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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)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization UNITED WAY OF DECATUR AND MID ILLINOIS		D Employer identification number 37-0673475
		Doing Business As		E Telephone number (217) 422-8537
		Number and street (or P O box if mail is not delivered to street address) 202 E ELDORADO ST STE B	Room/suite	G Gross receipts \$ 2,309,709
		City or town, state or country, and ZIP + 4 DECATUR, IL 625231036		
		F Name and address of principal officer Denise R Smith 202 E Eldorado St Ste B Decatur, IL 625231036		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
J Website: <input checked="" type="checkbox"/> www.uwdecaturng		H(c) Group exemption number <input type="checkbox"/>		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>			L Year of formation 1955	M State of legal domicile IL

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities United Way of Decatur and Mid Illinois improves people's lives by increasing the organized capacity of the community to care for each other Our organization achieves measurable results in solving community problems through effective fund distribution, engages resources for human services through one principal community fund-raising campaign, develops leadership based on advocacy and philanthropy for human services, and strives to increase services throughout Central Illinois		
	2	Check this box <input type="checkbox"/> 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 <u>2</u>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 <u>2</u>	
	5	Total number of employees (Part V, line 2a)	5 _____	
	6	Total number of volunteers (estimate if necessary)	6 <u>30</u>	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a _____	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b _____	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>2,334,889</u>	Current Year <u>2,251,131</u>
	9	Program service revenue (Part VIII, line 2g)	<u>2,135</u>	<u>1,657</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>33,569</u>	<u>51,636</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>14,516</u>	<u>1,811</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>2,385,109</u>	<u>2,306,235</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>2,097,772</u>	<u>2,106,871</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>410,328</u>	<u>420,202</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>155,366</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>204,839</u>	<u>172,938</u>
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>2,712,939</u>	<u>2,700,011</u>
	19	Revenue less expenses Subtract line 18 from line 12	<u>-327,830</u>	<u>-393,776</u>
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	<u>3,836,486</u>	<u>3,422,936</u>
	21	Total liabilities (Part X, line 26)	<u>225,913</u>	<u>205,992</u>
	22	Net assets or fund balances Subtract line 21 from line 20	<u>3,610,573</u>	<u>3,216,944</u>

Part II Signature Block				
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div></div> <div>2011-02-04</div> </div> <div> <div></div> <div>Date</div> </div>
	<div> <div></div> <div>Macy Barnett Director of Finance</div> </div> <div> <div></div> <div>Type or print name and title</div> </div>			
Paid Preparer's Use Only	Preparer's signature <div></div>	Date	Check if self-employed <div><input type="checkbox"/></div>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <div></div>			EIN <div></div>
				Phone no <div></div>

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission







United Way of Decatur and Mid Illinois improves people's lives by increasing the organized capacity of the community to care for each other. The organization achieves measurable results in solving community problems through effective fund distribution, engages resources for human services through one principal community fund-raising campaign, develops leadership based on advocacy and philanthropy for human services, and increases United Way services throughout central Illinois.

- 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 \$ 1,779,316 including grants of \$ 1,749,650) (Revenue \$ 0)
	Human Services Programs, General/Other Distribution of funds raised on an equitable basis in proportion to the identified needs (53 Programs)
4b	(Code) (Expenses \$ 357,221 including grants of \$ 357,221) (Revenue \$ 357,221)
	Designations from donors provided to qualified tax exempt organizations to aid in furthering their missions (128 agencies)
4c	(Code) (Expenses \$ 67,931 including grants of \$ 0) (Revenue \$ 0)
	Human Services Programs, General/Other Community Impact and Relations bring together governmental and not for profit agencies in the community to assess and address the needs within the community (31 Agencies)
4d	Other program services (Describe in Schedule O) See also Additional Data for Description
	(Expenses \$ 106,520 including grants of \$ 0) (Revenue \$ 1,657)
4e	Total program service expenses \$ 2,310,988


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, 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	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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>	34		No
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>	35		No
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>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a0	1c	Yes
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a9	2b	Yes
	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)			
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
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	22	
b	Enter the number of voting members that are independent	1b	22	
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		No
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	Yes	
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	Yes	
	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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ▶ Macy Barnett 202 E Eldorado St Ste B Decatur, IL 625231036 (217) 422-8537

