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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 <u>7/1/2009</u> , and ending <u>6/30/2010</u>									
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;"> C Name of organization <u>UNITED WAY OF WILL COUNTY</u> Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) <u>54 NORTH OTTAWA STREET</u> City or town, state or country, and ZIP + 4 <u>JOLIET IL 60432-4345</u> </td> <td style="width:15%; vertical-align: top;"> D Employer identification number <u>36-2515625</u> </td> <td style="width:15%; vertical-align: top;"> E Telephone number <u>815-723-2500</u> </td> <td style="width:15%; vertical-align: top;"> G Gross receipts \$ <u>3,465,882</u> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> F Name and address of principal officer <u>MICHAEL HENNESSY 3340 MASON AVE, JOLIET, IL 60435</u> </td> <td colspan="2" style="vertical-align: top;"> 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 ▶ </td> </tr> </table>	C Name of organization <u>UNITED WAY OF WILL COUNTY</u> Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) <u>54 NORTH OTTAWA STREET</u> City or town, state or country, and ZIP + 4 <u>JOLIET IL 60432-4345</u>	D Employer identification number <u>36-2515625</u>	E Telephone number <u>815-723-2500</u>	G Gross receipts \$ <u>3,465,882</u>	F Name and address of principal officer <u>MICHAEL HENNESSY 3340 MASON AVE, JOLIET, IL 60435</u>		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 ▶	
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I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527									
J Website: ▶ <u>unitedwaywillcounty.org</u>									
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶									
L Year of formation M State of legal domicile <u>IL</u>									

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The mission of United Way of Will County is to improve people's lives by mobilizing the caring power of the Will County community. United Way of Will County raises funds typically from corporations and workplace employee campaigns. United Way distributes funds to local not-for-profit human care organizations based on need.</u> 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) <u>3</u> 4 Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u> 5 Total number of employees (Part V, line 2a) <u>9</u> 6 Total number of volunteers (estimate if necessary) <u>150</u> 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 <u>0</u> 7b Net unrelated business taxable income from Form 990-T line 34 <u>0</u>															
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7a) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr><td>3,416,538</td><td>3,379,468</td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>42,588</td><td>16,474</td></tr> <tr><td>31,727</td><td>39,164</td></tr> <tr><td>3,490,853</td><td>3,435,106</td></tr> </tbody> </table>	Prior Year	Current Year	3,416,538	3,379,468	0	0	42,588	16,474	31,727	39,164	3,490,853	3,435,106		
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0	0															
42,588	16,474															
31,727	39,164															
3,490,853	3,435,106															
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) <u>163,977</u> 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>3,071,307</td><td>3,088,546</td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>491,432</td><td>492,510</td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>156,076</td><td>169,114</td></tr> <tr><td>3,718,815</td><td>3,750,170</td></tr> <tr><td>-227,962</td><td>-315,064</td></tr> </tbody> </table>	3,071,307	3,088,546	0	0	491,432	492,510	0	0	156,076	169,114	3,718,815	3,750,170	-227,962	-315,064
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Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr><td>3,731,815</td><td>3,235,415</td></tr> <tr><td>385,269</td><td>203,933</td></tr> <tr><td>3,346,546</td><td>3,031,482</td></tr> </tbody> </table>	Beginning of Current Year	End of Year	3,731,815	3,235,415	385,269	203,933	3,346,546	3,031,482						
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3,731,815	3,235,415															
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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	Signature of officer <u>David W. Meiners</u> Type or print name and title <u>DAVID W. MEINERS</u>	Date <u>2/10/2011</u>	
Preparer's Use Only	Preparer's signature <u>Donald J. Blaesing, CPA</u> Firm's name (or yours if self-employed), address, and ZIP + 4 <u>BLAESING AND ASSOCIATES, LTD</u> <u>121 SPRINGFIELD AVENUE, JOLIET, IL 60435</u>	Date <u>2/7/2011</u> Check if self-employed ☐	Preparer's identifying number (see instructions) <u>P00539044</u> EIN <u>30-0306724</u> Phone no <u>(815) 725-6300</u>

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

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

(HTA)

Form **990** (2009)

917-20 16

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

Fundraising, community problem solving, human and financial resource organization committed to improving the quality of life for persons in Will County.

