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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

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

C Name of organization
United Way of Central Illinois Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1999 West Wabash Avenue Suite 107

City or town, state or country, and ZIP + 4
Springfield, IL 62704

D Employer identification number
37-0716060

E Telephone number
(217) 726-7000

G Gross receipts $ 4,167,497

F Name and address of principal officer
John Kelker
1999 West Wabash Avenue Suite 107
Springfield, IL 62704

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www uwcil org

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

L Year of formation 1922

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
EXPENSES INCURRED BY THE ORGANIZATION TO ASSESS COMMUNITY NEEDS, PROVIDE OUTCOME MEASUREMENT TRAINING TO VARIOUS ENTITIES IN THE COMMUNITY, PROVIDE PROGRAM ASSESSMENT, REVIEW AND SELECTION, PROVIDE FINANCIAL AND STEWARDSHIP OVERSIGHT OF ALLOCATION RECIPIENTS, AND PARTICIPATE IN COMMUNITY PARTNERSHIPS TO ADVANCE COMMON GOALS IN AREAS OF COMMUNITY NEEDS

Activities & Governance

2	Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	34
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	32
5	Total number of employees (Part V, line 2a)	**5**	7
6	Total number of volunteers (estimate if necessary)	**6**	306
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	3,420,642	3,028,390
9	Program service revenue (Part VIII, line 2g)	72,672	73,715
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	161,949	136,542
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	59,042	35,987
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,714,305	3,274,634
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,461,178	2,428,860
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	438,246	452,579
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶227,172		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	294,846	288,212
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,194,270	3,169,651
19	Revenue less expenses Subtract line 18 from line 12	520,035	104,983
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	8,322,965	8,933,163
21	Total liabilities (Part X, line 26)	1,566,590	1,526,893
22	Net assets or fund balances Subtract line 21 from line 20	6,756,375	7,406,270

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2010-06-24
Signature of officer | Date

John Kelker PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ George Weber	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ RSM McGladrey Inc PO Box 159 Springfield, IL 627050159			EIN ▶ Phone no ▶ (217) 522-3000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

MOBILIZING RESOURCES TO MEET COMMUNITY NEEDS

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 984,369 including grants of $) (Revenue $)

Essential Services- Essential Service programs include those services providing food, shelter, healthcare and victim services Essential Service programs receive approximately 57% of total allocations to help those who need help the most

4b (Code) (Expenses $ 718,561 including grants of $) (Revenue $)

Continuum of Learning- These programs align with one or more of the education initiatives five stages while providing measurable results to help achieve community identified goals Approximately 43% of allocations support program aligned with Sangamon County's Continuum of Learning

4c (Code) (Expenses $ 20,829 including grants of $) (Revenue $)

Venture Grants- United Way's Venture Fund supports projects that make an impact in Sangamon County within United Way's identified funding areas Grants are not restricted to member organizations and may be made for one time funding to new projects or for the expansion of an existing project and should not be viewed as on going program support

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 949,347 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 2,673,106

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 34		
b	Enter the number of voting members that are independent . .	1b 32		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JOHN KELKER
1999 West Wabash STE 107
SPRINGFIELD, IL 62074
(217) 726-7000

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

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 Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	169,305	0	26,784

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	225,449				
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	2,802,941				
	g	Noncash contributions included in lines 1a-1f $ 23,586					
	h	**Total.** Add lines 1a-1f		3,028,390			
Program Service Revenue			Business Code				
	2a	DESIGNATION PROCESSING	624,200	53,340	53,340		
	b	MEETINGS & KICKOFF REV	624,200	20,375	20,375		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		73,715			
	3	Investment income (including dividends, interest and other similar amounts)		162,555	162,555		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					

		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	866,850				
	b	Less cost or other basis and sales expenses	892,863				
	c	Gain or (loss)	-26,013				
	d	Net gain or (loss)		-26,013	-26,013		
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	ADMINISTRATIVE FEE	624,200	35,987	35,987		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		35,987			
	12	**Total revenue.** See Instructions		3,274,634	246,244	0	0

