

Return of Organization Exempt From Income Tax

2001

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2001** calendar year, or tax year beginning **2001**, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF CENTRAL ILLINOIS, INC	D Employer identification number 37-0716060
	Number and street (or P O box if mail is not delivered to street address) Room/suite 730 EAST VINE 114	E Telephone number (217) 789-7000
	City or town, state or country, and ZIP + 4 SPRINGFIELD, IL 62703	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)
	Please use IRS label or print or type. See Specific Instructions.	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

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

H(b) If "Yes" enter number of affiliates

H(c) Are all affiliates included? Yes No (If "No" attach a list. See Instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site

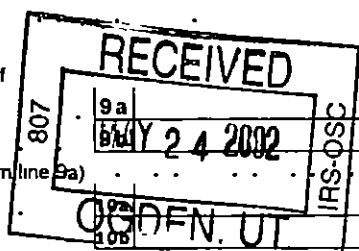
J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 **2,796,292**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

1 Contributions, gifts, grants, and similar amounts received STMT 1			
Revenue	a Direct public support	1a	2,514,084
	b Indirect public support	1b	14,060
	c Government contributions (grants)	1c	
	d Total (add lines 1a through 1c) (cash \$ 2,528,144 noncash \$)	1d	2,528,144
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	120,597
	5 Dividends and interest from securities	5	
	6 a Gross rents	6a	61,689
	b Less rental expenses	6b	
c Net rental income or (loss) (subtract line 6b from line 6a)	6c	61,689	
7 Other investment income (describe)	7		
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	
	(B) Other	8b	
	b Less cost or other basis and sales expenses	8c	
	c Gain or (loss) (attach schedule)	8d	
9 Special events and activities (attach schedule)			
a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b Less direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10 a Gross sales of inventory, less returns and allowances			
	b Less cost of goods sold		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11 Other revenue (from Part VII, line 103)	11	85,862	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,796,292	
Expenses	13 Program services (from line 44, column (B))	13	2,299,027
	14 Management and general (from line 44, column (C))	14	256,220
	15 Fundraising (from line 44, column (D))	15	210,218
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses (add lines 16 and 44, column (A))	17	2,765,465
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	30,827
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,420,453
	20 Other changes in net assets or fund balances (attach explanation) STMT 5	20	-99,849
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	4,351,431



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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>1,307,399</u> noncash \$ _____)	1,307,399	1,307,399	STMT 6	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	216,539	40,862	77,635	98,042
26	Other salaries and wages	110,077	110,077		
27	Pension plan contributions				
28	Other employee benefits	75,738	32,890	19,658	23,190
29	Payroll taxes	25,274	11,702	5,971	7,601
30	Professional fundraising fees				
31	Accounting fees	13,280		11,480	1,800
32	Legal fees				
33	Supplies	22,380	3,946	5,234	13,200
34	Telephone	8,633	3,692	2,335	2,606
35	Postage and shipping	9,059	600	5,409	3,050
36	Occupancy	27,339		27,339	
37	Equipment rental and maintenance	20,457	1,567	17,968	922
38	Printing and publications	7,653	410	1,909	5,334
39	Travel	11,403	4,929	3,832	2,642
40	Conferences, conventions, and meetings	11,098	2,133	6,716	2,249
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	17,169		17,169	
43	Other expenses not covered above (itemize) STMT 7	881,967	778,820	53,565	49,582
b					
c					
d					
e					
44	Total functional expenses (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	2,765,465	2,299,027	256,220	210,218

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? STMT B	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts but optional for others)
a <u>SEE ATTACHED SCHEDULE</u>	
(Grants and allocations \$ <u>1,307,399</u>)	<u>2,299,027</u>
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,299,027

Part IV Balance Sheets (See Specific Instructions on page 24)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		666,322	45	786,873
	46	Savings and temporary cash investments		963,563	46	861,329
	47a	Accounts receivable	47a 25,667			
	b	Less allowance for doubtful accounts	47b	29,598	47c	25,667
	48a	Pledges receivable	48a 1,998,481			
	b	Less allowance for doubtful accounts	48b 366,006	1,550,752	48c	1,632,475
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		4,261	53	3,661
	54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55a	Investments - land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
	56	Investments - other (attach schedule)		STMT 9 1,466,765	56	1,387,022
	57a	Land, buildings, and equipment basis	57a 718,504			
	b	Less accumulated depreciation (attach schedule)	57b 620,695	105,875	57c	97,809
	58	Other assets (describe <input type="checkbox"/> STMT 10)		509,784	58	476,887
59	Total assets (add lines 45 through 58) (must equal line 74) -		5,296,920	59	5,271,723	
Liabilities	60	Accounts payable and accrued expenses		16,878	60	24,822
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe <input type="checkbox"/> STMT 11)		859,589	65	895,470
66	Total liabilities (add lines 60 through 65)		876,467	66	920,292	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		2,524,763	67	2,495,314
	68	Temporarily restricted		1,408,670	68	1,397,675
	69	Permanently restricted		487,020	69	458,442
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, and column (B) must equal line 21)		4,420,453	73	4,351,431
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		5,296,920	74	5,271,723

