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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2011 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		D Employer identification number 37-0662519	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		E Telephone number (217) 352-5151	
C Name of organization UNITED WAY OF CHAMPAIGN COUNTY Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 404 WEST CHURCH City or town, state or country, and ZIP + 4 CHAMPAIGN, IL 61820		G Gross receipts \$ 3,476,786	
F Name and address of principal officer SUE GREY 404 WEST CHURCH CHAMPAIGN, IL 61820		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: ▶ UWAYHELPS.ORG			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1957	M State of legal domicile IL

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities UNITED WAY OF CHAMPAIGN COUNTY BRINGS PEOPLE AND RESOURCES TOGETHER TO CREATE POSITIVE CHANGE AND LASTING IMPACT FOR OUR COMMUNITY		
	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	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	12
6 Total number of volunteers (estimate if necessary)	6	250	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,238,929	3,365,117
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	61,935	78,940
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,902	11,629
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,667	7,991
		3,323,433	3,463,677
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,073,001	2,792,923
	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)	613,374	615,980
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ☒ 311,839		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	228,218	257,903
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,914,593	3,666,806
	19 Revenue less expenses Subtract line 18 from line 12	408,840	-203,129
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	3,930,027	4,040,419
	21 Total liabilities (Part X, line 26)	1,516,048	1,847,494
	22 Net assets or fund balances Subtract line 21 from line 20	2,413,979	2,192,925

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		2012-11-12 Date
	SUE GREY CEO & PRESIDENT Type or print name and title		
Paid Preparer's Use Only	Preparer's signature MARK E CZYS CPA	Date	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4 MARTIN HOOD FRIESE & ASSOC LLC 2507 SOUTH NEIL STREET CHAMPAIGN, IL 61820		Preparer's taxpayer identification number (see instructions) P00088670 EIN 37-1119790 Phone no (217) 351-2000
May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No			

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

UNITED WAY OF CHAMPAIGN COUNTY BRINGS PEOPLE AND RESOURCES TOGETHER TO CREATE POSITIVE CHANGE AND LASTING IMPACT FOR OUR COMMUNITY

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

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 \$ 3,172,032 including grants of \$ 2,792,923) (Revenue \$ 86,931)
	COMMUNITY IMPACT/COMMUNITY ORGANIZER - MOBILIZING VOLUNTEER RESOURCES, PROVIDING MANAGEMENT ASSISTANCE TO FUNDED PROGRAMS AND PARTICIPATING IN COMMUNITY ORGANIZATIONS TO DEVELOP ALLIANCES AND NETWORKS TO PROMOTE PUBLIC AWARENESS OF NEEDS

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e	Total program service expenses	\$ 3,172,032
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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.		No
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.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		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			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	1
b	Enter the number of Forms W-2G included in line 1a. <i>Enter -0-</i> if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	12
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	Yes
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? <i>If "No," provide an explanation in Schedule O</i>	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	No
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	No
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? <i>If "No," provide an explanation in Schedule O</i> . . .	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		
1a	26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	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	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	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?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ☒ IL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you 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 ☒ CATHY BAIRD 404 WEST CHURCH CHAMPAIGN, IL 61820 (217) 352-5151