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	2,428,860	2,428,860		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	347,256	132,156	106,785	108,315
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	34,737	13,302	10,805	10,630
9	Other employee benefits	38,655	14,802	12,023	11,830
10	Payroll taxes	31,931	12,152	9,819	9,960
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	17,974	1,805	14,192	1,977
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	17,578	1,766	13,879	1,933
12	Advertising and promotion	17,247	3,782		13,465
13	Office expenses	33,018	3,175	16,256	13,587
14	Information technology				
15	Royalties				
16	Occupancy	75,877	32,528	33,218	10,131
17	Travel	7,012	2,367	2,685	1,960
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,039	6,481	4,245	18,313
20	Interest				
21	Payments to affiliates	34,127	13,002	10,477	10,648
22	Depreciation, depletion, and amortization	15,900		15,900	
23	Insurance	7,448		7,448	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MISCELLANEOUS	29,848	6,154	10,282	13,412
b	MAINTENANCE	2,070	774	640	656
c	dUES & SUBSCRIPTIONS	1,074		719	355
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	3,169,651	2,673,106	269,373	227,172
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		2,858,535	2	3,019,515
	3	Pledges and grants receivable, net		1,617,555	3	1,669,145
	4	Accounts receivable, net		60,773	4	70,790
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,015	9	5,903
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 231,343			
	b	Less accumulated depreciation	10b 88,493	152,629	10c	142,850
	11	Investments—publicly traded securities		3,300,708	11	3,662,261
	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		329,750	15	362,699
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		8,322,965	16	8,933,163
Liabilities	17	Accounts payable and accrued expenses		65,893	17	61,504
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		1,500,697	25	1,465,389
	26	**Total liabilities.** Add lines 17 through 25		1,566,590	26	1,526,893
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,134,486	27	4,560,998
	28	Temporarily restricted net assets		1,690,495	28	1,789,861
	29	Permanently restricted net assets		931,394	29	1,055,411
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		6,756,375	33	7,406,270
	34	Total liabilities and net assets/fund balances		8,322,965	34	8,933,163

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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 in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
United Way of Central Illinois Inc

Employer identification number
37-0716060

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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 supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,113,565	2,763,347	3,395,857	3,493,314	3,102,105	15,868,188
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3,113,565	2,763,347	3,395,857	3,493,314	3,102,105	15,868,188
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)						789,694
6 **Public Support.** Subtract line 5 from line 4						15,078,494

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,113,565	229,506	3,395,857	3,493,314	3,102,105	15,868,188
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	495,238	229,506	257,510	161,949	162,555	1,306,758
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	143,991	161,906	95,909	59,042	35,987	496,835
11 **Total support** (Add lines 7 through 10)						17,671,781

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** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	**14**	85 330 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	**15**	84 650 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** 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—2009.** 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—2008.** 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 a 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
United Way of Central Illinois Inc

Employer identification number
37-0716060

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	3,619,377	4,752,813			
b Contributions					
c Investment earnings or losses	252,373	1,133,436			
d Grants or scholarships	186,600				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,685,150	3,619,377			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 80 300 % %
- b Permanent endowment ▶ 19 700 % %
- c Term endowment ▶ %

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		112,625	7,540	105,085
d Equipment		118,718	80,953	37,765
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				142,850

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ALLOCATIONS PAYABLE	853,147
DESIGNATIONS PAYABLE	612,242
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,465,389

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,274,634
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,169,651
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	104,983
4	Net unrealized gains (losses) on investments	4	498,621
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	46,291
9	Total adjustments (net) Add lines 4 - 8	9	544,912
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	649,895

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

1	Total revenue, gains, and other support per audited financial statements			1	3,114,447
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	498,621		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	46,291		
e	Add lines **2a** through **2d**			2e	544,912
3	Subtract line **2e** from line **1**			3	2,569,535
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 XIV)	4b	705,099		
c	Add lines **4a** and **4b**			4c	705,099
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	3,274,634

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

1	Total expenses and losses per audited financial statements			1	2,464,552
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 XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	2,464,552
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 XIV)	4b	705,099		
c	Add lines **4a** and **4b**			4c	705,099
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,169,651

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE BOARD DESIGNATED QUASI-ENDOWMENT FUNDS ARE USED TO SUPPORT THE OVERHEAD EXPENSES OF THE ORGANIZATION AND THE PERMANENTLY RESTRICTED ENDOWMENT FUNDS ARE USED TO SUPPORT HEALTH AND HUMAN SERVICES IN THE COMMUNITY
Part XI, Line 8 - Other Adjustments		CHANGE IN INTEREST IN BENEFICIAL TRUSTS 46291
Part XII, Line 2d - Other Adjustments		CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS 46291
Part XII, Line 4b - Other Adjustments		DONOR DESIGNATIONS 705099
Part XIII, Line 4b - Other Adjustments		DONOR DESIGNATIONS 705099