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 \$ 3,429,238 including grants of \$ 0) (Revenue \$ 3,379,468)

Service provided by United Way personnel directly in connection with raising funds for other nonprofit organizations that provide services to the local community

4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 3,429,238

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
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	X
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	X
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 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A Yes No X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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	X
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 United States? If "Yes," complete Schedule F, Part II	15	X
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 United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X
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 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

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	1
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	X
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	9
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	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
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	X
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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
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	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
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 line 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 23	
b Enter the number of voting members that are independent	1b 23	
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	X
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	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	X

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	X
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 X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
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 X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, 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	X
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 Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► MICHAEL HENNESSY (815)723-2500
54 N. Ottawa St Suite 300 JOLIET, IL, Joliet, IL 60435

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

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 officer, director, or trustee.

(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			
Mark Alfeo Board Member	1	X						0	0	0
Dennis Bieschke Board Member	1	X						0	0	0
Jerry Brown Board Member	1	X						0	0	0
Joseph Fabbre Board Member	1	X						0	0	0
Roxanne Geraci-Militello Board Member	1	X						0	0	0
John Guidotti Board Member	1	X						0	0	0
Charles Hanus Board Member	1	X						0	0	0
Dr. John Harper Board Member	1	X						0	0	0
Chief Fred Hayes Secretary and Treasurer	1	X						0	0	0
Jeff Hettrick Board Member	1	X						0	0	0
Lucy Hoffman Board Member	1	X						0	0	0
Mary Jaworski Board Member	1	X						0	0	0
Brian Loomis Board Member	1	X						0	0	0
Dave Meiners Chairperson	1	X						0	0	0
Tom Moretti Board Member	1	X						0	0	0
John Parsons Board Member	1	X						0	0	0

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

(A) Name and title	(B) Average hours per week	(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			
Jim Pasch Board Member	1.	X						0	0	0
Steve Randich Board Member	1.	X						0	0	0
Kathy Slattery Vice Chairperson	1.	X						0	0	0
Judy Spicer Board Member	1.	X						0	0	0
Keith Turney Board Member	1.	X						0	0	0
Dr. Phyllis Wilson Board Member	1.	X						0	0	0
Michael Hennessy Pres/CEO	50.			X				111,016	0	0
								0	0	0
1b Total								111,016	0	0

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**

- 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**
- 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**
- 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**

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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	1a 3,603,124				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f -223,656				
	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f	▶ 3,379,468				
Program Service Revenue	2a	Business Code	0				
	b	0					
	c	0					
	d	0					
	e	0					
	f	All other program service revenue	0				
	g	Total. Add lines 2a-2f	▶ 0				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶ 16,474	16,474		
4		Income from investment of tax-exempt bond proceeds	▶ 0				
5		Royalties	▶ 0				
6a		Gross Rents					
b		Less: rental expenses					
c		Rental income or (loss)	0	0			
d		Net rental income or (loss)	▶ 0				
7a		Gross amount from sales of assets other than inventory	(i) Securities 0 (ii) Other 0				
b		Less: cost or other basis and sales expenses	0 0				
c		Gain or (loss)	0 0				
d		Net gain or (loss)	▶ 0				
8a		Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a 69,940				
b		Less: direct expenses	b 30,776				
c		Net income or (loss) from fundraising events	▶ 39,164				
9a		Gross income from gaming activities. See Part IV, line 19	a 0				
b	Less: direct expenses	b 0					
c	Net income or (loss) from gaming activities	▶ 0					
10a	Gross sales of inventory, less returns and allowances	a 0					
b	Less: cost of goods sold	b 0					
c	Net income or (loss) from sales of inventory	▶ 0					
Miscellaneous Revenue			Business Code				
11a	0						
b	0						
c	0						
d	All other revenue	0					
e	Total. Add lines 11a-11d	▶ 0					
12	Total revenue. See instructions	▶ 3,435,106	16,474	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	3,088,546	3,088,546		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	111,016	66,610	22,203	22,203
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	250,551	102,080	76,027	72,444
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,253	10,382	6,046	5,825
9	Other employee benefits	80,569	37,590	21,889	21,090
10	Payroll taxes	28,121	13,120	7,640	7,361
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	6,090	2,841	1,655	1,594
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	18,768	3,417	2,621	12,730
14	Information technology	6,044	2,820	1,642	1,582
15	Royalties	0			
16	Occupancy	33,195	15,487	9,019	8,689
17	Travel	15,932	9,154	3,435	3,343
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,511			2,511
20	Interest	0			
21	Payments to affiliates	36,794	36,794		
22	Depreciation, depletion, and amortization	1,069	499	290	280
23	Insurance	5,127	2,392	1,393	1,342
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	Dues & Subscriptions	3,277	1,529	890	858
b	Misc Consumer Expense	2,920	2,920		
c	Other	6,710	2,380	2,205	2,125
d	SWSPN Expenses	8,710	8,710		
e	MAPP Project Expenses	21,967	21,967		
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	3,750,170	3,429,238	156,955	163,977
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	473,355	1	621,340
	2 Savings and temporary cash investments	1,177,956	2	827,950
	3 Pledges and grants receivable, net	2,034,378	3	1,768,048
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	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	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	45,057	9	18,077
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 81,617		
	b Less: accumulated depreciation	10b 81,617	1,069	10c 0
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,731,815	16	3,235,415	
Liabilities	17 Accounts payable and accrued expenses	6,927	17	29,330
	18 Grants payable	342,406	18	134,524
	19 Deferred revenue	10,150	19	15,800
	20 Tax-exempt bond liabilities	0	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	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	25,786	25	24,279
	26 Total liabilities. Add lines 17 through 25	385,269	26	203,933
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	3,314,555	27	2,971,823
	28 Temporarily restricted net assets	31,991	28	59,659
	29 Permanently restricted net assets		29	
	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	3,346,546	33	3,031,482
34 Total liabilities and net assets/fund balances	3,731,815	34	3,235,415	