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other information (See Specific Instructions on page 27)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80 b If "Yes," enter the name of the organization UNITED WAY OF CENTRAL IL FOUNDATION and check whether it is [X] exempt OR [] nonexempt
81 a Enter direct or indirect political expenditure See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs Enter a Gross income from members or shareholders
87 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A, section 4955 N/A
89 b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
89 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed ILLINOIS
90 b Number of employees employed in the pay period that includes March 12, 2001 (See instructions)
91 The books are in care of ROBERT BORCHERDING Telephone no 217-789-7000
Located at 730 EAST VINE, SPRINGFIELD, ILLINOIS ZIP + 4 62703
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	120,597	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property			16	61,689	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b ADMINISTRATIVE FEE					69,594
c MISCELLANEOUS					16,268
d					
e					
104 Subtotal (add columns (B), (D), and (E))				182,286	85,862
105 Total (add line 104, columns (B), (D), and (E))					268,148

Note Line 105 plus line 1d Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
103	THE OTHER REVENUE SOURCES CONTRIBUTED TO THE ATTRACTION AND COORDINATION OF VOLUNTEERS TO SOLICIT FUNDS AND TO THE ADMINISTRATION PROCESS OF DISTRIBUTING FUNDS TO THE VARIOUS NON-PROFIT ENTITIES SERVED

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please

[Signature]

Date

5/15/02

President

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2001

Supplementary Information - (See separate instructions.)

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer Identification number

UNITED WAY OF CENTRAL ILLINOIS, INC.

37-0716060

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	NONE	

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

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amount on line 38, Part VI-A, or line 1 or Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments. STMT 15		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,451,037	2,296,746	2,288,535	1,828,696	8,865,014
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	130,438	95,701	129,817	68,565	424,521
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	STMT 16 148,074	157,454	339,897	288,728	934,153
23 Total of lines 15 through 22	2,729,549	2,549,901	2,758,249	2,185,989	10,223,688
24 Line 23 minus line 17	2,729,549	2,549,901	2,758,249	2,185,989	10,223,688
25 Enter 1% of line 23	27,295	25,499	27,582	21,860	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 204,474
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts				26b 696,658
	c Total support for section 509(a)(1) test Enter line 24, column (e)				26c 10223688
	d Add Amounts from column (e) for lines				26d 2,055,332
	e Public support (line 26c minus line 26d total)				26e 8,168,356
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 79.8964%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year				
	(2000)	(1999)	(1998)	(1997)	NOT APPLICABLE
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year				
	(2000)	(1999)	(1998)	(1997)	
	c Add Amounts from column (e) for lines				27c
	d Add Line 27a total and line 27b total				27d
	e Public support (line 27c total minus line 27d total)				27e
	f Total support for section 509(a)(2) test Enter amount on line 23, column (e)				27f
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	

32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768) **NOT APPLICABLE**

- Check a if the organization belongs to an affiliated group
 Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 . . . 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities **NOT APPLICABLE**
 (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b Paid staff or management (Include compensation in expenses reported on lines c through h)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Media advertisements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

Employer identification number

UNITED WAY OF CENTRAL ILLINOIS, INC

37-0716060

Organization type (check one)

Filers of

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution: Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

UNITED WAY OF CENTRAL ILLINOIS, INC.

37-0716060

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	—	<u>170,000</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>19</u>	—	<u>57,487</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>24</u>	—	<u>54,734</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>25</u>	—	<u>62,500</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
—	—	—	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
—	—	—	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990, PART I - LIST OF CONTRIBUTORS
 (NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS

 DATE

 DIRECT
 PUBLIC
 SUPPORT

 INDIRECT
 PUBLIC
 SUPPORT

170,000.

48,800.

47,250.

30,000.

18,000.

14,000.

34,316.

14,500.

FORM 990, PART I - LIST OF CONTRIBUTORS
 (NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS

DATE

DIRECT
PUBLIC
SUPPORT

INDIRECT
PUBLIC
SUPPORT

5,000.

10,000.

11,000.

6,375.

11,123.

6,000.

10,400.

5,000.

FORM 990, PART I - LIST OF CONTRIBUTORS
 (NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT	INDIRECT PUBLIC SUPPORT
		6,125.	
		6,000.	
		57,487.	
		10,294.	
		5,916.	
		5,000.	
		5,565.	
		54,734.	

FORM 990, PART I - LIST OF CONTRIBUTORS
 (NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT	INDIRECT PUBLIC SUPPORT
------------------	------	-----------------------	-------------------------

62,500.

20,000.

VAR CONTRIBUTIONS NOT EXCEEDING \$5000

1,838,699.

VAR CONTRIBUTIONS NOT EXCEEDING \$5000

14,060.

