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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

UNITED WAY OF CENTRAL ILLINOIS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

1999 WEST WABASH AVENUE SUITE 107

Room/suite

City or town, state or country, and ZIP + 4

SPRINGFIELD, IL 62704

F Name and address of principal officer

JOHN P KELKER

1999 WEST WABASH AVENUE SUITE 107

SPRINGFIELD,IL 62704

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW SPRINGFIELDUNITEDWAY ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1922

M State of legal domicile IL

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities COORDINATED FUNDING AND SUPPORT OF HEALTH AND HUMAN SERVICE PROGRAMS IN SANGAMON AND MENARD COUNTIES				
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3	Number of voting members of the governing body (Part VI, line 1a)			3	31
	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	31
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			5	7
	6	Total number of volunteers (estimate if necessary)			6	570
	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0
Revenue	b	Net unrelated business taxable income from Form 990-T, line 34			7b	0
	8	Contributions and grants (Part VIII, line 1h)			Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)			2,528,922	3,053,077
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			20,303	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			139,917	212,858
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			85,979	70,015
					2,775,121	3,335,950
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			2,317,866	2,465,729
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			415,067	437,164
	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 200,626				
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			346,061	334,145
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)			3,078,994	3,237,038
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12			-303,873	98,912
					Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)			8,934,344	8,237,927
	21	Total liabilities (Part X, line 26)			1,413,175	1,501,566
	22	Net assets or fund balances Subtract line 21 from line 20			7,521,169	6,736,361

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

JOHN P KELKER PRESIDENT

2012-08-23

Date

Paid Preparer's Use Only

Preparer's signature

MICHAEL BASS

Firm's name (or yours if self-employed), address, and ZIP + 4

MCGLADREY LLP

15 S OLD STATE CAPITOL PLAZA STE 20

SPRINGFIELD, IL 627011510

Date

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P00458970

EIN

42-0714325

Phone no

(217) 789-7700

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

THE UNITED WAY OF CENTRAL ILLINOIS, INC IS A NOT-FOR-PROFIT CORPORATION WITH A MISSION OF MOBILIZING RESOURCES TO MEET COMMUNITY NEEDS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 1,112,223 including grants of \$) (Revenue \$)

ESSENTIAL SERVICES- ESSENTIAL SERVICE PROGRAMS INCLUDE THOSE SERVICES PROVIDING FOOD, SHELTER, HEALTHCARE AND VICTIM SERVICES ESSENTIAL SERVICE PROGRAMS RECEIVE APPROXIMATELY 57% OF TOTAL ALLOCATIONS TO HELP THOSE WHO NEED HELP THE MOST

4b

(Code) (Expenses \$ 730,469 including grants of \$) (Revenue \$)

LIFELONG LEARNING INITIATIVE- THESE PROGRAMS ALIGN WITH ONE OR MORE OF THE EDUCATION INITIATIVES FIVE STAGES WHILE PROVIDING MEASURABLE RESULTS TO HELP ACHIEVE COMMUNITY IDENTIFIED GOALS APPROXIMATELY 43% OF ALLOCATIONS SUPPORT PROGRAMS ALIGNED WITH SANGAMON COUNTY'S CONTINUUM OF LEARNING

4c

(Code) (Expenses \$ 33,545 including grants of \$) (Revenue \$)

VENTURE GRANTS- UNITED WAY'S VENTURE FUND SUPPORTS PROJECTS THAT MAKE AN IMPACT IN SANGAMON COUNTY WITHIN UNITED WAY'S IDENTIFIED FUNDING AREAS GRANTS ARE NOT RESTRICTED TO MEMBER ORGANIZATIONS AND MAY BE MADE FOR ONE TIME FUNDING TO NEW PROJECTS OR FOR THE EXPANSION OF AN EXISTING PROJECT AND SHOULD NOT BE VIEWED AS ON GOING PROGRAM SUPPORT

(Code) (Expenses \$ 822,301 including grants of \$) (Revenue \$)

DIRECTED CONTRIBUTIONS- UNITED WAY ADMINISTERS DIRECTED CONTRIBUTIONS TO NON PROFIT AGENCIES THIS ALSO INCLUDES SUPPORT OF THE CONTINUUM OF LEARNING'S COMMUNITY ROUNDTABLES AND AN INVESTMENT IN THE CHAMBER OF COMMERCE'S ECONOMIC DEVELOPMENT INITIATIVE DOLLY PARTON IMAGINATION LIBRARY- THIS PROGRAM IS DESIGNED TO PROVIDE ONE AGE APPROPRIATE BOOK PER MONTH TO CHILDREN FROM BIRTH TO AGE 5 CHILDREN KEEP THESE BOOKS AND CAN BUILD THEIR OWN LIBRARY THE GOAL OF THE PROGRAM IS TO INSTILL THE LOVE OF READING, PROVIDE BOOKS FOR THOSE WHO MIGHT NOT BE ABLE TO AFFORD THEM AND TO BETTER PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN DAY OF ACTION- VOLUNTEERS SPEND THEIR AFTERNOON COMPLETING COMMUNITY SERVICE PROJECTS AT VARIOUS HEALTH AND HUMAN SERVICE AGENCIES IN OUR LOCAL COMMUNITY

4d

Other program services (Describe in Schedule O)

(Expenses \$ 822,301 including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 2,698,538

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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.		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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	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.	Yes	
c	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.		No
d	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.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		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 and IV.		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 and IV.		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.		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.	Yes	
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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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 (or a family member thereof) 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		No
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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		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
Check if Schedule O contains a response to any question in this Part V ☐				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b2		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a7		
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 (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the aggregate amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		No
	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	JOHN P KELKER 1999 WABASH STE 107 SPRINGFIELD, IL 62074 (217) 726-7000

Check if Schedule O contains a response to any question in this Part VII

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	103,012	0	11,777

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

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

Section B. Independent Contractors

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

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

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

Part VIII

Statement of Revenue

				(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	191,092				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,861,985				
	g	Noncash contributions included in lines 1a-1f \$ 10,003						
	h	Total. Add lines 1a-1f						3,053,077
Program Service Revenue	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		104,564			104,564
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		Gross rents	(i) Real (ii) Personal					
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	108,294			108,294	
b		Less cost or other basis and sales expenses						
c		Gain or (loss)						
d		Net gain or (loss)						
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	22,651	0			
b		Less direct expenses	b	22,651				
c		Net income or (loss) from fundraising events . .						
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities . .						
10a		Gross sales of inventory, less returns and allowances	a					
b		Less cost of goods sold . . .	b					
c		Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code						
11a	ADMINISTRATIVE FEE	624200		68,643	68,643			
b								
c								
d	All other revenue			1,372	1,372			
e	Total. Add lines 11a-11d			70,015				
12	Total revenue. See Instructions			3,335,950	70,015	0	212,858	