Part VII

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

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

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

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

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

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) CURT ANDERSON PAST CHAIR	5 00	X		X				0	0	0
(2) GLENN STANKO BOARD MEMBER	5 00	X						0	0	0
(3) LYNNE BARNES RD CHAIR	5 00	X						0	0	0
(4) RENEE ROMANO BOARD MEMBER	1 00	X						0	0	0
(5) MIKE HAILE BOARD MEMBER	1 00	X						0	0	0
(6) GARY HINTON BOARD MEMBER	1 00	X						0	0	0
(7) BOB MULCAHEY CHAIR	5 00	X		X				0	0	0
(8) STEVE BREWER BOARD MEMBER	1 00	X						0	0	0
(9) TONY CLEMENTS BOARD MEMBER	1 00	X						0	0	0
(10) TOM RAMAGE BOARD MEMBER	1 00	X						0	0	0
(11) SCOTT ANDERSON BOARD MEMBER	1 00	X						0	0	0
(12) RANDY GREEN BOARD MEMBER	1 00	X						0	0	0
(13) TOM HARRINGTON BOARD MEMBER	1 00	X						0	0	0
(14) WYNNE KORR BOARD MEMBER	1 00	X						0	0	0
(15) REUBEN BROWN BOARD MEMBER	1 00	X						0	0	0
(16) CHRIS BUTLER BOARD MEMBER	1 00	X						0	0	0
(17) TABATHA HELM BOARD MEMBER	1 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) JP JONES BOARD MEMBER	1 00	X						0	0	0
(19) DARCY SEMENTI BOARD MEMBER	1 00	X						0	0	0
(20) DAVID WETHERELL BOARD MEMBER	1 00	X						0	0	0
(21) JERED WILSON BOARD MEMBER	1 00	X						0	0	0
(22) BETH AUTERMAN TREASURER	5 00	X		X				0	0	0
(23) JEFF BELL BOARD MEMBER	1 00	X						0	0	0
(24) CHRISTINE BENSE BOARD MEMBER	1 00	X						0	0	0
(25) CATHY EMANUEL BOARD MEMBER	1 00	X						0	0	0
(26) BRIAN HOLDING BOARD MEMBER	1 00	X						0	0	0
(27) LINDA E JONES PRESIDENT AND CEO	40 00			X				92,223	0	5,676
(28) CATHY A BAIRD VICE PRESIDENT, ADMINISTRA	40 00			X				57,113	0	3,600
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								149,336	0	9,276

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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					
	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	3,365,117				
	g	Noncash contributions included in lines 1a-1f \$ 23,266						
	h	Total. Add lines 1a-1f		3,365,117				
Program Service Revenue			Business Code					
	2a	MANAGEMENT FEES	900099	65,240	65,240			
	b	ANNUAL MEETING	900099	13,700	13,700			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		78,940				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		11,592			11,592	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		Gross rents						
		b	Less rental expenses					
		c	Rental income or (loss)					
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	13,071	75				
		b	Less cost or other basis and sales expenses	13,109	0			
		c	Gain or (loss)	-38	75			
	d	Net gain or (loss)		37			37	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory . .						
	Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS	900099	7,991	7,991				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		7,991					
12	Total revenue. See Instructions		3,463,677	86,931	0	11,629		

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	2,792,923	2,792,923		
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	172,892	71,660	58,763	42,469
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	354,426	160,568	44,326	149,532
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,444	7,896	3,366	7,182
9	Other employee benefits	31,902	17,263	1,533	13,106
10	Payroll taxes	38,316	15,203	7,922	15,191
11	Fees for services (non-employees)				
a	Management				
b	Legal	25		25	
c	Accounting	12,500		12,500	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	10,000		10,000	
12	Advertising and promotion	6,717	3,358		3,359
13	Office expenses	8,988	3,962	1,728	3,298
14	Information technology				
15	Royalties				
16	Occupancy	23,216	10,233	4,466	8,517
17	Travel	1,345	476		869
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,641	2,855	393	393
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35,166	15,501	6,764	12,901
23	Insurance	7,333	3,233	1,410	2,690
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	AFFILIATION DUES	34,657	15,277	6,666	12,714
b	ANNUAL MEETING EXPENSE	27,785	27,785		
c	ANNUAL CAMPAIGN EXPENSE	15,247			15,247
d	SERVICE CHARGES	12,631		12,631	
e					
f	All other expenses	58,652	23,839	10,442	24,371
25	Total functional expenses. Add lines 1 through 24f	3,666,806	3,172,032	182,935	311,839
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	6,717	3,358	0	3,359

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,022,950	1	1,139,640
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,078,758	3	1,075,745
	4	Accounts receivable, net				4	
	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			55,294	9	16,537
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	893,112			
	b	Less: accumulated depreciation	10b	471,601	445,448	10c	421,511
	11	Investments—publicly traded securities			1,327,577	11	1,386,986
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			3,930,027	16	4,040,419	
Liabilities	17	Accounts payable and accrued expenses			31,274	17	39,650
	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			1,484,774	25	1,807,844
	26	Total liabilities. Add lines 17 through 25			1,516,048	26	1,847,494
	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			1,325,034	27	1,306,927
28		Temporarily restricted net assets			252,961	28	49,356
29		Permanently restricted net assets			835,984	29	836,642
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			2,413,979	33	2,192,925
34		Total liabilities and net assets/fund balances			3,930,027	34	4,040,419