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	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
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 separate 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	X
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	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF WILL COUNTY

Employer identification number

36-2515625

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 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)**.
- 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)**.
- 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?
- (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 supported organization? ☒
- (ii) A family member of a person described in (i) above? ☒
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☒
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(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	
See Attached Stmt									
Total									3,088,546

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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.")	0	0				0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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)						
6 Public support. Subtract line 5 from line 4.						0

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	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0				0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
11 Total support. Add lines 7 through 10						0

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 section 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	0.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0.00%

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 a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐**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 Section 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.")	0	0				0
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	0	0				0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

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	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%

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. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

Part I Line 5 The United Way of Will County supports various local nonprofit organizations. These organizations apply annually for support and their applications are reviewed by the Program and Allocations Committee which consists of local professionals and community members. The agencies that are approved for support must have a 501 (c) 3 designation. Nearly all supported organizations must also submit audited financial statements annually to the United Way.

**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

Employer identification number

UNITED WAY OF WILL COUNTY

36-2515625

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 can 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 important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 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 Tax 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 tax 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 section 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 acquisition, 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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

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 0
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f 0

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	0				
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0			

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	81,617	81,617	0
e Other	0	0	0	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

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	0	
Closely-held equity interests	0	
Other	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ►	0	

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
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) 	0	

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

(a) Description	(b) Book value
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	0

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

1.	(a) Description of liability	(b) Amount
	Federal income taxes	0
	Accrued Compensation	24,279
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
	Total (Column (b) must equal Form 990, Part X, col. (B) line 25)	24,279

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 Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,435,106
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,750,170
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-315,064
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-315,064

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	3,528,012
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	62,130
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	62,130
3	Subtract line 2e from line 1	3	3,465,882
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	-30,776
c	Add lines 4a and 4b	4c	-30,776
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,435,106

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

1	Total expenses and losses per audited financial statements	1	3,843,076
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	62,130
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	62,130
3	Subtract line 2e from line 1	3	3,780,946
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	-30,776
c	Add lines 4a and 4b	4c	-30,776
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,750,170

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, line 2; 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.

Part XII Line 4b Fundraising expenses (\$30,776) were included with operating expenses on

the audited financial statements and as a reduction of fundraising receipts on Form 990.

Part XIII Line 4b Fundraising expenses (\$30,776) were included with operating expenses on

the audited financial statements and as a reduction of fundraising receipts on Form 990.