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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,465,729	2,465,729		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	103,012		103,012	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	239,353	124,496	34,429	80,428
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	34,010	16,617	6,185	11,208
9	Other employee benefits	33,233	16,237	6,044	10,952
10	Payroll taxes	27,556	10,428	10,369	6,759
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	20,513	818	18,005	1,690
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	86,903	3,467	76,275	7,161
12	Advertising and promotion	24,349	4,150	390	19,809
13	Office expenses	21,728	7,426	5,396	8,906
14	Information technology				
15	Royalties				
16	Occupancy	70,976	34,778	12,776	23,422
17	Travel	4,941	371	2,982	1,588
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,170	171	1,908	91
20	Interest				
21	Payments to affiliates	34,878	2,242	31,126	1,510
22	Depreciation, depletion, and amortization	15,312	7,503	2,756	5,053
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CAMPAIGN PRINTING & SUP	15,781			15,781
b	SECA CAMPAIGN EXPENSES	6,483	3,080	1,328	2,075
c	MAINTENANCE	1,441	655	311	475
d	DUES & SUBSCRIPTIONS	1,399	149	755	495
e					
f	All other expenses	27,271	221	23,827	3,223
25	Total functional expenses. Add lines 1 through 24f	3,237,038	2,698,538	337,874	200,626
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) 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)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing					1	
	2	Savings and temporary cash investments				2,909,951	2	2,987,111
	3	Pledges and grants receivable, net				1,489,879	3	1,591,728
	4	Accounts receivable, net				39,604	4	35,400
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				17,419	9	18,733
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	228,026				
	b	Less—accumulated depreciation	10b	116,437	126,901	10c	111,589	
	11	Investments—publicly traded securities				3,967,757	11	1,803,482
	12	Investments—other securities. See Part IV, line 11					12	1,330,472
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				382,833	15	359,412
	16	Total assets. Add lines 1 through 15 (must equal line 34)				8,934,344	16	8,237,927
Liabilities	17	Accounts payable and accrued expenses				47,786	17	70,768
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				1,365,389	25	1,430,798
	26	Total liabilities. Add lines 17 through 25				1,413,175	26	1,501,566
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				4,819,174	27	4,691,593
	28	Temporarily restricted net assets				1,626,346	28	1,687,618
	29	Permanently restricted net assets				1,075,649	29	357,150
	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				7,521,169	33	6,736,361
	34	Total liabilities and net assets/fund balances				8,934,344	34	8,237,927

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,335,950
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,237,038
3	Revenue less expenses Subtract line 2 from line 1	3	98,912
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,521,169
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-883,720
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,736,361

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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?		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 separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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

2011

Open to Public
Inspection

Name of the organization UNITED WAY OF CENTRAL ILLINOIS INC	Employer identification number 37-0716060
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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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,395,857	3,493,314	3,102,105	2,549,225	3,053,077	15,593,578
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,395,857	3,493,314	3,102,105	2,549,225	3,053,077	15,593,578
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)						865,729
6 Public Support. Subtract line 5 from line 4						14,727,849

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,395,857	3,493,314	3,102,105	2,549,225	3,053,077	15,593,578
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	257,510	161,949	162,555	123,924	104,564	810,502
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	95,909	59,042	35,987	85,979	68,643	345,560
11 Total support (Add lines 7 through 10)						16,749,640

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

12

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	87 930 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	86 900 %
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

Name of the organization UNITED WAY OF CENTRAL ILLINOIS INC	Employer identification number 37-0716060
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	Yes No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	Yes No	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically importantly land area

☐ Preservation of a certified historic structure

2

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

	Held at the End of the Year
a	Total number of conservation easements
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?

Yes

No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes

No

9

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

Part III

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

\$

(ii)

Assets included in Form 990, Part X

\$

2

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

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$

Part III

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

3

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

a

☐ Public exhibition

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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	4,000,434	3,685,150	3,619,377	4,752,813	
b Contributions	25,000				
c Investment earnings or losses	64,473	509,184	252,373	1,133,436	
d Grants or scholarships	908,335	193,900	186,600		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,181,572	4,000,434	3,685,150	3,619,377	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 98 790 %

b

Permanent endowment ▶

c

Term endowment ▶ 1 210 %

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

3a(i)

☐ Yes

☐ No

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		115,401	13,315	102,086
d Equipment		112,625	103,122	9,503
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				111,589

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,335,950
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,237,038
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	98,912
4	Net unrealized gains (losses) on investments	4	-132,645
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-751,075
9	Total adjustments (net) Add lines 4 - 8	9	-883,720
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-784,808

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	2,621,780
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	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	22,651
e	Add lines 2a through 2d	2e	22,651
3	Subtract line 2e from line 1	3	2,599,129
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	736,821
c	Add lines 4a and 4b	4c	736,821
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,335,950

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,674,088
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	22,651
e	Add lines 2a through 2d	2e	22,651
3	Subtract line 2e from line 1	3	2,651,437
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	585,601
c	Add lines 4a and 4b	4c	585,601
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,237,038

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE BOARD DESIGNATED QUASI-ENDOWMENT FUNDS ARE USED TO SUPPORT THE OVERHEAD EXPENSES OF THE ORGANIZATION AND THE PERMANENTLY RESTRICTED ENDOWMENT FUNDS ARE USED TO SUPPORT HEALTH AND HUMAN SERVICES IN THE COMMUNITY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FASB ISSUED NEW GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION ADOPTED THIS NEW GUIDANCE FOR THE YEAR ENDED DECEMBER 31, 2009. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN INTEREST IN BENEFICIAL TRUSTS -18,575 TRANSFER OF TEMPORARILY RESTRICTED NET ASSETS - 732,500 TOTAL TO SCHEDULE D, PART XI, LINE 8 - 751,075
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 22,651
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS 585,601 CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS 18,575 UNREALIZED LOSSES ON INVESTMENTS 132,645
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 22,651
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS 585,601

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

2011

Open to Public
Inspection

Name of the organization
UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number
37-0716060

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail 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. Form 990-EZ filers are not required to complete this table.