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
United Way of Central Illinois Inc

Employer identification number
37-0716060

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 33

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 ORGANIZATIONS APPLY TO THE UNITED WAY TO RECEIVE FUNDS A COMMITTEE OF VOLUNTEERS RESEARCHES EACH OF THE APPLICANTS AND MAKES RECOMMENDATIONS TO THE UNITED WAY BOARD OF DIRECTORS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493176007010

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
United Way of Central Illinois Inc

Employer identification number
37-0716060

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		The primary change to the Bylaws deals with when Board Members begin their term Previously they were elected at the Annual meeting and took office immediately After the change they are elected at the Annual Meeting but don't begin serving their term until July of that year
Form 990, Part VI, Section A, line 6		ALL CONTRIBUTORS ARE CONSIDERED TO BE MEMBERS OF THE UNITED WAY OF CENTRAL ILLINOIS
Form 990, Part VI, Section A, line 7a		ALL MEMBERS ARE ALLOWED TO VOTE FOR THE BOARD OF DIRECTORS AT THE ANNUAL MEETING OF THE UNITED WAY OF CENTRAL ILLINOIS
Form 990, Part VI, Section B, line 11		THE DIRECTOR OF FINANCE REVIEWS THE FORM 990 BEFORE IT IS FILED Beginning IN 2009, the form 990 will be reviewed by the finance committee with a copy PROVIDED TO ALL BOARD MEMBERS
Form 990, Part VI, Section B, line 12c		PRIOR TO A VOTE ON ANY MATTER CONCERNING DISBURSAL OF FUNDS OR ENGAGEMENT OF THIRD PARTIES RELATIVE TO ORGANIZATIONAL BUSINESS, EACH VOTING BOARD MEMBER IS REQUIRED TO INDICATE WHETHER THEY HAVE ANY CONFLICT OF INTEREST WITH RESPECT TO SUCH VOTE
Form 990, Part VI, Section B, line 15a		THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND TOP MANAGEMENT OFFICIALS ARE DETERMINED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS SUBJECT TO BOARD APPROVAL COMPARABILITY DATA AND ADVISORY OPINIONS ARE USED TO DETERMINE COMPENSATION
Form 990, Part VI, Section C, line 19		NO DOCUMENTS AVAILABLE TO THE PUBLIC

Additional Data Return to Form

Software ID:
Software Version:
EIN: 37-0716060
Name: United Way of Central Illinois Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 1045 OUTER PARK DRIVE SPRINGFIELD,IL 62705	37-0716060	501(C)3	59,330				EMERGENCY SERVICES- SERVES AS CENTRAL ILLINOIS' MOST CRUCIAL, NON-GOVERNMENTAL PROVIDER OF EMERGENCY SERVICES INCLUDING DISASTER RELIEF AND SERVICE TO ARMED FORCES
BIG BROTHERBIG SISTER OF SANGAMON COUNTY 444 SOUTH GRAND AVE WEST SPRINGFIELD,IL 62704	37-0997310	501(C)3	141,013				Community Mentoring - The key to the BBBS mentoring program is that it is always one-to-one, which helps establish a positive friendship between the volunteer and child, and every relationship is supported professionally by a Case Manager
BOYS & GIRLS CLUB OF CENTRAL ILLINOIS300 SOUTH FIFTEENTH STREET SPRINGFIELD,IL 62705	37-0752849	501(C)3	50,004				Youth Development Core Program - Designed to prevent juvenile delinquency and enable young people, particularly those from disadvantaged circumstances, to realize their full potential as productive, responsible and caring citizens Provides critical supports to youth and families by providing daily, comprehensive, after-school and summer programs
CATHOLIC CHARITIES OF SPRINGFIELD120 SOUTH ELEVENTH STREET SPRINGFIELD,IL 62703	37-0661499	501(C)3	32,688				Food Pantry and Crisis Assistance - Immediate relief to the hungry while offering advocacy to those experiencing crisis situations by providing financial assistance for rent, utilities, medications, identifications and transportation
CENTRAL ILLINOIS FOOD BANK2000 EAST MOFFAT SPRINGFIELD,IL 62791	37-1106465	501(C)3	66,006				FOOD DISTRIBUTION PROGRAM- FOOD DISTRIBUTION
GIRL SCOUTS OF CENTRAL IL3020 BAKER DRIVE SPRINGFIELD,IL 62703	37-0681529	501(C)3	38,503				Girl Scout Program - Provides the opportunity for girls ages 5 to 17 to discover their potential, knowledge, skills and values to explore the world around them, connect with, care about and inspire others, and partner with their community, and take action to make their world a better place
HELPING HANDS OF SPRINGFIELD200 SOUTH ELEVENTH STREET SPRINGFIELD,IL 62703	37-1255889	501(C)3	36,538				Shelter and Support Services - A 33 bed emergency shelter for single, homeless adults, that provides all clients with the basic necessities and access to individualized support services designed by the client and case manager to assist the client in obtaining self sufficiency and independence
KIDS Hope United3 OLD STATE CAPITAL PLAZA SPRINGFIELD,IL 62701	37-0697157	501(C)3	7,151				Foster Grandparents - Designed to assist 'high risk' children by providing them with the opportunity to form a supportive relationship with an adult aged 60 years and over
LUTHERN CHILD & FAMILY SERVICES400 SOUTH GRAND AVENUE WEST SPRINGFIELD,IL 62704	36-2167778	501(C)3	18,900				Family Counseling - Effectively creates positive changes in the lives of adults, adolescents and children with significant mental health needs, many of whom have experienced trauma, are in crisis and need mental health and prevention services
LUTHERN CHILD & FAMILY SERVICES400 SOUTH GRAND AVENUE WEST SPRINGFIELD,IL 62704	36-2167778	501(C)3	9,000				Title XX Intact Family - The Intact family program provides counseling and case management services to families in which the children are victims of abuse and/or neglect