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

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

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

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

UNITED WAY OF WILL COUNTY

Employer identification number

36-2515625

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total				0	0	0

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 Golf Outing (event type)	(b) Event #2 Kick-Off Reception (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	60,662	2,790	6,488	69,940
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	60,662	2,790	6,488	69,940
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	19,422	2,684	6,577	28,683
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	2,093	0	0	2,093
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(30,776)
	11 Net income summary. Combine line 3, column (d), and line 10				39,164

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				0
	2 Cash prizes				0
Direct Expenses	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(0)
	8 Net gaming income summary. Combine line 1, column d, and line 7				0

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- | | | |
|--|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

- b**
- If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

- c**
- If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$ 0

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a**
- Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

- b**
- Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Employer identification number

UNITED WAY OF WILL COUNTY

36-2515625

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. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Agape Missions 840 Plainfield Road Joliet, IL 60431	36-3789462	3	34,000	0			General Assistance
American Red Cross 2200 W. Harrison St Chicago, IL 60605	53-0196605	3	125,000	0			General Assistance
Aunt Martha's Youth Services 409 W. Jefferson St Joliet, IL 60431	23-7188150	3	30,000	0			General Assistance
Big Brothers Big Sisters 417 W. Taylor Street Joliet, IL 60431	23-7072557	3	79,000	0			General Assistance
Boy Scouts of America 2600 N. Winterbottom Road Morris George Warden Buck Boys and G	36-2169129	3	107,000	0			General Assistance
226 E Clinton St Joliet, IL 60432	36-2270044	3	209,000	0			General Assistance
Campfire USA IL Prairie Council 45 W. Roosevelt Road Lombard, IL	36-2371221	3	16,600	0			General Assistance
CASA of Will County 3200 W. McDonough Joliet, IL 60431	36-3918847	3	6,970	0			General Assistance
Catholic Charities 203 N. Ottawa Street Joliet, IL 60431	36-2170817	3	307,650	0			General Assistance
Center for Correctional Concerns 95 S. Chicago Street Joliet, IL 60431	36-3091943	3	54,590	0			General Assistance
Child Care Resource & Referral 801 N. Larkin Ave Joliet, IL 60435	36-4013292	3	11,750	0			General Assistance
Childhood Trauma & Treatment P 4440 W. 95th Street Oak Lawn, IL	36-2169147	3	36,500	0			General Assistance
2 Enter total number of section 501(c)(3) and government organizations. ☐							
3 Enter total number of other organizations. ☐							

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

(HTA)

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 Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

Part IV

Supplemental Information. Complete this part to provide the information required in Part 1, line 2, and any other additional information.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

36-2515625

UNITED WAY OF WILL COUNTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Services Council of N...							
719 Parkwood Avenue Romeoville...	23-7235755	3	40,000	0			General Assistance
Cooperative Extension Service...							
100 Manhattan Road Joliet, IL 60...	37-6000511	3	18,900	0			General Assistance
Cornerstone Services							
777 Joyce Road Joliet, IL 60436	36-2706578	3	75,000	0			General Assistance
Crisis Line of Will County							
P.O. Box 2354 Joliet, IL 60434	51-0188636	3	87,900	0			General Assistance
Easter Seals Joliet Region, Inc.							
212 Barney Drive Joliet, IL 60435	36-2300706	3	91,850	0			General Assistance
Southland Senior Services							
25864 S. Chestnut Road Monee, IL	36-2915827	3	13,250	0			General Assistance
Girl Scouts of Greater Chicago & N...							
222 S. Riverside Plaza #2120 Chi...	36-2264404	3	54,460	0			General Assistance
Good Shepherd Manor							
P.O. Box 260 Mokena, IL 60954	36-2693168	3	10,900	0			General Assistance
Guardian Angel Community Serv...							
1550 Plainfield Road Joliet, IL 604...	36-2170860	3	88,900	0			General Assistance
H.E.A.R.T. Organization							
P.O. Box 1655 Bolingbrook, IL 60...	31-1722082	3	12,000	0			General Assistance
Hill Memorial Center							
402 Singleton Place Joliet, IL 604...	36-3159046	3	72,700	0			General Assistance
Joliet Area Community Hospice...							
250 Water Stone Circle Joliet, IL 6...	36-3191281	3	48,776	0			General Assistance
Lambs Fold Women's Center							
153 S Ottawa Street Joliet, IL 604...	36-3280592	3	19,200	0			General Assistance
Learning and Skills Center							
1256 W. Jefferson Street Joliet, IL	51-0137117	3	26,900	0			General Assistance
Model Ex Offender Program							
1321 W. Jefferson Street Joliet, IL	36-2781502	3	36,800	0			General Assistance