(i) Name and address 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			
Total ▶						

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	(b) Event #2	(c) Other Events	(d) Total Events
		KICK OFF EVENTS (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	22,651		22,651
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	22,651		22,651
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	22,651		22,651
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(22,651)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			0

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				()
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b

If "No," Explain _____

.....

.....

10a

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b

If "Yes," Explain _____

.....

.....

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 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?

Yes

No

13

Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14

Provide 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?

Yes

No

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

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

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?

Yes

No

b

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

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule G (Form 990 or 990-EZ) 2011

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF CENTRAL ILLINOIS INC

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

2011

Open to Public
Inspection

Employer identification number
37-0716060

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No
- 2

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

Part II

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

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

37

3

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

37

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ORGANIZATIONS APPLY TO THE UNITED WAY TO RECEIVE FUNDS A COMMITTEE OF VOLUNTEERS RESEARCHES EACH OF THE APPLICANTS AND MAKES RECOMMENDATIONS TO THE UNITED WAY BOARD OF DIRECTORS

Software ID:
Software Version:
EIN: 37-0716060
Name: UNITED WAY OF CENTRAL ILLINOIS INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS1045 OUTER PARK DRIVE SPRINGFIELD,IL 62705	37-0716060	501(C)3	60,289				EMERGENCY SERVICES-SERVES AS CENTRAL ILLINOIS' MOST CRUCIAL, NON-GOVERNMENTAL PROVIDER OF EMERGENCY SERVICES INCLUDING DISASTER RELIEF AND SERVICE TO ARMED FORCES
BIG BROTHERBIG SISTER OF SANGAMON COUNTY444 SOUTH GRAND AVE WEST SPRINGFIELD,IL 62704	37-0997310	501(C)3	130,000				COMMUNITY MENTORING - THE KEY TO THE BBBS MENTORING PROGRAM IS THAT IT IS ALWAYS ONE-TO-ONE, WHICH HELPS ESTABLISH A POSITIVE FRIENDSHIP BETWEEN THE VOLUNTEER AND CHILD, AND EVERY RELATIONSHIP IS SUPPORTED PROFESSIONALLY BY A CASE MANAGER

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
BOYS & GIRLS CLUB OF CENTRAL ILLINOIS300 SOUTH FIFTEENTH STREET SPRINGFIELD, IL 62705	37-0752849	501(C)3	90,000				THE PROGRAM SERVES CHILDREN, GRADES K-5, WHO ATTEND MATHENY-WITHROW ELEMENTARY SCHOOL FROM 3 30 AND 6 30 P M , MONDAY THROUGH FRIDAY, PROVIDING ACADEMIC ASSISTANCE, LIFE SKILLS AND PREVENTION
CATHOLIC CHARITIES OF SPRINGFIELD120 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0661499	501(C)3	33,257				FOOD PANTRY AND CRISIS ASSISTANCE - IMMEDIATE RELIEF TO THE HUNGRY WHILE OFFERING ADVOCACY TO THOSE EXPERIENCING CRISIS SITUATIONS BY PROVIDING FINANCIAL ASSISTANCE FOR RENT, UTILITIES, MEDICATIONS, IDENTIFICATIONS AND TRANSPORTATION

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
CENTRAL ILLINOIS FOOD BANK2000 EAST MOFFAT SPRINGFIELD, IL 62791	37-1106465	501(C)3	70,000				DISTRIBUTES NEARLY 8 MILLION POUNDS OF FOOD ANNUALLY TO OVER 160 FOOD PANTRIES, SOUP KITCHENS, RESIDENTIAL PROGRAMS AND AFTER-SCHOOL PROGRAMS IN A 21 COUNTY REGION
GIRL SCOUTS OF CENTRAL IL3020 BAKER DRIVE SPRINGFIELD, IL 62703	37-0681529	501(C)3	25,000				GIRL SCOUT PROGRAM - STEM- SCIENCE TECHNOLOGY ENGINEERING AND MATH ACTIVITIES FOR AGES 5-17 YEARS OLD IN SANGAMON COUNTY, REGARDLESS OF THEIR RACE, RELIGION, DISABILITY OR ECONOMIC STATUS IT'S AIM IS ACADEMIC ACHIEVEMENT AND INCREASED CAREER AWARENESS