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY COMMUNITIES INC 108 EAST COOK STREET SPRINGFIELD,IL 62703	37-1383599	501(C)3	23,753				Permanent Supportive Housing - Affordable housing, case management and a professional support system to help disabled families with dependent children live healthy, interdependent lives, realizing their potential in homes of their own
MINI O'BEIRNE CRISIS NURSERY1011 NORTH SEVENTH STREET SPRINGFIELD,IL 62702	37-1242640	501(C)3	30,234				Nursery Program - The program provides temporary emergency care of children, birth through age 6, who are at risk of child abuse and neglect
prAIRIE CENTER AGAINST SEXUAL ASSAULT3 OLD STATE CAPITAL PLAZA sPRINGFIELD,IL 62701	37-1045364	501(C)3	48,004				Prevention Education - School based primary prevention program designed to prevent the sexual assault, sexual abuse and sexual exploitation of children
RUTLEDGE YOUTH FOUNDATION534 WEST MILLER STREET SPRINGFIELD,IL 62702	37-0706724	501(C)3	54,265				Youth Counseling - Provides counseling and advocacy services to youth on a one to one basis with a bachelor's level youth advocate case manager Case plan goals are client specific and are developed in tandem with each youth to actualize his/her personal goals for safety, stability and growth
SENIOR SERVICES OF CENTRAL ILLINOIS701 WEST MASON STREET SPRINGFIELD,IL 62702	37-0895193	501(C)3	18,501				Counseling - Primary objective is to provide social adjustment and rehabilitation counseling The program assists clients to maintain quality, independent community living, with safety, comfort and dignity
SOJOURN SHELTER & SERVICES1800 WESTCHESTER BLVD SPRINGFIELD,IL 62704	51-0139118	501(C)3	82,505				Adult Shelter and Counseling - Emergency shelter and comprehensive counseling for adult and child victims of domestic violence
SPARC232 BRUNS LANE SPRINGFIELD,IL 62702	37-0717761	501(C)3	6,072				Epilepsy Resource Center - Supports are designed to promote the welfare of individuals with epilepsy and their families
UNITED CEREBRAL PALSY 130 NORTH SIXTEENTH STREET SPRINGFIELD,IL 62702	37-0902106	501(C)3	33,662				Bridges - The Bridges Program prepares youth with disabilities to enter the workforce and further their education
YOUTH SERVICE BUREAU 2901 NORMANDY ROAD SPRINGFIELD,IL 62703	36-1015851	501(C)3	131,955				Comprehensive Youth Development - Shelter care for abused, neglected, runaway homeless community youth ages 10-21 Services also include follow up counseling and home stabilization services
AMERICAN RED CROSS 1045 OUTER PARK DRIVE SPRINGFIELD,IL 62705	37-0716060	501(C)3	12,935				Meals on Wheels - Helps seniors, convalescents, people with disabilities and the chronically ill and others who may need meals delivered on a short or long-term basis to remain out of the hospital and nursing home care by providing them with a hot, nutritious meal delivered right to their door