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

36-2515625

UNITED WAY OF WILL COUNTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI of Will County.....							General Assistance
P.O. Box 3968 Joliet, IL 60434	90-0343172	3	2,000	0			General Assistance
Peter Claver Center.....							General Assistance
172 S. Chicago Street Joliet, IL 60434	36-2978227	3	119,000	0			General Assistance
Senior Service Center of Will County.....							General Assistance
251 N. Center Street Joliet, IL 60434	36-2615835	3	136,200	0			General Assistance
Seratomia Speech and Hearing Center.....							General Assistance
1219 Lakeview Court Romeoville, IL 60147	36-2882864	3	5,500	0			General Assistance
South Suburban Council on Alcoholism.....							General Assistance
1909 Checker Square East Hazel Crest, IL 60410	36-2654921	3	31,000	0			General Assistance
Spanish Community Center.....							General Assistance
309 N. Eastern Avenue Joliet, IL 60431	36-2679658	3	106,000	0			General Assistance
Stepping Stones.....							General Assistance
1621 Theodore Street Joliet, IL 60431	36-3784963	3	97,250	0			General Assistance
The Salvation Army.....							General Assistance
300 Third Avenue Joliet, IL 60433	36-2167910	3	71,500	0			General Assistance
Trinity Services.....							General Assistance
100 N. Gougar Road Joliet, IL 60431	36-2194838	3	176,950	0			General Assistance
United Cerebral Palsy Illinois Prairie Path.....							General Assistance
311 S. Reed Street Joliet, IL 60431	36-2425572	3	97,850	0			General Assistance
Vilaseca Day Care Center.....							General Assistance
351 N. Chicago Street Joliet, IL 60431	36-2894985	3	49,000	0			General Assistance
Warren Sharpe Community Center.....							General Assistance
454 S. Joliet Street Joliet, IL 60431	36-3724298	3	119,000	0			General Assistance
Will Co. Children's Advocacy.....							General Assistance
57 W. Jefferson St Suite 506 Joliet, IL 60431	36-4289490	3	5,900	0			General Assistance
Will Co. Community Health Center.....							General Assistance
1106 Neal Avenue Joliet, IL 60431	36-3971168	3	7,450	0			General Assistance
Will Co. Habitat for Humanity.....							General Assistance
417 W. Taylor Street Joliet, IL 60431	36-3564555	3	27,600	0			General Assistance

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

Schedule I-1 (Form 990) 2009

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Department of the Treasury Internal Revenue Service	Name of the organization

Employer Identification number

UNITED WAY OF WILL COUNTY

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

[illegible]

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

**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 WILL COUNTY

Employer identification number

36-2515625

Form 990 Part VI Section B Line 11A The annual Form 990 and attachments are reviewed by the
members of the Executive Committee before it is filed with the IRS.

Form 990 Part VI Section B Line 15 A compensation review for the CEO is performed annual by
the Executive Committee using relevant industry information and information provided by United
Way of America.

Form 990 Part VI Section C Line 19 The annual Form 990, governing documents, audited financial
statements and the conflict of interest policy are made available to the general public upon
request.