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
HELPING HANDS OF SPRINGFIELD 200 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-1255889	501(C)3	39,384				SHELTER AND SUPPORT SERVICES - A 33 BED EMERGENCY SHELTER FOR SINGLE, HOMELESS ADULTS, THAT PROVIDES ALL CLIENTS WITH THE BASIC NECESSITIES AND ACCESS TO INDIVIDUALIZED SUPPORT SERVICES DESIGNED BY THE CLIENT AND CASE MANAGER TO ASSIST THE CLIENT IN OBTAINING SELF SUFFICIENCY AND INDEPENDENCE
ONE HOPE UNITED 400 SOUTH GRAND AVENUE WEST SPRINGFIELD, IL 62701	37-0697157	501(C)3	7,183				FOSTER GRANDPARENTS - DESIGNED TO ASSIST 'HIGH RISK' CHILDREN BY PROVIDING THEM WITH THE OPPORTUNITY TO FORM A SUPPORTIVE RELATIONSHIP WITH AN ADULT AGED 60 YEARS AND OVER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERN CHILD & FAMILY SERVICES 400 SOUTH GRAND AVENUE WEST SPRINGFIELD, IL 62704	36-2167778	501(C)3	30,000				FAMILY COUNSELING - EFFECTIVELY CREATES POSITIVE CHANGES IN THE LIVES OF ADULTS, ADOLESCENTS AND CHILDREN WITH SIGNIFICANT MENTAL HEALTH NEEDS, MANY OF WHOM HAVE EXPERIENCED TRAUMA, ARE IN CRISIS AND NEED MENTAL HEALTH AND PREVENTION SERVICES
LUTHERN CHILD & FAMILY SERVICES 400 SOUTH GRAND AVENUE WEST SPRINGFIELD, IL 62704	36-2167778	501(C)3	9,000				INTACT FAMILY - THE INTACT FAMILY PROGRAM PROVIDES COUNSELING AND CASE MANAGEMENT SERVICES TO FAMILIES IN WHICH THE CHILDREN ARE VICTIMS OF ABUSE AND/OR NEGLECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY COMMUNITIES INC 108 EAST COOK STREET SPRINGFIELD, IL 62703	37-1383599	501(C)3	27,500				PERMANENT SUPPORTIVE HOUSING - AFFORDABLE HOUSING, CASE MANAGEMENT AND A PROFESSIONAL SUPPORT SYSTEM TO HELP DISABLED FAMILIES WITH DEPENDENT CHILDREN LIVE HEALTHY, INTERDEPENDENT LIVES, REALIZING THEIR POTENTIAL IN HOMES OF THEIR OWN
MINI O'BEIRNE CRISIS NURSERY 1011 NORTH SEVENTH STREET SPRINGFIELD, IL 62702	37-1242640	501(C)3	33,280				NURSERY PROGRAM - THE PROGRAM PROVIDES TEMPORARY EMERGENCY CARE OF CHILDREN, BIRTH THROUGH AGE 6, WHO ARE AT RISK OF CHILD ABUSE AND NEGLECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRAIRIE CENTER AGAINST SEXUAL ASSAULT3 OLD STATE CAPITAL PLAZA SPRINGFIELD,IL 62701	37-1045364	501(C)3	50,000				PREVENTION EDUCATION - SCHOOL BASED PRIMARY PREVENTION PROGRAM DESIGNED TO PREVENT THE SEXUAL ASSAULT, SEXUAL ABUSE AND SEXUAL EXPLOITATION OF CHILDREN
RUTLEDGE YOUTH FOUNDATION534 WEST MILLER STREET SPRINGFIELD,IL 62702	37-0706724	501(C)3	54,260				YOUTH COUNSELING - PROVIDES COUNSELING AND ADVOCACY SERVICES TO YOUTH ON A ONE TO ONE BASIS WITH A BACHELOR'S LEVEL YOUTH ADVOCATE CASE MANAGER CASE PLAN GOALS ARE CLIENT SPECIFIC AND ARE DEVELOPED IN TANDEM WITH EACH YOUTH TO ACTUALIZE HIS/HER PERSONAL GOALS FOR SAFETY, STABILITY AND GROWTH

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
SENIOR SERVICES OF CENTRAL ILLINOIS701 WEST MASON STREET SPRINGFIELD,IL 62702	37-0895193	501(C)3	31,209				COMPREHENSIVE ELDER ASSIST - PRIMARY OBJECTIVE IS TO PROVIDE SOCIAL ADJUSTMENT AND REHABILITATION ASSISTANCE THE PROGRAM ASSISTS CLIENTS TO MAINTAIN QUALITY, INDEPENDENT COMMUNITY LIVING, WITH SAFETY, COMFORT AND DIGNITY
SOJOURN SHELTER & SERVICES1800 WESTCHESTER BLVD SPRINGFIELD,IL 62704	51-0139118	501(C)3	102,499				ADULT & CHILDREN SHELTER AND SUPPORT - EMERGENCY SHELTER AND COMPREHENSIVE COUNSELING FOR ADULT AND CHILD VICTIMS OF DOMESTIC VIOLENCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARC232 BRUNS LANE SPRINGFIELD,IL 62702	37-0717761	501(C)3	6,071				EPILEPSY RESOURCE CENTER - SUPPORTS ARE DESIGNED TO PROMOTE THE WELFARE OF INDIVIDUALS WITH EPILEPSY AND THEIR FAMILIES
UNITED CEREBRAL PALSYP130 NORTH SIXTEENTH STREET SPRINGFIELD,IL 62702	37-0902106	501(C)3	33,659				BRIDGES - THE BRIDGES PROGRAM PREPARES YOUTH WITH DISABILITIES TO ENTER THE WORKFORCE AND FURTHER THEIR EDUCATION

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
YOUTH SERVICE BUREAU2901 NORMANDY ROAD SPRINGFIELD,IL 62703	36-1015851	501(C)3	137,000				SHELTER & AFTER CARE - SHELTER CARE FOR ABUSED, NEGLECTED, RUNAWAY HOMELESS COMMUNITY YOUTH AGES 11-21 SERVICES ALSO INCLUDE FOLLOW UP COUNSELING AND HOME STABILIZATION SERVICES
AMERICAN RED CROSS1045 OUTER PARK DRIVE SPRINGFIELD,IL 62705	37-0716060	501(C)3	13,513				MEALS ON WHEELS - HELPS SENIORS, CONVALESCENTS, PEOPLE WITH DISABILITIES AND THE CHRONICALLY ILL AND OTHERS WHO MAY NEED MEALS DELIVERED ON A SHORT OR LONG-TERM BASIS TO REMAIN OUT OF THE HOSPITAL AND NURSING HOME CARE BY PROVIDING THEM WITH A HOT, NUTRITIOUS MEAL DELIVERED RIGHT TO THEIR DOOR