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	3,463,677
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,666,806
3	Revenue less expenses Subtract line 2 from line 1	3	-203,129
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,413,979
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-17,925
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	2,192,925

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 CHAMPAIGN COUNTY	Employer identification number 37-0662519
--	--

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 Se**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)

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

(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.")	3,102,086	3,052,522	3,161,179	3,238,929	3,349,367	15,904,083
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	3,102,086	3,052,522	3,161,179	3,238,929	3,349,367	15,904,083
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)						92,846
6 Public Support. Subtract line 5 from line 4						15,811,237

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	3,102,086	3,052,522	3,161,179	3,238,929	3,349,367	15,904,083
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,920	23,895	23,110	13,902	11,554	109,381
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	8,459	8,793	6,413	8,667	8,066	40,398
11 Total support (Add lines 7 through 10)						16,053,862

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

12368,003

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	98 490 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	98 590 %

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

Additional Data

Software ID:
Software Version:
EIN: 37-0662519
Name: UNITED WAY OF CHAMPAIGN COUNTY

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF CHAMPAIGN COUNTY

Employer identification number
37-0662519

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

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

	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	714,252	482,167	411,621	484,253
b	Contributions		143,841	33,489	4,619
c	Investment earnings or losses	-15,620	88,244	37,057	-77,251
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance	698,632	714,252	482,167	411,621

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 4 620 %

b

Permanent endowment ▶ 95 380 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

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		72,250		72,250
b Buildings		392,934	244,492	148,442
c Leasehold improvements		249,232	115,201	134,031
d Equipment		178,696	111,908	66,788
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				421,511

Schedule D (Form 990) 2011

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,463,677
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,666,806
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-203,129
4	Net unrealized gains (losses) on investments	4	-17,925
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-17,925
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-221,054

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	2,443,643
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-17,925
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-17,925
3	Subtract line 2e from line 1	3	2,461,568
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	1,002,109
c	Add lines 4a and 4b	4c	1,002,109
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,463,677

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	2,664,697
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,664,697
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	1,002,109
c	Add lines 4a and 4b	4c	1,002,109
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,666,806

Part XIVSupplemental 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	TO PROVIDE A SOURCE OF INCOME FOR THE ORGANIZATION IN RELATION TO ITS CAMPAIGN PROGRAMS
PART XII, LINE 4B - OTHER ADJUSTMENTS		CONTRIBUTIONS RAISED ON BEHALF OF OTHERS 974,324 ANNUAL MEETING EXPENSES 27,785
PART XIII, LINE 4B - OTHER ADJUSTMENTS		CONTRIBUTIONS RAISED ON BEHALF OF OTHERS 974,324 ANNUAL MEETING EXPENSES 27,785

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
UNITED WAY OF CHAMPAIGN COUNTY

Employer identification number
37-0662519

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 ▶

46

3

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

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
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Software ID:
Software Version:
EIN: 37-0662519
Name: UNITED WAY OF CHAMPAIGN COUNTY

