0	0	0
CATHY REGLIN 206 HAND AVE DIXON,IL 61021	DIRECTOR 1 00	0	0	0
JOANN B SHERIDAN 413 N GALENA AVE DIXON,IL 61021	DIRECTOR 1 00	0	0	0
BRIAN SMITH 119 W FIRST ST 110 DIXON,IL 61021	PRESIDENT 1 00	0	0	0
CHRIS HAMMITT 630 N GALENA AVE DIXON,IL 61021	DIRECTOR 1 00	0	0	0
TOM KITSON 215 S DIXON AVE DIXON,IL 61021	DIRECTOR 1 00	0	0	0
VIKKI WADSWORTH 767 FOREST DRIVE PARK DIXON,IL 61021	DIRECTOR 1 00	0	0	0
DAVID YEAGER 215 E FIRST STREET STE 310 DIXON,IL 61021	DIRECTOR 1 00	0	0	0
JENNIFER BARATTA 604 E FELLOWS DIXON,IL 61021	DIRECTOR 1 00	0	0	0
CHRIS BLUMHOFF 1101 E RIVER RD DIXON,IL 61021	DIRECTOR 1 00	0	0	0
TIM SHIPMAN 113 W SECOND ST DIXON,IL 61021	DIRECTOR 1 00	0	0	0
ROBERT URBANSKI 1150 FRANKLIN GROVE RD dIXON,IL 61021	DIRECTOR 1 00	0	0	0
JEREMY VIVIAN 225 LINCOLN WAY DIXON,IL 61021	DIRECTOR 1 00	0	0	0
SHAWN ORTGIESEN 121 W SECOND ST DIXON,IL 61021	DIRECTOR 1 00	0	0	0
ANNA SACCO-MILLER 745 N BRINTON AVE DIXON,IL 61021	DIRECTOR 1 00	0	0	0
JENNY BURKHALTER 857 RIVERSIDE DR DIXON,IL 61021	DIRECTOR 1 00	0	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492028012500