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY1514 EAST JEFFERSON STREET SPRINGFIELD,IL 62702	37-1250364	501(C)3	20,000				NEIGHBORHOOD REVITALIZATION - NEIGHBORHOOD REVITALIZATION INITIATIVE (NRI) IS A HOME PRESERVATION SERVICE THAT PROVIDES PAINTING, LANDSCAPING, WEATHER STRIPPING AND MINOR REPAIR SERVICES FOR HOMEOWNERS IN NEED IT HELPS LOW-INCOME HOMEOWNERS IMPACTED BY AGE, DISABILITY AND FAMILY CIRCUMSTANCES, WHO STRUGGLE TO MAINTAIN THEIR HOMES, RECLAIM THEIR HOMES WITH PRIDE AND DIGNITY FINALLY, IT SERVES AS A COMPANION TO HABITAT FOR HUMANITY'S CORE NEW CONSTRUCTION BUILDING PROGRAM, ENABLING HABITAT TO SERVE MORE FAMILIES AND INCREASE OPPORTUNITIES FOR VOLUNTEERS
CATHOLIC CHARITIES OF SPRINGFIELD120 SOUTH ELEVENTH STREET SPRINGFIELD,IL 62703	37-0661499	501(C)3	125,549				ST JOHN'S BREADLINE - SERVING A WELL BALANCED AND NUTRITIOUS MEAL GIVING FOOD SECURITY TO THE HUNGRY OF THE COMMUNITY 365 DAYS A YEAR WITHIN A HOSPITABLE AND POSITIVE ENVIRONMENT AT NO CHARGE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF SPRINGFIELD120 SOUTH ELEVENTH STREET SPRINGFIELD,IL 62703	37-0661499	501(C)3	58,527				ST CLARE'S HEALTH CLINIC - PROVIDING HEALTH CARE FOR ECONOMICALLY DISADVANTAGED ADULTS AND CHILDREN, INCLUDING MEDICAID RECIPIENTS, ALL KIDS RECIPIENTS, AND LOW INCOME FAMILIES
FAMILY SVC CENTER OF SANGAMON COUNTY730 EAST VINE STREET SPRINGFIELD,IL 62703	37-0681513	501(C)3	32,032				YOUNG PARENT SUPPORT SERVICES - PROVIDES A CONTINUUM OF SERVICES TO FIRST TIME TEEN PARENTS AND THEIR CHILDREN SERVICES, PROVIDED FREE OF CHARGE, ARE DESIGNED TO GIVE FAMILIES THE TOOLS TO LOVE AS HEALTHY PRODUCTIVE MEMBERS OF OUR COMMUNITY AS WELL AS PREPARE CHILDREN FOR AN ACADEMIC SETTING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY COMMUNITIES INC 108 EAST COOK STREET SPRINGFIELD, IL 62703	37-1383599	501(C)3	40,000				TRANSITIONAL LIVING PROGRAM - A TWO YEAR TRANSITIONAL LIVING PROGRAM WHOSE GOAL IS TO ASSIST HOMELESS YOUNG WOMEN AND THEIR CHILDREN ACHIEVE STABILITY IN THEIR LIVES BY PROVIDING THEM WITH A STABLE HOME AND INTENSIVE SUPPORT SERVICES LEADING TO THEIR SELF-SUFFICIENCY IN PERMANENT HOUSING, FOLLOW UP SERVICES AVAILABLE
SENIOR SERVICES OF CENTRAL ILLINOIS 701 WEST MASON STREET SPRINGFIELD, IL 62702	37-0895193	501(C)3	34,919				DAILY BREAD - NUTRITION PROGRAM PROVIDES MEALS AT 12 CONGREGATE AND 12 HOME-DELIVERED SITES IN SANGAMON COUNTY MID DAY MEALS ARE AVAILABLE MONDAY-FRIDAY

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SENIOR SERVICES OF CENTRAL ILLINOIS701 WEST MASON STREET SPRINGFIELD,IL 62702	37-0895193	501(C)3	7,500				SENIOR TRANSPORT - TRANSPORTATION TO MEDICAL/DENTAL APPOINTMENTS, DAILY BREADS SITES, PHARMACIES, GROCERY STORES, BANKS, ETC TO ANYONE AGE 60 AND OVER, LIVING INDEPENDENTLY
SOJOURN SHELTER & SERVICES1800 WESTCHESTER BLVD SPRINGFIELD,IL 62704	51-0139118	501(C)3	46,238				COURT SERVICES - ADDRESSES THE PHYSICAL AND EMOTIONAL DOMESTIC VIOLENCE INCLUDING BEATINGS, SEXUAL ASSAULT, VERBAL AND PSYCHOLOGICAL ABUSE, AND PROPERTY DESTRUCTION SPECIFIC SERVICES INCLUDE COURT ADVOCACY, SAFETY PLANNING, 911 ON-LOCATION CRISIS INTERVENTION, PRO BONO LEGAL SERVICES AND LEGAL REFERRAL

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SPARC232 BRUNS LANE SPRINGFIELD,IL 62702	37- 0717761	501(C)3	50,000				SPARCLING CLEAN - EMPLOYS QUALIFIED JANITORIAL WORKERS WHO, IN MOST CASES, BEGIN IN THE JANITORIAL TRAINING PROGRAM AND MAY MOVE TO A SUPPORTED EMPLOYMENT POSITION OR TO A STANDARD WAGE AT SPARCLING CLEAN JANITORIAL OR PLACED IN COMPETITIVE EMPLOYMENT
SPARC232 BRUNS LANE SPRINGFIELD,IL 62702	37- 0717761	501(C)3	14,478				RESPIRE CARE - PROVIDES TEMPORARY RELIEF OF CARE GIVING RESPONSIBILITIES TO THE FAMILIES OF INDIVIDUALS WHO LIVE AT HOME WITH THEIR PARENT/GUARDIAN WHO HAVE A DIAGNOSIS OF A DEVELOPMENTAL DISABILITY

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

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SPRINGFIELD URBAN LEAGUE100 NORTH ELEVENTH STREET SPRINGFIELD,IL 62703	37- 0765550	501(C)3	50,000				TEEN REACH - PROMOTES YOUTH LEADERSHIP, INCREASED PARENT AND YOUTH BONDING AND MENTORSHIP WITH PROGRAM STAFF AND COMMUNITY VOLUNTEERS
SPRINGFIELD URBAN LEAGUE100 NORTH ELEVENTH STREET SPRINGFIELD,IL 62703	37- 0765550	501(C)3	20,000				CAPITAL COLLEGE PREPARATORY - STUDENTS WILL PARTICIPATE IN ACADEMIC, TUTORING & ENRICHMENT, MENTORING, SERVICE LEARNING, CAREER READINESS, COLLEGE AWARENESS, LIFE SKILLS AND PROJECT BASED STEM LEARNING ACTIVITIES THE CAPITAL COLLEGE PREPARATORY AFTERSCHOOL ACADEMY WILL CREATE REFLECTIVE STUDENTS WHO ENVISION A WORLD OF THEIR OWN MAKING BY BECOMING SELF- EMPOWERED AGENTS WHO WORK FOR LOCAL, NATIONAL, AND GLOBAL CHANGE AND EQUITY