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

• 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

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

Form **990** (2009)

1b	Total	123,504	0	24,485
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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 **0**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 . . .	1a	10,393				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	5,376				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	2,273				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,233,089				
	g	Noncash contributions included in lines 1a-1f \$ 61,063						
	h	Total. Add lines 1a-1f						2,251,131
Program Service Revenue			Business Code					
	2a	First Call for Help Directories	812,900	25	25	0	0	
	b	Union Counselor Training Classes	900,099	1,632	1,632	0	0	
	c							
	d							
	e							
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f			1,657			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		51,636	0	0	51,636	
	4	Income from investment of tax-exempt bond proceeds . .		0	0	0	0	
	5	Royalties		0	0	0	0	
	6a	(i) Real						
		(ii) Personal						
	b	Less rental expenses						
	c	Rental income or (loss)		0	0			
	d	Net rental income or (loss)						
	7a	(i) Securities						
		(ii) Other						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)		0	0			
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ 5,376 of contributions reported on line 1c) See Part IV, line 18		3,474				
	b	Less direct expenses						3,474
	c	Net income or (loss) from fundraising events . .						0
	9a	Gross income from gaming activities See Part IV, line 19						
	b	Less direct expenses						
	c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances							
b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	Service Charges to process designations		812,900	1,782	1,782	0	0	
b	Miscellaneous		900,099	29	29	0	0	
c								
d	All other revenue			0	0	0	0	
e	Total. Add lines 11a-11d			1,811				
12	Total revenue. See Instructions			2,306,235	3,468	0	51,636	

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	2,106,871	2,106,871		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	147,934	17,235	76,471	54,228
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	0	0	0
7	Other salaries and wages	221,965	126,526	59,507	35,932
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,672	3,535	1,699	438
9	Other employee benefits	17,920	5,930	9,600	2,390
10	Payroll taxes	26,711	10,837	9,130	6,744
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	6,800	0	6,800	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	4,720	1,000	3,720	0
12	Advertising and promotion	38,128	4,780	790	32,558
13	Office expenses	22,093	3,148	6,279	12,666
14	Information technology	10,875	31	10,844	0
15	Royalties	0	0	0	0
16	Occupancy	36,066	20,609	10,305	5,152
17	Travel	5,409	2,949	615	1,845
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	5,826	3,690	596	1,540
20	Interest	0	0	0	0
21	Payments to affiliates	26,628	0	26,628	0
22	Depreciation, depletion, and amortization	7,252	2,617	3,006	1,629
23	Insurance	4,436	0	4,436	0
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	2,285	1,230	811	244
b	Bank & Filing Fees	2,420	0	2,420	0
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,700,011	2,310,988	233,657	155,366
26	Joint costs. Check here <input checked="" type="checkbox"/> 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	0	0	0	0

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			252,936	1	96,026
	2	Savings and temporary cash investments			764,925	2	788,692
	3	Pledges and grants receivable, net			970,565	3	866,249
	4	Accounts receivable, net			1,035	4	-270
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	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	0
	7	Notes and loans receivable, net			2,916	7	1,168
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			20,971	9	8,611
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	100,796			
	b	Less: accumulated depreciation	10b	94,812	13,236	10c	5,984
	11	Investments—publicly traded securities			2,138	11	2,203
	12	Investments—other securities. See Part IV, line 11			0	12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,807,764	15	1,654,273
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,836,486	16	3,422,936
Liabilities	17	Accounts payable and accrued expenses			11,997	17	18,214
	18	Grants payable			213,916	18	187,778
	19	Deferred revenue			0	19	
	20	Tax-exempt bond liabilities			0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	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	
	24	Unsecured notes and loans payable to unrelated third parties			0	24	
	25	Other liabilities. Complete Part X of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			225,913	26	205,992
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,889,017	27	1,666,195
	28	Temporarily restricted net assets			1,663,789	28	1,492,982
	29	Permanently restricted net assets			57,767	29	57,767
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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			3,610,573	33	3,216,944
	34	Total liabilities and net assets/fund balances			3,836,486	34	3,422,936

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . .		No
b Were the organization's financial statements audited by an independent accountant? 	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 . . .	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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? 		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 . .		