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
DON MOYER BOYS & GIRLS CLUBPO BOX 1396 CHAMPAIGN, IL 61824	37-0906638	501(C)(3)	248,766				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
EASTERN ILLINOIS FOODBANK2405 NORTH SHORE DRIVE URBANA, IL 61802	37-1130252	501(C)(3)	190,456				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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
FRANCES NELSON HEALTH CENTER 819 BLOOMINGTON ROAD CHAMPAIGN, IL 61820	37-0663559	501(C)(3)	182,925				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CENTER FOR WOMEN IN TRANSITION508 E CHURCH STREET CHAMPAIGN, IL 61820	37-1346397	501(C)(3)	160,967				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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
FAMILY SERVICE OF CHAMPAIGN COUNTY405 S STATE STREET CHAMPAIGN, IL 61820	37-0663559	501(C)(3)	140,336				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CRISIS NURSERY 1309 W HILL STREET URBANA, IL 61801	37-1151152	501(C)(3)	124,774				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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
DEVELOPMENTAL SERVICES CENTER 1304 W BRADLEY AVENUE CHAMPAIGN, IL 61821	23-7183661	501(C)(3)	129,576				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
COMMUNITY SERVICE CENTER 520 E WABASH SUITE 1 RANTOUL, IL 61866	37-0950247	501(C)(3)	79,759				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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
BSA PRAIRIELANDS COUNCIL PO BOX 6267 CHAMPAIGN, IL 61826	37-0661186	501(C)(3)	67,284				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
COMMUNITY ELEMENTS 1801 FOX DRIVE CHAMPAIGN, IL 61820	37-0913985	501(C)(3)	137,947				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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
THE SALVATION ARMYPO BOX 618 CHAMPAIGN, IL 61824	36-2167910	501(C)(3)	64,939				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CHAMPAIGN COUNTY YMCA500 W CHURCH STREET CHAMPAIGN, IL 61820	37-0676564	501(C)(3)	61,378				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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
CHAMPAIGN COUNTY CASA 154 C LINCOLN SQUARE URBANA, IL 61801	36-1325204	501(C)(3)	65,756				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
MAHOMET AREA YOUTH CLUB PO BOX 315 MAHOMET, IL 61853	81-0615577	501(C)(3)	44,834				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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 CROSS311 W JOHN H GWYNN JR AVENUE PEORIA,IL 61605	37-0673451	501(C)(3)	29,748				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
URBANA NEIGHBORHOOD CONNECTIONSPO BOX 3039 URBANA,IL 61803	37-6002534	501(C)(3)	27,790				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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 CHARITIES1315A CURT DRIVE CHAMPAIGN,IL 61821	37-0662513	501(C)(3)	31,653				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CHAMPAIGN URBANA SCHOOLS FOUNDATION3358 BIG PINE TRAIL CHAMPAIGN,IL 61822	37-1273798	501(C)(3)	30,863				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF CENTRAL ILLINOIS701 DEVONSHIRE DRIVE B16 CHAMPAIGN, IL 61821	37-0681528	501(C)(3)	31,429				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
ECIRMAC302 S BIRCH STREET URBANA, IL 61801	37-1122770	501(C)(3)	34,182				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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
BIG BROTHERS BIG SISTERS117 N MAIN STREET DECATUR,IL 62523	37- 1348685	501(C)(3)	43,283				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
SALT AND LIGHT 1512 W ANTHONY CHAMPAIGN,IL 61821	32- 0074485	501(C)(3)	44,713				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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
ANABEL HULING EARLY LEARNING CENTER200 S CENTURY BLVD RANTOUL,IL 61866	37- 1167320	501(C)(3)	26,260				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CUNNINGHAM CHILDREN'S HOME 1301 NORTH CUNNINGHAM AVENUE URBANA,IL 61802	37- 0662521	501(C)(3)	45,449				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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 HUMANITY OF CHAMPAIGN COUNTYPO BOX 1162 CHAMPAIGN, IL 61824	37-1277094	501(C)(3)	32,381				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
PRAIRIE CENTER 718 KILLARNEY URBANA, IL 61801	37-0917137	501(C)(3)	25,537				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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
UNITED WAY OF DANVILLE AREA 320 N FRANKLIN STREET DANVILLE,IL 61832	37-0673481	501(C)(3)	7,777				UNDESIGNATED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
PLANNED PARENTHOOD OF ILLINOIS18 S MICHIGAN AVENUE CHICAGO,IL 60603	36-2170901	501(C)(3)	10,147				UNDESIGNATED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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
GREATER COMMUNITY OF AIDS PROJECTPO BOX 713 CHAMPAIGN, IL 61824	37-1189518	501(C)(3)	12,506				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
UNIVERSITY YMCA1001 S WRIGHT CHAMPAIGN, IL 61820	37-0661257	501(C)(3)	17,456				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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
CHAMPAIGN PUBLIC LIBRARY FOUNDATION200 W GREEN STREET CHAMPAIGN, IL 61820	37-1313456	501(C)(3)	8,935				UNDESIGNATED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CHAMPAIGN COUNTY HUMANE SOCIETY1911 E MAIN STREET URBANA, IL 61802	37-0714217	501(C)(3)	8,289				UNDESIGNATED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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
SMILE HEALTHY DENTAL CLINICPO BOX 154 CHAMPAIGN, IL 61824	14-1880824	501(C)(3)	18,455				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
PEACEMEAL PROGRAM915 LINCOLN AVENUE CHARLESTON, IL 61920	37-6013590	501(C)(3)	11,344				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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
RACES145A LINCOLN SQUARE URBANA,IL 61801	27- 0615591	501(C)(3)	18,748				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CARLE FOUNDATION611 WEST PARK URBANA,IL 61801	37- 1159978	501(C)(3)	10,000				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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
FIRE AND POLICE MEMORIAL404 W CHURCH STREET CHAMPAIGN, IL 61820	23-7176723	501(C)(3)	5,517				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
SOAR1431 FAIRWAY DRIVE RANTOUL, IL 61866	37-1310712	501(C)(3)	25,120				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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
HEART OF ILLINOIS UNITED WAY509 W HIGH STREET PEORIA,IL 61606	37-0661504	501(C)(3)	6,663				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
URBANA ADULT EDUCATION211 N RACE STREET URBANA,IL 61801	37-6002534	501(C)(3)	40,000				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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
CHAMPAIGN SCHOOL DISTRICT UNIT 4 OPERATION HOPE 703 S NEW STREET CHAMPAIGN, IL 61820	37-6002530	501(C)(3)	30,000				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
LAND OF LINCOLN LEGAL ASSISTANCE 302 N 1ST STREET CHAMPAIGN, IL 61820	37-0958448	501(C)(3)	18,219				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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
UNITED WAY OF SOUTHERN ILLINOIS1301 ENTERPRISE WAY MARION,IL 62959	37-1375842	501(C)(3)	10,619				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
CENTER FOR YOUTH AND FAMILY SOLUTIONS4703 44TH SUITE 4 ROCK ISLAND,IL 61201	45-3251182	501(C)(3)	9,844				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