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF SPRINGFIELD120 SOUTH ELEVENTH STREET SPRINGFIELD,IL 62703	37-0661499	501(C)3	10,398				Med Assist - Promoting human dignity by helping people with consistently and readily access necessary medicines, for free or at a reduced price, in the dosages needed to maintain their health
CATHOLIC CHARITIES OF SPRINGFIELD120 SOUTH ELEVENTH STREET SPRINGFIELD,IL 62703	37-0661499	501(C)3	121,874				St John's Breadline - Serving a well balanced and nutritious meal giving food security to the hungry of the community 365 days a year within a hospitable and positive environment at no charge
CATHOLIC CHARITIES OF SPRINGFIELD120 SOUTH ELEVENTH STREET SPRINGFIELD,IL 62703	37-0661499	501(C)3	46,414				St Clare's Health Clinic - Providing health care for economically disadvantaged adults and children, including Medicaid recipients, All Kids recipients, and low income families
FAMILY SVC CENTER OF SANGAMON COUNTY730 EAST VINE STREET SPRINGFIELD,IL 62703	37-0681513	501(C)3	30,507				Young Parent Support Services - Provides a continuum of services to first time teen parents and their children Services, provided free of charge, are designed to give families the tools to love as healthy productive members of our community as well as prepare children for an academic setting
LINCOLN LAND LEGAL ASSISTANCE FOUNDATION3180 ADOLFF LANE SPRINGFIELD,IL 62703	37-0958448	501(C)3	6,651				Family Safety and Stability - Order of protection and other legal remedies for family violence victims Representation of individuals in divorce cases where there has been family violence
LINCOLN LAND LEGAL ASSISTANCE FOUNDATION3180 ADOLFF LANE SPRINGFIELD,IL 62703	37-0958448	501(C)3	7,601				Housing Issues - Housing issues including tenant/landlord disputes, housing conditions, utility services, homeownership issues including foreclosure
MERCY COMMUNITIES INC 108 EAST COOK STREET SPRINGFIELD,IL 62703	37-1383599	501(C)3	40,004				Transitional Living Program - A two year transitional living program whose goal is to assist homeless young women and their children achieve stability in their lives by providing them with a stable home and intensive support services leading to their self-sufficiency in permanent housing, follow up services available
seNIOR SERVICES OF CENTRAL ILLINOIS701 WEST MASON STREET sPRINGFIELD,IL 62702	37-0895193	501(C)3	34,694				Daily Bread - Nutrition program provides meals at 12 congregate and 12 home-delivered sites in Sangamon County Mid day meals are available Monday-Friday
sENIOR SERVICES OF CENTRAL ILLINOIS701 WEST MASON STREET sPRINGFIELD,IL 62702	37-0895193	501(C)3	6,333				Senior Transport - Transportation to medical/dental appointments, Daily Breads sites, pharmacies, grocery stores, banks, etc to anyone age 60 and over, living independently
soJOURN SHELTER & SERVICES1800 WESTCHESTER BLVD sPRINGFIELD,IL 62704	51-0139118	501(C)3	33,765				Court Services - Addresses the physical and emotional domestic violence including beatings, sexual assault, verbal and psychological abuse, and property destruction Specific services include court advocacy, safety planning, 911 on-location crisis intervention, pro bono legal services and legal referral