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 DECATUR AND MID ILLINOIS	Employer identification number 37-0673475
--	--

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 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 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)

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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.")	2,572,853	4,807,982	2,747,541	2,334,889	2,251,131	14,714,396
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	2,572,853	4,807,982	2,747,541	2,334,889	2,251,131	14,714,396
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)						4,904,951
6 Public Support. Subtract line 5 from line 4						9,809,445

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	2,572,853	46,060	2,747,541	2,334,889	2,251,131	14,714,396
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,135	46,060	19,941	33,569	51,636	180,341
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	8,342	7,659	3,221	16,651	3,468	39,341
11 Total support (Add lines 7 through 10)						14,934,078

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

120

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	65 685 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	65 825 %

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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First 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

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private 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

Explanation
Part II, Line 10 includes Program Service Revenue, Net Income from Fundraising Events and Miscellaneous Revenue detailed on Page 1, Part I of Form 990 for years 2005 through 2007 and page 9, Part VIII of Form 990 for 2008 and 2009

Additional Data

Software ID:
Software Version:
EIN: 37-0673475
Name: UNITED WAY OF DECATUR AND MID ILLINOIS

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

4d. Other program services				
(Code) (Expenses \$	53,441	including grants of \$	0) (Revenue \$ 1,632)
Human Services Programs, General/Other Community Affairs Labor Liaison coordinates community service of union counselors and plans community wide events to strengthen union community service (10 Events)				
(Code) (Expenses \$	53,079	including grants of \$	0) (Revenue \$ 25)
Human Services Programs, General/Other First Call for Help Information and Referral Service and 211 provide communities with centralized location to call for information and need referral (4,512 Calls)				

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			
Jesse Angel Director	1	X						0	0	0
Gary Sawyer Director	2	X						0	0	0
Chris Ellis Vice Chair	2	X		X				0	0	0
Kevin Kast Director	1	X						0	0	0
Dave Brown Director	1	X						0	0	0
Shad Etchason Director	1	X						0	0	0
Linda Fahey Director	1	X						0	0	0
Cindy Breitwieser Director	1	X						0	0	0
Michael Sexton Director	1	X						0	0	0
Dr Gayle Saunders Director	1	X						0	0	0
Richard Dunsworth Director	2	X						0	0	0
Stacey Young Director	1	X						0	0	0
Debra Bogle Director	1	X						0	0	0
Dave Moran Director	1	X						0	0	0
Wendy Brown Secretary	2	X		X				0	0	0
Kelly Doornbos Treasurer	2	X		X				0	0	0
Brett Swallow Director	1	X						0	0	0
Keith Frantz Director	1	X						0	0	0
Iris Lewis-Beasley Director	1	X						0	0	0
Kathy Mock Director	1	X						0	0	0
Melissa Watson Director	1	X						0	0	0
Scott Bushey Chair	2	X		X				0	0	0
Macy Barnett Director of Finance	40			X				36,832	0	18,190
Denise R Smith Exec Director/CEO	45			X				86,672	0	6,295

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 DECATUR AND MID ILLINOIS

Employer identification number

37-0673475

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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
1c	
1d	
1e	
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	2,024,270	2,105,288		
b	Contributions	0	0		
c	Investment earnings or losses	43,009	17,598		
d	Grants or scholarships	10,000	10,000		
e	Other expenditures for facilities and programs	77,781	88,616		
f	Administrative expenses	0	0		
g	End of year balance	1,979,498	2,024,270		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 17 % %

b

Permanent endowment ▶ 8 % %

c

Term endowment ▶ 75 % %

3a

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

(i) unrelated organizations

3a(i)

Yes

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	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	18,831	15,374	3,457
d Equipment	0	81,965	79,438	2,527
e Other	0	0	0	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				5,984

Schedule D (Form 990) 2009

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	2,306,235
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,700,011
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-393,776
4	Net unrealized gains (losses) on investments	4	147
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	147
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-393,629