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
CHURCH WOMEN UNITED1489 CR 2800 N RANTOUL,IL 61866	13-6164309	501(C)(3)	6,260				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE
FOREST PRESERVE FOUNDATION OF CHAMPAIGN COUNTYPO BOX 1040 MAHOMET,IL 61853	37-1111088	501(C)(3)	5,551				UNDESIGNATED AND PROGRAM RESTRICTED FUNDS TO FURTHER ORGANIZATION'S EXEMPT PURPOSE

2011

**Open to Public
Inspection**

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.

Name of the organization
UNITED WAY OF CHAMPAIGN COUNTY

Employer identification number

37-0662519

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	ALL FINANCIAL CONTRIBUTORS ARE MEMBERS THAT ARE ENTITLED TO VOTE FOR THE BOARD MEMBERS AT THE ANNUAL MEETING
	FORM 990, PART VI, SECTION B, LINE 11	COPIES OF THE FORM 990 WILL BE DISTRIBUTED VIA EMAIL TO THE BOARD MEMBERS FOR REVIEW PRIOR TO ITS FILING
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY PERFORMING AN ANNUAL REVIEW OF THE CODE OF ETHICS POLICY
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR EACH EMPLOYEE IS REVIEWED BY THE FINANCE COMMITTEE AND THE EXECUTIVE COMMITTEE DURING THE BUDGET DEVELOPMENT PROCESS. COMPENSATION DATA FROM REGIONAL UNITED WAYS ARE USED FOR COMPARISON PURPOSES. THE PROCESS IS DOCUMENTED IN THE COMMITTEE'S MINUTES.
	FORM 990, PART VI, SECTION C, LINE 18	THE FORM 990 IS AVAILABLE ON WWW.GUIDESTAR.ORG FOR PUBLIC INSPECTION. THERE IS A LINK TO GUIDESTAR ON THE UWCC WEBSITE. THE DOCUMENTS ARE ALSO AVAILABLE FOR REVIEW UPON REQUEST DURING OFFICE HOURS.
	FORM 990, PART VI, SECTION C, LINE 19	THERE IS A LINK ON THE UWCC WEBSITE THAT ALLOWS THE PUBLIC TO REVIEW THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS. ALL THE OTHER DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -17,925
	FORM 990, PART XI, LINE 2C	NO CHANGES HAVE BEEN MADE IN THE PROCESS FROM THE PRIOR YEAR.