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARC232 BRUNS LANE SPRINGFIELD,IL 62702	37-0717761	501(C)3	10,029				Residential - Residential services for 24 hour intermittent Community Integrated Living Arrangement
SPARC232 BRUNS LANE SPRINGFIELD,IL 62702	37-0717761	501(C)3	6,364				Respite Care - Provides temporary relief of care giving responsibilities to the families of individuals who live at home with their parent/guardian who have a diagnosis of a developmental disability
SPRINGFIELD URBAN LEAGUE100 NORTH ELEVENTH STREET SPRINGFIELD,IL 62703	37-0765550	501(C)3	50,004				Teen REACH - Promotes youth leadership, increased parent and youth bonding and mentorship with program staff and community volunteers
sprinGFIELD URBAN LEAGUE100 NORTH ELEVENTH STREET sPRINGFIELD,IL 62703	37-0765550	501(C)3	45,004				WASSUP - 12 month program that focuses on skill-building, increasing academic performance, career development and individual case management
springfield yMCA701 SOUTH FOURTH STREET SPRINGFIELD,IL 62705	37-0661263	501(C)3	64,906				Before and After School Academic Enrichment Program - Comprehensive program for kindergarten through 5th grade and for children in our summer camp Both programs provide small group tutoring sessions with trained instructors in math, reading
the PARENT PLACE314 SOUTH GRAND AVENUE WEST sPRINGFIELD,IL 62704	37-1013939	501(C)3	2,346				Teen DADS (Dads that are Dedicated Students) - On site school based program for teen fathers at Lanphier High School Purpose is to engage adolescent fathers to reduce truancy and drop-out rates, explore career opportunities and provide parental education to foster a lifelong bond between father and child
UNITED CEREBRAL PALSY 130 NORTH SIXTEENTH STREET SPRINGFIELD,IL 62794	37-0902106	501(C)3	39,006				Children's Assistive Technology - Assistive technology is, "any item, piece of equipment, or product system that is used to increase, maintain or improve functional capabilities of individuals with disabilities"(Individual's with Disabilities Education Act) UCP's Assistive Technology Program helps children develop the skills needed to succeed in school and become integrated, equals in the community
UNITED CEREBRAL PALSY 130 NORTH SIXTEENTH STREET SPRINGFIELD,IL 62794	37-0902106	501(C)3	17,595				Children's Camps - UCP camping programs include Overnight/Recreational Camp, Youth Education and Socialization (YESI) Club, Play Groups and Life Without Limits Camp, an eight-week educational camp for children and youth ages 6-21 with any disability
AMERICAN RED CROSS 1045 OUTER PARK DRIVE SPRINGFIELD,IL 62705	37-0661488	501(C)3	38,762				Designations - Donor directed donations, available for the agency's general use
BIG BROTHERBIG SISTER OF SANGAMON COUNTY 444 SOUTH GRAND AVE WEST SPRINGFIELD,IL 62704	37-0997310	501(C)3	21,279				Designations - Donor directed donations, available for the agency's general use

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA-AL COUNCIL 5231 SOUTH SIXTH STREET ROAD SPRINGFIELD,IL 62703	22-1576300	501(C)3	24,396				Designations - Donor directed donations, available for the agency's general use
BOYS & GIRLS CLUB OF CENTRAL ILLINOIS300 SOUTH FIFTEENTH STREET SPRINGFIELD,IL 62705	37-0752849	501(C)3	18,386				Designations - Donor directed donations, available for the agency's general use
CATHOLIC CHARITIES OF SPRINGFIELD120 SOUTH ELEVENTH STREET SPRINGFIELD,IL 62703	37-0661499	501(C)3	57,707				Designations - Donor directed donations, available for the agency's general use
CENTRAL ILLINOIS FOOD BANK2000 EAST MOFFAT SPRINGFIELD,IL 62791	37-1106465	501(C)3	62,575				Designations - Donor directed donations, available for the agency's general use
FAMILY SVC CENTER OF SANGAMON COUNTY730 EAST VINE STREET SPRINGFIELD,IL 62703	37-0681513	501(C)3	7,664				Designations - Donor directed donations, available for the agency's general use
GIRL SCOUTS OF CENTRAL IL3020 BAKER DRIVE SPRINGFIELD,IL 62703	37-0681529	501(C)3	12,967				Designations - Donor directed donations, available for the agency's general use
HABITAT FOR HUMANITY 1514 EAST JEFFERSON STREET SPRINGFIELD,IL 62702	37-1250364	501(C)3	10,887				Designations - Donor directed donations, available for the agency's general use
helPING HANDS OF SPRINGFIELD200 SOUTH ELEVENTH STREET SPRINGFIELD,IL 62703	37-1255889	501(C)3	15,334				Designations - Donor directed donations, available for the agency's general use
FRIENDS OF CHILD ADVOCACY CENTER1001 E MONROE SPRINGFIELD,IL 62703	37-1378145	501(C)3	7,899				Designations - Donor directed donations, available for the agency's general use
LAND OF LINCOLN GOODWILL INDUSTRIES 800 NORTH TENTH STREET SPRINGFIELD,IL 62792	37-0661254	501(C)3	8,371				Designations - Donor directed donations, available for the agency's general use