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	1,949,161
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	147
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	147
3	Subtract line 2e from line 1	3	1,949,014
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	0
b	Other (Describe in Part XIV)	4b	357,221
c	Add lines 4a and 4b	4c	357,221
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,306,235

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,342,790
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,342,790
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	0
b	Other (Describe in Part XIV)	4b	357,221
c	Add lines 4a and 4b	4c	357,221
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,700,011

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
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The organization hopes to establish an endowment that will be sufficient to generate enough income to funds its overhead (management & general & campaign expenses) each year. The majority of the endowment consists of a beneficial interest in a trust established by a deceased donor. This trust is mainly comprised of commercial rental real estate which is being liquidated. Income distributions are used to fund current operating expenses, and principal distributions remain in the endowment.
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Designated Pledge Income net of uncollectibles
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Designated Pledge Payments

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 DECATUR AND MID ILLINOIS

Employer identification number
37-0673475

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

128

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.

[illegible]

Software ID: 09000073

Software Version: v1.00

EIN: 37-0673475

Name: UNITED WAY OF DECATUR AND MID ILLINOIS

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
Mid Illinois Chapter American Red Cross2674 N Main St Decatur,IL 62526	37-0723794	501(c)(3)	52,600	0			Fund Distribution Amount to fund Disaster Services in Macon County (\$50,000), DeWitt County (\$2,500), and Shelby County (\$100)
Mid Illinois Chapter American Red Cross2674 N Main St Decatur,IL 62526	37-0723794	501(c)(3)	20,418	0			Donor Designations
Big Brothers Bis Sisters of Central Illinois117 N Main St Decatur,IL 62523	37-1348685	501(c)(3)	40,500	0			Fund Distribution Amount for Mentoring Services in Macon County (\$37,500) and DeWitt County (\$3,000)
Big Brothers Bis Sisters of Central Illinois117 N Main St Decatur,IL 62523	37-1348685	501(c)(3)	21,717	0			Donor Designations
Boys & Girls Club of Decatur 859 N Jasper St Decatur,IL 62521	23-7350999	501(c)(3)	268,634	0			Fund Distribution Amount for Youth Development Programs
Boys & Girls Club of Decatur 859 N Jasper St Decatur,IL 62521	23-7350999	501(c)(3)	23,818	0			Donor Designations
Catholic Charities1625 W Washington Springfield,IL 62702	37-0661499	501(c)(3)	219,143	6,167	Food at \$1 00 per pound	Food for Food Pantry	Fund Distribution Amount for Counseling (\$76,000), Elderly Guardianship (\$12,950), Food Pantry (\$20,600), ElderCare options (\$14,550), Meals on Wheels (\$86,520), and MedAssist (\$8,000) in Macon County, (\$316) for Services in Piatt County, and (\$207) for Services in Shelby County
Catholic Charities1625 W Washington Springfield,IL 62702	37-0661499	501(c)(3)	31,853	0			Donor Designations
Central Illinois Food Bank 2000 E Moffat Springfield,IL 62702	37-1106465	501(c)(3)	12,746	0			Donor Designations
Community Action Partnership of Central Illinois 1800 Fifth St Lincoln,IL 62656	37-0895679	501(c)(3)	7,990	0			Fund Distribution Amount for DeWitt County (\$7,500) and Donor Designations (\$490)