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

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SPRINGFIELD YMCA701 SOUTH FOURTH STREET SPRINGFIELD,IL 62705	37- 0661263	501(C)3	40,000				BEFORE AND AFTER SCHOOL ACADEMIC ENRICHMENT PROGRAM - COMPREHENSIVE PROGRAM FOR KINDERGARTEN THROUGH 5TH GRADE AND FOR CHILDREN IN OUR SUMMER CAMP BOTH PROGRAMS PROVIDE SMALL GROUP TUTORING SESSIONS WITH TRAINED INSTRUCTORS IN MATH, READING
SPRINGFIELD URBAN LEAGUE100 NORTH ELEVENTH STREET SPRINGFIELD,IL 62703	37- 0765550	501(C)3	20,000				WEE GROW LEARNING CENTER - AN EDUCATIONAL PROGRAM PRIMARILY FOR INFANTS TO 5 YEAR OLDS THE PROGRAM TAKES INTO ACCOUNT EARLY LEARNING BENCHMARKS AND STANDARDS AND IS GEARED TOWARD PREPARING CHILDREN AND FAMILIES FOR THEIR NEXT EDUCATION PHASE (HEAD START, KINDERGARTEN)

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UNITED CEREBRAL PALSY 130 NORTH SIXTEENTH STREET SPRINGFIELD, IL 62794	37-0902106	501(C)3	40,002				CHILDREN'S ASSISTIVE TECHNOLOGY - ASSISTIVE TECHNOLOGY IS, "ANY ITEM, PIECE OF EQUIPMENT, OR PRODUCT SYSTEM THAT IS USED TO INCREASE, MAINTAIN OR IMPROVE FUNCTIONAL CAPABILITIES OF INDIVIDUALS WITH DISABILITIES"(INDIVIDUAL'S WITH DISABILITIES EDUCATION ACT) UCP'S ASSISTIVE TECHNOLOGY PROGRAM HELPS CHILDREN DEVELOP THE SKILLS NEEDED TO SUCCEED IN SCHOOL AND BECOME INTEGRATED, EQUALS IN THE COMMUNITY
UNITED CEREBRAL PALSY 130 NORTH SIXTEENTH STREET SPRINGFIELD, IL 62794	37-0902106	501(C)3	17,593				CHILDREN'S CAMPS - UCP CAMPING PROGRAMS INCLUDE OVERNIGHT/RECREATIONAL CAMP, YOUTH EDUCATION AND SOCIALIZATION (YES!) CLUB, PLAY GROUPS AND LIFE WITHOUT LIMITS CAMP, AN EIGHT-WEEK EDUCATIONAL CAMP FOR CHILDREN AND YOUTH AGES 6-21 WITH ANY DISABILITY

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

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AMERICAN RED CROSS1045 OUTER PARK DRIVE SPRINGFIELD,IL 62705	37-0661488	501(C)3	29,714				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
BIG BROTHERBIG SISTER OF SANGAMON COUNTY444 SOUTH GRAND AVE WEST SPRINGFIELD,IL 62704	37-0997310	501(C)3	18,050				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

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

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FAMILY SVC CENTER OF SANGAMON COUNTY730 EAST VINE STREET SPRINGFIELD,IL 62703	37- 0681513	501(C)3	5,485				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
BOYS & GIRLS CLUB OF CENTRAL ILLINOIS300 SOUTH FIFTEENTH STREET SPRINGFIELD,IL 62705	37- 0752849	501(C)3	17,580				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

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

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CATHOLIC CHARITIES OF SPRINGFIELD120 SOUTH ELEVENTH STREET SPRINGFIELD,IL 62703	37-0661499	501(C)3	47,574				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
CENTRAL ILLINOIS FOOD BANK2000 EAST MOFFAT SPRINGFIELD,IL 62791	37-1106465	501(C)3	61,565				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

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CONTACT MINISTRIES1100 EAST ADAMS STREET SPRINGFIELD,IL 62703	37-1072626	501(C)3	5,934				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
GIRL SCOUTS OF CENTRAL IL3020 BAKER DRIVE SPRINGFIELD,IL 62703	37-0681529	501(C)3	11,146				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

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

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HABITAT FOR HUMANITY1514 EAST JEFFERSON STREET SPRINGFIELD,IL 62702	37-1250364	501(C)3	10,057				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
HELPING HANDS OF SPRINGFIELD 200 SOUTH ELEVENTH STREET SPRINGFIELD,IL 62703	37-1255889	501(C)3	11,759				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

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THE HOPE INSTITUTE FOR CHILDREN & FAMILIES15 EAST HAZEL DELL ROAD SPRINGFIELD,IL 62712	37-0768616	501(C)3	6,750				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
LAND OF LINCOLN LEGAL ASSISTANCE310 EASTON STREET ALTON,IL 62002	37-0958448	501(C)3	5,500				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

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LUTHERN CHILD & FAMILY SERVICES 400 SOUTH GRAND AVENUE WEST SPRINGFIELD,IL 62704	36-2167778	501(C)3	9,918				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
MENARD COUNTY UNITED FUNDPO BOX 108 TALLULA,IL 62688	37-6049371	501(C)3	6,286				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

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MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS 710 NORTH EIGHTH STREET SPRINGFIELD, IL 62702	37-0646367	501(C)3	22,741				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
MERCY COMMUNITIES INC 108 EAST COOK STREET SPRINGFIELD, IL 62703	37-1383599	501(C)3	9,589				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

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MINI O'BEIRNE CRISIS NURSERY 1011 NORTH SEVENTH STREET SPRINGFIELD,IL 62702	37- 1242640	501(C)3	34,407				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
PRAIRIE CENTER AGAINST SEXUAL ASSAULT3 OLD STATE CAPITAL PLAZA SPRINGFIELD,IL 62701	37- 1045364	501(C)3	6,296				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

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UNITED WAY OF CHRISTIAN COUNTY215 SOUTH WASHINGTON TAYLORVILLE,IL 62568	37-0816279	501(C)3	5,594				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
RUTLEDGE YOUTH FOUNDATION534 WEST MILLER STREET SPRINGFIELD,IL 62702	37-0706724	501(C)3	5,112				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

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SENIOR SERVICES OF CENTRAL ILLINOIS701 WEST MASON STREET SPRINGFIELD,IL 62702	37-0895193	501(C)3	14,210				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
SOJOURN SHELTER & SERVICES1800 WESTCHESTER BLVD SPRINGFIELD,IL 62704	51-0139118	501(C)3	23,261				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

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

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SPARC232 BRUNS LANE SPRINGFIELD,IL 62702	37-0717761	501(C)3	13,688				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
SPRINGFIELD URBAN LEAGUE100 NORTH ELEVENTH STREET SPRINGFIELD,IL 62703	37-0765550	501(C)3	8,447				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