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LUTHERN CHILD & FAMILY SERVICES400 SOUTH GRAND AVENUE WEST SPRINGFIELD,IL 62704	36-2167778	501(C)3	9,100				Designations - Donor directed donations, available for the agency's general use
MEMORIAL HOME SERVICES720 NORTH BOND STREET SPRINGFIELD,IL 62702	37-1190216	501(C)3	13,720				Designations - Donor directed donations, available for the agency's general use
MENARD COUNTY UNITED FUNDPO BOX 108 TALLULA,IL 62688	37-6049371	501(C)3	24,360				Designations - Donor directed donations, available for the agency's general use
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS710 NORTH EIGHTH STREET SPRINGFIELD,IL 62702	37-0646367	501(C)3	17,063				Designations - Donor directed donations, available for the agency's general use
MERCY COMMUNITIES INC 108 EAST COOK STREET SPRINGFIELD,IL 62703	37-1383599	501(C)3	5,331				Designations - Donor directed donations, available for the agency's general use
MINI O'BEIRNE CRISIS NURSERY1011 NORTH SEVENTH STREET SPRINGFIELD,IL 62702	37-1242640	501(C)3	44,175				Designations - Donor directed donations, available for the agency's general use
PrAIRIE CENTER AGAINST SEXUAL ASSAULT3 OLD STATE CAPITAL PLAZA SPRINGFIELD,IL 62701	37-1045364	501(C)3	6,436				Designations - Donor directed donations, available for the agency's general use
SALVATION ARMY530 NORTH SIXTH STREET SPRINGFIELD,IL 62702	36-2167910	501(C)3	5,615				Designations - Donor directed donations, available for the agency's general use
RUTLEDGE YOUTH FOUNDATION534 WEST MILLER STREET SPRINGFIELD,IL 62702	37-0706724	501(C)3	7,905				Designations - Donor directed donations, available for the agency's general use
SENIOR SERVICES OF CENTRAL ILLINOIS701 WEST MASON STREET SPRINGFIELD,IL 62702	37-0895193	501(C)3	10,791				Designations - Donor directed donations, available for the agency's general use

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOJOURN SHELTER & SERVICES1800 WESTCHESTER BLVD SPRINGFIELD,IL 62704	51-0139118	501(C)3	30,334				Designations - Donor directed donations, available for the agency's general use
SPARC232 BRUNS LANE SPRINGFIELD,IL 62702	37-0717761	501(C)3	26,430				Designations - Donor directed donations, available for the agency's general use
SPRINGFIELD URBAN LEAGUE100 NORTH ELEVENTH STREET SPRINGFIELD,IL 62703	37-0765550	501(C)3	17,129				Designations - Donor directed donations, available for the agency's general use
SPRINGFIELD YMCA701 SOUTH FOURTH STREET SPRINGFIELD,IL 62705	37-0661263	501(C)3	16,911				Designations - Donor directed donations, available for the agency's general use
ST JOHN'S FOUNDATION 800 EAST CARPENTER STREET SPRINGFIELD,IL 62769	37-0661238	501(C)3	5,637				Designations - Donor directed donations, available for the agency's general use
UNITED CEREBRAL PALSY 130 NORTH SIXTEENTH STREET SPRINGFIELD,IL 62794	37-0902106	501(C)3	13,024				Designations - Donor directed donations, available for the agency's general use
CENTRAL COUNTIES HEALTH CENTERS2239 EAST COOK STREET SPRINGFIELD,IL 62703	37-1361916	501(C)3	37,503				Capitol Community Health Center - Provides quality, primary health and oral health care to the most disenfranchised individuals in the community
BOYS & GIRLS CLUB OF CENTRAL ILLINOIS300 SOUTH FIFTEENTH STREET SPRINGFIELD,IL 62705	37-0752849	501(C)3	100,009				The program serves children, grades K-5, who attend Matheny-Withrow Elementary School from 3 30 and 6 30 p m , Monday through Friday, providing academic assistance, life skills and prevention
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS710 NORTH EIGHTH STREET SPRINGFIELD,IL 62702	37-0646367	501(C)3	40,004				Acute Care Psychiatric Clinic - Provides rapid response to adults with serious mental illness who need immediate assessment and diagnosis to determine the best provider of care Patients who are not hospitalized or referred
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS710 NORTH EIGHTH STREET SPRINGFIELD,IL 62702	37-0646367	501(C)3	50,905				Children's Center ADHD Clinic - Serves children and adolescents, ages 4 to 17, who have serious emotional disturbances The Attention Deficit Hyperactivity Disorder (ADHD) Clinic is a specialized clinic at the Children's Center that offers evidence-based services to children with a diagnosis of ADHD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SPARC232 BRUNS LANE SPRINGFIELD,IL 62702	37-0717761	501(C)3	4,520				Laundry Training Center - Sparc will train individuals for entry level competitive or supported employment at hotels, hospitals and nursing homes The agency will acquire an industrial washer and dryer that will enable Sparc to bring its laundry service in house while training individuals to enter the workforce and become contributing members of the community