Part I, Line 11h (Sch A (990/990-EZ)) - Supported Organizations

3,088,546

	Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 1 through 9 of Page 1 or IRC section)	Is the supported organization listed in the supporting organization's governing documents?		Did you notify the organization of your support?		Is the organization in the United States?		Amount of support
				Yes	No	Yes	No	Yes	No	
1	Agape Missions	36-3789462	3		X	X		X		34,000
2	American Red Cross	53-0196605	3		X	X		X		125,000
3	Aunt Martha's Youth Services	23-7188150	3		X	X		X		30,000
4	Big Brothers Big Sisters	23-7072557	3		X	X		X		79,000
5	Boy Scouts of America	36-2169129	3		X	X		X		107,000
6	Boys and Girls Club	36-2270044	3		X	X		X		209,000
7	Campfire Ill Prairie Council	36-2371221	3		X	X		X		16,600
8	CASA of Will County	36-3918847	3		X	X		X		6,970
9	Catholic Charities	36-2170817	3		X	X		X		307,650
10	Center for Correctional Conc	36-3091943	3		X	X		X		54,590
11	Child Care Resource & Refe	36-4013292	3		X	X		X		11,750
12	Childhood Trauma & Treatm	36-2169147	3		X	X		X		36,500
13	Community Service Council	23-7235755	3		X	X		X		40,000
14	Cooperative Extension Servi	37-6000511	3		X	X		X		18,900
15	Cornerstone Services	36-2706578	3		X	X		X		75,000
16	Crisis Line of Will County	51-0188636	3		X	X		X		87,900
17	Easter Seals	36-2300706	3		X	X		X		91,850
18	Southland Senior Services	36-2915827	3		X	X		X		13,250
19	Girl Scouts of Chicago & Nor	36-2264404	3		X	X		X		54,460
20	Good Shepherd Manor	36-2693168	3		X	X		X		10,900
21	Guardian Angel Community S	36-2170860	3		X	X		X		88,900
22	H E A R T. Organization	31-1722082	3		X	X		X		12,000
23	Hill Memorial Center	36-3159046	3		X	X		X		72,700
24	Joliet Area Comm Hospice	36-3191281	3		X	X		X		48,776
25	Lambs Fold Women's Center	36-3280592	3		X	X		X		19,200
26	Learning and Skills Center	51-0137117	3		X	X		X		26,900
27	Model Ex-Offender	36-2781502	3		X	X		X		36,800
28	National Alliance for Mental I	90-0343172	3		X	X		X		2,000
29	Peter Claver Center	36-2978227	3		X	X		X		119,000
30	Senior Service Center of Will	36-2615835	3		X	X		X		136,200
31	Seratomia Speech and Heari	36-2882864	3		X	X		X		5,500
32	South Suburban Council on A	36-2654921	3		X	X		X		31,000
33	Spanish Community Center	36-2679658	3		X	X		X		106,000
34	Stepping Stones	36-3784963	3		X	X		X		97,250
35	The Salvation Army	36-2167910	3		X	X		X		71,500
36	Trinity Services & Family Ser	36-2194838	3		X	X		X		176,950
37	United Cerebral Palsy	36-2425572	3		X	X		X		97,850
38	Vilaseca Day Care	36-2894985	3		X	X		X		49,000
39	Warren Sharpe Community C	36-3724298	3		X	X		X		119,000
40	Will Co Children's Advocacy	36-4289490	3		X	X		X		5,900
41	Will Co Community Health C	36-3971168	3		X	X		X		7,450
42	Will Co. Habitat for Humanity	36-3564555	3		X	X		X		27,600
43	Prairie State Legal Assistanc	36-2898362	3		X	X		X		26,750
44	Will Grundy Center for Indep	36-3397910	3		X	X		X		32,500
45	Will Grundy Medical Clinic	36-3492306	3		X	X		X		45,500
46	YMCA	36-2169197	3		X	X		X		216,000

UNITED WAY OF WILL COUNTY

36-2515625

Attachment to 2009 Form 990

Form 990, Part IX, Line 21 - Payments to affiliates

United Way of America
701 N. Fairfax Street
Alexandria, VA 22314
13-1635294

Annual Dues \$ 33,299

Program Services 33,299

United Way of Illinois
4508 Prime Parkway
McHenry, IL 60050
36-2962458

Annual Dues \$ 3,495

Program Services 3,495

Form 990, Part X, Line 3 - Pledges and Grants Receivable

Pledges Receivable
Reserve for Uncollectible Pledges

	<u>Beginning of Year</u>	<u>End of Year</u>
\$ 2,194,378	1,909,048	
(160,000)	(148,000)	
<u>\$ 2,034,378</u>	<u>1,761,048</u>	

Form 990, Part X, Lines 10a & 10b - Land, Buildings and Equipment

Office Machinery and Equipment
Accumulated Depreciation

\$ 81,617	81,617
(80,548)	(81,617)
<u>\$ 1,069</u>	<u>0</u>

Form 990, Part X, Line 25 - Other Liabilities

Accrued Vacation Benefits

<u>\$ 25,786</u>	<u>24,279</u>
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Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization UNITED WAY OF WILL COUNTY		Employer identification number 36-2515625	
	Number, street, and room or suite no. If a P O box, see instructions 54 NORTH OTTAWA STREET			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions JOLIET IL 60432-4345			

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ▶ MICHAEL HENNESSY 54 N. Ottawa St. Suite 300 JOLIET, IL Joliet IL 60435

Telephone No. ▶ (815)723-2500

FAX No. ▶

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☐ calendar year _____ or
- ▶ ☒ tax year beginning 7/1/2009, and ending 6/30/2010

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.