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SPRINGFIELD YMCA 701 SOUTH FOURTH STREET SPRINGFIELD, IL 62705	37-0661263	501(C)3	13,536				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
UNITED WAY OF METROPOLITAN DALLAS1800 NORTH LAMAR STREET DALLAS, TX 75202	75-6005352	501(C)3	7,482				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

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UNITED CEREBRAL PALSY130 NORTH SIXTEENTH STREET SPRINGFIELD,IL 62794	37-0902106	501(C)3	10,995				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
CENTRAL COUNTIES HEALTH CENTERS 2239 EAST COOK STREET SPRINGFIELD,IL 62703	37-1361916	501(C)3	33,750				CAPITOL COMMUNITY HEALTH CENTER - PROVIDES QUALITY, PRIMARY HEALTH AND ORAL HEALTH CARE TO THE MOST DISENFRANCHISED INDIVIDUALS IN THE COMMUNITY

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RUTLEDGE YOUTH FOUNDATION534 WEST MILLER STREET SPRINGFIELD, IL 62702	37-0706724	501(C)3	40,000				ACHIEVING ACADEMIC SUCCESS - DESIGNED TO ASSIST INTACT FAMILIES, WARDS, AND NON-WARDS WHO ARE HAVING EDUCATIONAL ISSUES SUCH AS TRUANCY, SUSPENSION, AND EXPULSION SERVICES INCLUDE REFERRALS TO OTHER COMMUNITY BASED SERVICE PROVIDERS, TUTORING, MENTORING, AND OTHER RELEVANT NEEDS ALL SERVICES ARE TAILORED TO THE INDIVIDUAL NEEDS OF THE CHILD BEING SERVED
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS 710 NORTH EIGHTH STREET SPRINGFIELD, IL 62702	37-0646367	501(C)3	40,000				ACUTE CARE PSYCHIATRIC CLINIC - PROVIDES RAPID RESPONSE TO ADULTS WITH SERIOUS MENTAL ILLNESS WHO NEED IMMEDIATE ASSESSMENT AND DIAGNOSIS TO DETERMINE THE BEST PROVIDER OF CARE PATIENTS WHO ARE NOT HOSPITALIZED ARE REFERRED TO MENTAL HEALTH PROVIDERS

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MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS 710 NORTH EIGHTH STREET SPRINGFIELD, IL 62702	37-0646367	501(C)3	55,000				CHILDREN'S CENTER ADHD CLINIC - SERVES CHILDREN AND ADOLESCENTS, AGES 4 TO 17, WHO HAVE SERIOUS EMOTIONAL DISTURBANCES THE ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) CLINIC IS A SPECIALIZED CLINIC AT THE CHILDREN'S CENTER THAT OFFERS EVIDENCE-BASED SERVICES TO CHILDREN WITH A DIAGNOSIS OF ADHD
SPRINGFIELD URBAN LEAGUE 100 NORTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)3	30,000				SUMMER FREEDOM SCHOOL - A LITERACY RICH PROGRAM THAT UTILIZES AN INTEGRATED READING CURRICULUM THAT BOOSTS CHILDREN'S MOTIVATION TO READ, GENERATES POSITIVE ATTITUDES TOWARD LEARNING AND CONNECTS THE NEEDS OF CHILDREN AND FAMILIES TO COMMUNITY RESOURCES

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VENTURE GRANT- UWCIL1999 WEST WABASH AVENUE SPRINGFIELD,IL 62704	37- 0716060	501(C)3	1,007				DAY OF ACTION - UNITED WAY BRINGS OUR BUSINESS COMMUNITY AND INDIVIDUAL DONORS TOGETHER IN AN ORGANIZED EFFORT TO SUPPORT HEALTH AND HUMAN SERVICES THROUGHOUT SPRINGFIELD AND SANGAMON COUNTY
VENTURE GRANT- COMPUTER BANC 1023 EAST WASHINGTON SPRINGFIELD,IL 62703	37- 1414985	501(C)3	14,750				COMPUTERS FOR HOME - PROGRAM WORKING TO REFURBISH, LOAD SOFTWARE, AND DISTRIBUTE COMPUTERS TO CHILDREN/FAMILIES WHO MEET CRITERIA BASED ON THE FREE LUNCH PROGRAM

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VENTURE GRANT-CUSD #186230 WEST CARPENTER SPRINGFIELD,IL 62702		501(C)3	20,000				COORDINATED ACCESS TO COMMUNITY HEALTH (CATCH) WORKS TO IMPROVE ACCESS TO HEALTHCARE FOR THE LOW-INCOME, UNINSURED SANGAMON COUNTY RESIDENTS WHO STRUGGLE DAILY WITH THE CHALLENGES OF POVERTY AND HAVE LITTLE TO NO ACCESS TO ADEQUATE HEALTH CARE
LUTHERN CHILD & FAMILY SERVICES 400 SOUTH GRAND AVENUE WEST SPRINGFIELD,IL 62704	36-2167778	501(C)3	14,000				AWARE - THE AWARE PROGRAM IS A COMPREHENSIVE DOMESTIC VIOLENCE PROGRAM FOCUSED ON EVIDENCED-BASED INTERVENTIONS TO STOP DOMESTIC VIOLENCE IN FAMILIES AND HEAL FAMILIES SO THAT THEY CAN RECOVER FROM THE TRAUMA EXPERIENCED AND PREVENT FURTHER VIOLENT EPISODES

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MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS 710 NORTH EIGHTH STREET SPRINGFIELD,IL 62702	37-0646367	501(C)3	30,000				PATH - THE PATH PROGRAM SERVES SPRINGFIELD ADULTS, AGES 18 AND OLDER, WHO HAVE A SERIOUS MENTAL ILLNESS AND WHO ARE HOMELESS OR ARE AT RISK OF BECOMING HOMELESS THE PATH TEAM CONDUCTS INTENSE AND TARGETED OUTREACH TO ENGAGE THIS VULNERABLE POPULATION, DEVELOP TRUST, AND ENCOURAGE THEM TO PARTICIPATE IN THE PROGRAM THEIR GOAL IS TO HELP THESE INDIVIDUALS FIND SAFE, AFFORDABLE HOUSING, MEET DAILY LIVING NEEDS, AND ACCESS PSYCHIATRIC CARE AND SOCIAL SERVICES THAT CAN IMPROVE THEIR DAILY LIVES AND CHANCES FOR RECOVERY
VENTURE GRANT- FAITH COALITION FOR THE COMMON GOOD2208 EAST KANSAS SPRINGFIELD,IL 62703	26-4180327	501(C)3	1,750				EDUCATION RALLY TO ADDRESS THE ACHIEVEMENT GAP BETWEEN WHITE STUDENTS AND STUDENTS OF COLOR