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
Community Health Improvement Center2905 N Main St Decatur,IL 62526	37-0961830	501(c)(3)	267,915	0			Fund Distribution Amount to provide Mental Health Services to the Homeless (\$43,020), Dental Health Services (\$60,000), Pediatric Mental Health Services (\$9,000), and Primary Medical Services (\$155,895)
Community Health Improvement Center2905 N Main St Decatur,IL 62526	37-0961830	501(c)(3)	10,448	0			Donor Designations
Decatur Day Care Center2075 Lake Shore Dr Decatur,IL 62521	37-0661197	501(c)(3)	195,401	0			Fund Distribution Amount to provide Child Care/Early Learning Opportunities
Decatur Day Care Center2075 Lake Shore Dr Decatur,IL 62521	37-0661197	501(c)(3)	11,973	0			Donor Designations
Dove Inc788 E Clay St Decatur,IL 62521	37-0920903	501(c)(3)	11,450	0			Fund Distribution Amount to provide domestic violence relief services (\$8,000) and general assistance (\$3,000) in DeWitt County and to provide domestic violence relief services in Shelby County (\$450)
Dove Inc788 E Clay St Decatur,IL 62521	37-0920903	501(c)(3)	12,889	0			Donor Designations
Easter Seals of Central Illinois2715 N 27th St Decatur,IL 62526	37-0792408	501(c)(3)	62,549	0			Fund Distribution Amount to provide Medical Equipment Loan Program (\$13,150), Child Care (\$4,100), and Speech Therapy Services (\$45,008) in Macon County and to provide services in Shelby County (\$291)
Easter Seals of Central Illinois2715 N 27th St Decatur,IL 62526	37-0792408	501(c)(3)	8,079	0			Donor Designations
DeWitt County Friendship Center410 E Main St Clinton,IL 61727	37-1044473	501(c)(3)	7,027	0			Fund Distribution Amount for Senior Services in DeWitt County (\$6,800) and Donor Designations (\$227)
Girl Scouts of Central Illinois3020 Baker Dr Springfield,IL 62703	37-0681529	501(c)(3)	38,162	0			Fund Distribution to provide Youth Development Services in Macon County (\$37,212), DeWitt County (\$500), and Shelby County (\$450)

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
Girl Scouts of Central Illinois 3020 Baker Dr Springfield, IL 62703	37-0681529	501(c)(3)	6,108	0			Donor Designations
Heritage Behavioral Health Center PO Box 710 Decatur, IL 62525	37-0765549	501(c)(3)	57,500	0			Fund Distribution Amount for Oasis Day Center for the homeless
Heritage Behavioral Health Center PO Box 710 Decatur, IL 62525	37-0765549	501(c)(3)	6,685	0			Donor Designations
Land of Lincoln Legal Assistance Foundation 8787 State St Suite 201 East St Louis, IL 62203	37-0958448	501(c)(3)	20,415	0			Fund Distribution Amount to provide for Family Violence Project (\$20,000) and Donor Designations (\$415)
Hill and Dales Residential Center 1011 Davis St Dubuque, IA 52001	42-1388270	501(c)(3)	6,265	0			Donor Designations
Lincoln Trails Council Boy Scouts of America 262 W Prairie Decatur, IL 62523	37-0673458	501(c)(3)	29,465	0			Fund Distribution Amount for ScoutReach Program
Lincoln Trails Council Boy Scouts of America 262 W Prairie Decatur, IL 62523	37-0673458	501(c)(3)	30,671	0			Donor Designations
Macon County C A S A 140 S Water St Decatur, IL 62523	32-0092410	501(c)(3)	69,353	0			Fund Distribution Amount to provide Court Services for Children and Community Education (\$66,000) and Donor Designations (\$3,353)
Mental Health Association of Macon County 164 N Edward St Decatur, IL 62522	37-0814012	501(c)(3)	36,225	0			Fund Distribution Amount for Youth Suicide Prevention Initiative (\$33,500) and Donor Designations (\$2,725)
New Life Pregnancy Center 1698 E Pershing Rd Decatur, IL 62526	37-1194157	501(c)(3)	6,639	0			Donor Designations