Additional Data

Software ID:
Software Version:
EIN: 37-0716060
Name: United Way of Central Illinois Inc

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

4d. Other program services

(Code) (Expenses $ 949,347 including grants of $) (Revenue $)

STRENGTHENING FAMILIES- PROJECTS AND INITIATIVES PROVIDING SOCIAL, EMOTIONAL AND ECOMONIC SUPPORT AND STABILITY FOR FAMILIES INCLUDES PROGRAMS WHICH ARE FOCUSED ON PARENTING EDUCATION, PREVENTION OF ABUSE AND NEGLECT, RESPITE FOR FAMILIES CARING FOR A PERSON WITH DISABILITIES, AND COUNSELING, ADVOCACY AND LEGAL ASSISTANCE

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL ANDREWS DIRECTOR	1 00	X						0	0	0
HARRY BERMAN DIRECTOR	1 00	X						0	0	0
JOE BRETZ DIRECTOR	1 00	X						0	0	0
CAROLE BRITTON DIRECTOR	1 00	X						0	0	0
CHUCK CALLAHAN DIRECTOR	1 00	X						0	0	0
AVA CARPENTER-MCPIKE DIRECTOR	1 00	X						0	0	0
JOHN COOMBE DIRECTOR	1 00	X						0	0	0
JAMES DOVE DIRECTOR	1 00	X						0	0	0
RANDY GERMERAAD DIRECTOR	1 00	X						0	0	0
CHRIS HEMBROUGH DIRECTOR	1 00	X						0	0	0
CONNIE HESS DIRECTOR	1 00	X						0	0	0
LORA HUEBNER DIRECTOR	1 00	X						0	0	0
MIKE JOHNSON DIRECTOR	1 00	X						0	0	0
WALTER MILTON DIRECTOR	1 00	X						0	0	0
DARYL MORRISON DIRECTOR	1 00	X						0	0	0
ERIC OSCHWALD DIRECTOR	1 00	X						0	0	0
AMY PERRIN DIRECTOR	1 00	X						0	0	0
AL PIEPER DIRECTOR	1 00	X						0	0	0
GARY PLUMMER DIRECTOR	1 00	X						0	0	0
STEPHEN POVSE DIRECTOR	1 00	X						0	0	0
SUSAN WALLACE DIRECTOR	1 00	X						0	0	0
KAREN WOODS DIRECTOR	1 00	X						0	0	0
CHRIS ZETTEK DIRECTOR	1 00	X						0	0	0
ROGER AUSTIN DIRECTOR	1 00	X						0	0	0
GREG BIRKY DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DESIREE LOGSDON DIRECTOR	1 00	X						0	0	0
RAY MCJUNKINS DIRECTOR	1 00	X						0	0	0
ROBERT RITZ DIRECTOR	1 00	X						0	0	0
MICHAEL SEPANSKI DIRECTOR	1 00	X						0	0	0
JOHN KELKER PRESIDENT	48 00			X				102,011	0	12,324
ROBERT BORCHERDING DIRECTOR OF FINANCE	48 00			X				67,294	0	14,460
MARK FERGUSON TREASURER	1 00			X				0	0	0
DIANE RUTLEDGE IMMed Past ChairPERSON	1 00			X				0	0	0
CHarlotte Warren CHAIR-ELEct	2 00			X				0	0	0
DANIEL WRIGHT CHAIRPERSON	2 00			X				0	0	0
PAT PHALEN SECRETARY	1 00			X				0	0	0