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number

37-0716060

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	ALL CONTRIBUTORS ARE CONSIDERED TO BE MEMBERS OF THE UNITED WAY OF CENTRAL ILLINOIS
	FORM 990, PART VI, SECTION A, LINE 7A	ALL MEMBERS ARE ALLOWED TO VOTE FOR THE BOARD OF DIRECTORS AT THE ANNUAL MEETING OF THE UNITED WAY OF CENTRAL ILLINOIS
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE WITH A COPY PROVIDED TO ALL BOARD MEMBERS
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST FORM ANNUALLY PRIOR TO A VOTE ON ANY MATTER CONCERNING DISBURSAL OF FUNDS OR ENGAGEMENT OF THIRD PARTIES RELATIVE TO ORGANIZATIONAL BUSINESS, EACH VOTING BOARD MEMBER IS REQUIRED TO INDICATE WHETHER THEY HAVE ANY CONFLICT OF INTEREST WITH RESPECT TO SUCH VOTE. IF A BOARD MEMBER HAS A CONFLICT OF INTEREST ON A CERTAIN MATTER, THE BOARD MEMBER WILL BE DISQUALIFIED FROM VOTING ON THAT MATTER
	FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND TOP MANAGEMENT OFFICIALS ARE DETERMINED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS SUBJECT TO BOARD APPROVAL. COMPARABILITY DATA AND ADVISORY OPINIONS ARE USED TO DETERMINE COMPENSATION.
	FORM 990, PART VI, SECTION C, LINE 19	THE 990 IS POSTED ON OUR WEBSITE AND AUDITED FINANCIAL STATEMENTS WILL BE INCLUDED IN THE ANNUAL REPORT. COPIES OF OUR GOVERNING DOCUMENTS, CONFLICTS OF INTEREST AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST ALONG WITH THE OPTION OF INSPECTION AT OUR OFFICE.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -132,645. CHANGE IN INTEREST IN BENEFICIAL TRUSTS -18,575. TRANSFER OF TEMPORARILY RESTRICTED NET ASSETS -732,500. TOTAL TO FORM 990, PART XI, LINE 5 -883,720.

Additional Data

Software ID:
Software Version:
EIN: 37-0716060
Name: UNITED WAY OF CENTRAL ILLINOIS INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services
(Code) (Expenses \$ 822,301 including grants of \$) (Revenue \$) DIRECTED CONTRIBUTIONS- UNITED WAY ADMINISTERS DIRECTED CONTRIBUTIONS TO NON PROFIT AGENCIES THIS ALSO INCLUDES SUPPORT OF THE CONTINUUM OF LEARNING'S COMMUNITY ROUNDTABLES AND AN INVESTMENT IN THE CHAMBER OF COMMERCE'S ECONOMIC DEVELOPMENT INITIATIVE DOLLY PARTON IMAGINATION LIBRARY- THIS PROGRAM IS DESIGNED TO PROVIDE ONE AGE APPROPRIATE BOOK PER MONTH TO CHILDREN FROM BIRTH TO AGE 5 CHILDREN KEEP THESE BOOKS AND CAN BUILD THEIR OWN LIBRARY THE GOAL OF THE PROGRAM IS TO INSTILL THE LOVE OF READING, PROVIDE BOOKS FOR THOSE WHO MIGHT NOT BE ABLE TO AFFORD THEM AND TO BETTER PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN DAY OF ACTION- VOLUNTEERS SPEND THEIR AFTERNOON COMPLETING COMMUNITY SERVICE PROJECTS AT VARIOUS HEALTH AND HUMAN SERVICE AGENCIES IN OUR LOCAL COMMUNITY

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			
DR CHARLOTTE WARREN IMMED PAST CHAIRPERSON	1 00	X		X				0	0	0
DANIEL WRIGHT DIRECTOR	1 00	X						0	0	0
PAUL ANDREWS DIRECTOR	1 00	X						0	0	0
ROGER AUSTIN DIRECTOR	1 00	X						0	0	0
DR HARRY BERMAN DIRECTOR	1 00	X						0	0	0
GREG BIRKY DIRECTOR	1 00	X						0	0	0
RUSS BRAIDLOW DIRECTOR	1 00	X						0	0	0
CAROLE BRITTON SECRETARY	1 00	X		X				0	0	0
JENNIFER CALL DIRECTOR	1 00	X						0	0	0
DRCHUCK CALLAHAN CHAIR ELECT	2 00	X		X				0	0	0
AVA CARPENTER-MCPIKE DIRECTOR	1 00	X						0	0	0
MARTY CHAPMAN DIRECTOR	1 00	X						0	0	0
JOHN P COOMBE DIRECTOR	1 00	X						0	0	0
DEB AYERS DIRECTOR	1 00	X						0	0	0
RANDY GERMERAAD DIRECTOR	1 00	X						0	0	0
PATRICIA GRIFFITH DIRECTOR	1 00	X						0	0	0
LORA HUEBNER DIRECTOR	1 00	X						0	0	0
MIKE S JOHNSON TREASURER	1 00	X		X				0	0	0
DESIREE LOGSDON DIRECTOR	1 00	X						0	0	0
REV T RAY MCJUNKINS DIRECTOR	1 00	X						0	0	0
DR WALTER MILTON DIRECTOR	1 00	X						0	0	0
DARYL MORRISON DIRECTOR	1 00	X						0	0	0
JACKIE NEWMAN DIRECTOR	1 00	X						0	0	0
ERIC OSCHWALD DIRECTOR	1 00	X						0	0	0
MICAH BARTLETT DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAT PHALEN CHAIRMAN	2 00	X		X				0	0	0
JULIE KELLNER DIRECTOR	1 00	X						0	0	0
STEPHEN L POVSE DIRECTOR	1 00	X						0	0	0
CHRIS ZETTEK DIRECTOR	1 00	X						0	0	0
PAT SCHULTZ DIRECTOR	1 00	X						0	0	0
MIKE SEPANSKI DIRECTOR	1 00	X						0	0	0
JOHN KELKER PRESIDENT	48 00			X				103,012	0	11,777