TY 2008 Grants and Similar Amounts Paid Schedule

Name: UNITED WAY OF LEE COUNTY

EIN: 36-6009288

Item No.	1
Class of Activity	SOCIAL SERVICES
Donee's Name	CATHOLIC CHARITIES COUNSELING PROGRAM
Donee's Address	801 W 11TH ST STERLING, IL 61081
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	SOCIAL SERVICES
Donee's Name	DIXON FAMILY YMCA
Donee's Address	110 N GALENA AVE DIXON, IL 61021
Amount (FMV)	29,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	SOCIAL SERVICES
Donee's Name	LEE COUNTY COUNCIL ON AGING
Donee's Address	100 W 2ND ST DIXON, IL 61021
Amount (FMV)	40,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	SOCIAL SERVICES
Donee's Name	LUTHERAN SOCIAL SERVICES
Donee's Address	1247 N GALENA AVE DIXON, IL 61021
Amount (FMV)	56,425
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	EDUCATION
Donee's Name	AMBOY EDUCATION FOUNDATION
Donee's Address	11 E HAWLEY AVE AMBOY, IL 61310
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	YOUTH ACTIVITIES
Donee's Name	BLACKHAWK AREA BOY SCOUTS
Donee's Address	PO BOX 4085 ROCKFORD, IL 611104085
Amount (FMV)	8,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	CHILD CARE
Donee's Name	OPEN SESAME CHILD CARE CENTER
Donee's Address	1101 MIDDLE RD DIXON, IL 61021
Amount (FMV)	12,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	SPORTS
Donee's Name	BASEBALL AL MORRISON
Donee's Address	2015 N BRINTON AVE DIXON, IL 61021
Amount (FMV)	4,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	SOCIAL SERVICES
Donee's Name	GOODFELLOWS
Donee's Address	1101 WARP RD DIXON, IL 61021
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	YOUTH SERVICES
Donee's Name	GREEN HILLS COUNCIL GIRL SCOUTS
Donee's Address	5040 BUSINESS RTE 20 W FREEPORT, IL 61032
Amount (FMV)	12,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	SOCIAL SERVICES
Donee's Name	YWCA OF SAUK VALLEY
Donee's Address	115 W FIRST ST DIXON, IL 61021
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	SOCIAL SERVICES
Donee's Name	TRI-COUNTY HOMEMAKER
Donee's Address	405 EMMONS AVE PO BOX 610 ROCK FALLS, IL 61071
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	SOCIAL SERVICES
Donee's Name	CASA - 15TH JUDICIAL CIRCUIT
Donee's Address	113 S PEORIA AVE DIXON, IL 61021
Amount (FMV)	15,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	SOCIAL SERVICES
Donee's Name	DIXON HABITAT FOR HUMANITY
Donee's Address	PO BOX 11 DIXON, IL 61021
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	MEDICAL SERVICES
Donee's Name	HOSPICE OF ROCK RIVER VALLEY
Donee's Address	264 IL RTE 2 DIXON, IL 61021
Amount (FMV)	4,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	SOCIAL SERVICES
Donee's Name	SALVATION ARMY
Donee's Address	1101 WARP RD PEORIA, IL 61603
Amount (FMV)	9,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	SOCIAL SERVICES
Donee's Name	PRAIRIE STATE LEGAL SERVICES
Donee's Address	1021 CLINTON ST OTTAWA, IL 61350
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	SOCIAL SERVICES
Donee's Name	LEE COUNTY RED CROSS
Donee's Address	215 E 1ST ST STE 150 DIXON, IL 61021
Amount (FMV)	20,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	SOCIAL SERVICES
Donee's Name	HOME OF HOPE OF THE ROCK RIVER VALL
Donee's Address	1637 PLOCK RD DIXON, IL 61021
Amount (FMV)	14,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	YOUTH SERVICES
Donee's Name	SHINING STAR CHILD ADVOCACY CENTER
Donee's Address	215 E 1ST ST STE 110 DIXON, IL 61021
Amount (FMV)	6,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	SOCIAL SERVICES
Donee's Name	KREIDER SERVICES
Donee's Address	PO BOX 366 DIXON, IL 61021
Amount (FMV)	12,600
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	SOCIAL SERVICES
Donee's Name	TEEN TURF
Donee's Address	235 W MAIN ST AMBOY, IL 61310
Amount (FMV)	18,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	MEDICAL SERVICES
Donee's Name	LONG TERM OMBUDSMEN
Donee's Address	2576 CHARLES ST ROCKFORD, IL 61108
Amount (FMV)	7,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	24
Class of Activity	CHILD CARE
Donee's Name	BRIGHT BEGINNINGS CHILD CARE CENTER
Donee's Address	1600 WHIPPLE DR DIXON, IL 61021
Amount (FMV)	12,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	25
Class of Activity	SOCIAL SERVICES
Donee's Name	UNIVERSITY OF ILLINOIS CHARACTER COALITION
Donee's Address	1301 W GREGORY DR URBANA, IL 61801
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	26
Class of Activity	MEDICAL SERVICES
Donee's Name	ALZHEIMER'S
Donee's Address	93 S HENNEPIN AVE DIXON, IL 61021
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	27
Class of Activity	SOCIAL SERVICES
Donee's Name	BLIND
Donee's Address	108 FOURTH AVE STERLING, IL 61081
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	28
Class of Activity	SOCIAL SERVICES
Donee's Name	HOPE LIFE CENTER EARN WHILE YOU LEARN PROGRAM
Donee's Address	404 N GALENA AVE STE 220 DIXON, IL 61021
Amount (FMV)	4,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	29
Class of Activity	SOCIAL SERVICES
Donee's Name	TRI-COUNTY LEKOTEK
Donee's Address	2002 E 5TH ST SterLING, IL 61081
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	30
Class of Activity	
Donee's Name	UNITED WAY OF ILLINOIS
Donee's Address	
Amount (FMV)	4,632
Purpose of Payment to Affiliate	FAIR SHARE PAYMENT
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	31
Class of Activity	
Donee's Name	VARIOUS OTHER UNITED WAY ORGANIZATIONS
Donee's Address	
Amount (FMV)	4,679
Purpose of Payment to Affiliate	DONATIONS TO OTHER UNITED WAY ORGANIZATIONS
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492028012500

TY 2008 Other Expenses Schedule

Name: UNITED WAY OF LEE COUNTY

EIN: 36-6009288

Description	Amount
Service Charges	519
Office Expense	2,392
Telephone	1,918
Dues	769
Miscellaneous Expense	4,618
Payroll Taxes	1,989
Awards	827
Meetings	625
Insurance	1,353

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492028012500

TY 2008 Other Liabilities Schedule

Name: UNITED WAY OF LEE COUNTY

EIN: 36-6009288

Description	Beginning of Year Amount	End of Year Amount
Payroll Liabilities	501	434

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492028012500

TY 2008 Other Revenues Schedule

Name: UNITED WAY OF LEE COUNTY

EIN: 36-6009288

Description	Amount
Miscellaneous Income	25

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492028012500

TY 2008 Transfers Personal Benefits Contracts Declaration

Name: UNITED WAY OF LEE COUNTY

EIN: 36-6009288

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.