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
Northeast Community Fund 825 N Water St Decatur,IL 62523	37-0912488	501(c)(3)	8,281	6,166	Food at \$1 00 per pound	Food for Food Pantry	Donor Designations
Project Success of Decatur and Macon County310 A West William St Decatur,IL 62522	37-1381966	501(c)(3)	91,597	0			Fund Distribution Amount to provide for Truancy Prevention & Student Success Programs (\$89,750) and Donor Designations (\$1,847)
Richland Community College FoundationOne College Park Decatur,IL 62521	37-1210583	501(c)(3)	10,000				Amount to be added to Bruce & Anne Swartz Scholarship Fund for needy students
Salvation Army Decatur229 West Main St Decatur,IL 62523	36-3805307	501(c)(3)	76,000	7,363	Food at \$1 00 per pound and Christmas Trees at retail	Food for Food Pantry and new, decorated Christmas Trees for the needy	Fund Distribution Amount to provide for Food Pantry (\$46,000), Men's Shelter (\$20,000), and Prescription Assistance (\$10,000)
Salvation Army Decatur229 West Main St Decatur,IL 62523	36-3805307	501(c)(3)	27,694	0			Donor Designations
UCP Land of Lincoln101 North 16th Springfield,IL 62703	37-0902106	501(c)(3)	40,410	0			Fund Distribtion to provide for Disabled Youth Development and Employment (\$24,805) and Medical Support (\$12,721) and Donor Designations (\$2,884)
Webster Cantrell Hall1942 E Cantrell St Decatur,IL 62521	37-0982024	501(c)(3)	67,673	0			Fund Distribution to provide Pursuing Academic Stability & Success Program (\$25,000), Vocational Counseling (\$2,673), and Wellness Program (\$40,000) for disadvantaged youth
Webster Cantrell Hall1942 E Cantrell St Decatur,IL 62521	37-0982024	501(c)(3)	19,000	0			Donor Designations
Y M C A Clinton Community417 S Alexander Clinton,IL 61727	37-0812114	501(c)(3)	10,137	0			Fund Distribution Amount for services in DeWitt County (\$9,000) and Donor Designations (\$1,137)
Decatur Family Y M C A220 W McKinley Decatur,IL 62526	37-0661258	501(c)(3)	55,000	0			Fund Distribution Amount to provide Summer Camp Care (\$15,000), School Age Care (\$15,000), Child Care (\$10,000), and Fitness, Sports and Youth Recreation (\$15,000)

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
Decatur Family Y M C A220 W McKinley Decatur, IL 62526	37-0661258	501(c)(3)	9,507	0			Donor Designations
Eastern Illinois University - Peace Meal Program915 Lincoln Ave Charleston, IL 61920	37-6031320	Education Facility	8,282	0			Fund Distribution Amount to provide home meal delivery to seniors in DeWitt County (\$7,000), Shelby County (\$400), and Piatt County (\$513) and Donor Designations (\$369)

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF DECATUR AND MID ILLINOIS

Employer identification number
37-0673475

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,196	Retail Value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	10,485	Fair market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	500	18,500	\$1 00 per pound donated
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
Food and incentives provided for special				
25 Other ► (<u>events</u>)	X	11	2,867	Invoiced Cost
Leased Space Provided at				
26 Other ► (<u>no Cost</u>)	X	2	600	Quoted comp prices
Photography				
27 Other ► (<u>Services</u>)	X	3	875	Cost of sitting fees
Radio on Air				
28 Other ► (<u>Promotions</u>)	X	4,000	22,750	Discounted Retail Charges
Newspaper & Magazine				
Other ► (<u>Advertisements</u>)	X	2	2,589	Discounted Retail Charges
Insurance Premium on Term Life Insurance				
Other ► (<u>Policy</u>)	X	1	1,200	Premium Amount

29

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

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

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 DECATUR AND MID ILLINOIS

Employer identification number

37-0673475

Identifier	Return Reference	Explanation
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	The Constitution of the organization defines its members as all contributors. It does not have shareholders.
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	An annual meeting is held each year which is advertised in the newspapers which serve the same counties which the organization serves. Officers and directors are elected at this annual meeting.
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	A copy of the draft was provided to each board member via email with explanations and any comments were solicited. The audited financial statements were presented by the audit firm's in charge partner to the board.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The Executive Director who assists the Board Chair in running the board and committee meetings reviews the Conflict of Interest Statements which are submitted on a yearly basis and keeps them on hand to refer to when any issues are discussed which require approval by the board.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	In June of each year, the Executive Committee meets to conduct a review of the Executive Director and review her compensation level. The Committee reviews comparison data for similar positions in similar market area and factors in her performance and progress toward performance goals. The Executive Director provides yearly reviews of all other employees following the same format the Executive Committee uses for her review.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The organization maintains hard and electronic copies of these documents which are readily accessible to provide upon request.