TOTAL CONTRIBUTION AMOUNTS

2,514,084.

14,060.

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 10 OR 11
 (NOT OPEN TO PUBLIC INSPECTION)

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	MINUS 2% OF LINE 24	EXCESS CONTRIBUTION AMOUNT
	620,000.	204,474.	415,526.
	409,219.	204,474.	204,745.
	257,019.	204,474.	52,545.
	228,316.	204,474.	23,842.
TOTAL	1,514,554.		696,658.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS ON INVESTMENTS	71,271.
UNREALIZED LOSS ON PERPETUAL TRUSTS	28,578.

TOTAL	99,849.
	=====

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

RECIPIENT NAME AND ADDRESS

GRANTS PAID

SEE ATTACHED FINANCIAL STATEMENT
NOTE 14 OF FINANCIAL STATEMENTS

501 (C) (3)

OPERATIONS ASSISTANCE

1,307,399

TOTAL CONTRIBUTIONS PAID

1,307,399

UNITED WAY OF CENTRAL ILLINOIS, INC.

NOTES TO FINANCIAL STATEMENTS

Note 14. Allocations to Human Services Agencies

The following allocations were made for the years ended December 31, 2001 and 2000 as follows:

	2001	2000
American Heart Association	\$ 32,668	\$ 29,978
American Red Cross	60,076	69,444
Big Brother - Big Sister of Sangamon County	37,314	37,314
Boys' & Girls' Clubs of Springfield	128,383	124,497
Boy Scouts of America - Abraham Lincoln Council	58,800	84,000
Catholic Charities of Springfield	150,335	164,965
Central Illinois Food Bank	39,499	28,590
Family Service Center of Sangamon County	193,917	197,000
Girl Scouts, Land of Lincoln Council, Inc	65,369	65,369
Helping Hands of Springfield	18,208	19,852
Land of Lincoln Goodwill Industries, Inc	35,344	35,344
Land of Lincoln Legal Assistance	7,898	11,283
Lutheran Child & Family Services	4,373	4,373
Mental Health Centers of Central Illinois	16,256	16,256
The Parent Place	13,020	
Rape Information & Counseling Service	28,800	36,000
Rutledge Youth Foundation, Inc	26,714	33,392
Senior Citizens of Sangamon Center, Inc	36,096	41,036
Sojourn Women's Center	36,767	31,767
Springfield Association for Retarded Citizens	61,496	70,939
Springfield Urban League	51,665	76,993
United Cerebral Palsey	44,147	45,195
YMCA	80,708	78,265
Youth Service Bureau	79,546	79,546
	<u>\$ 1,307,399</u>	<u>\$ 1,381,398</u>

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
SECA CAMPAIGN EXPENSES	23,404.		2,285.	21,119.
REAL ESTATE TAXES	9,218.		9,218.	
SPECIFIC EVENTS	11,015.		4,979.	6,036.
ORGANIZATION DUES	1,270.		900.	370.
MISCELLANEOUS	1,943.		1,943.	
MARKETING AND ADVERTISING	31,118.		9,061.	22,057.
STATE AND NATIONAL DUES	23,179.		23,179.	
LAND LEASE	2,000.		2,000.	
DONOR DESIGNATIONS	778,820.	778,820.		
TOTALS	881,967.	778,820.	53,565.	49,582.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROMOTE COMMUNITY PLANNING BY DEVELOPING AND ALLOCATING HUMAN AND FINANCIAL RESOURCES TO MEET PRIORITY HEALTH AND HUMAN SERVICE NEEDS.

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	ENDING BOOK VALUE
-----	-----
COMMON STOCKS	9,099.
MUTUAL FUNDS	1,377,923.
TOTALS	----- 1,387,022. -----

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
-----	-----
INTEREST RECEIVABLE	18,445.
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	458,442.
TOTALS	----- 476,887. -----

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	ENDING BOOK VALUE -----
DESIGNATIONS PAYABLE	571,337.
ALLOCATIONS PAYABLE	324,133.

TOTALS	895,470.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
-----	-----
DONOR DESIGNATIONS	778,820.
TOTAL	----- 778,820. -----

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION -----	AMOUNT -----
DONOR DESIGNATIONS	778,820.

TOTAL	778,820.
	=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOHN KELKER 730 E. VINE SPRINGFIELD, IL	PRESIDENT FULL-TIME	71,598.	7,155.	8,405.
PAT HUGHES 730 E. VINE SPRINGFIELD, IL	DIRECTOR FULL-TIME	46,500.	4,650.	2,464.
ROBERT BORCHERDING 730 E. VINE SPRINGFIELD, IL	DIRECTOR OF FINANCE FULL-TIME	50,562.	5,056.	1,436.
JACK DYER 730 E. VINE SPRINGFIELD, IL	LIAISON FULL-TIME	47,879.	4,788.	5,573.
SEE ATTACHED LISTING	PART-TIME	NONE	NONE	NONE
GRAND TOTALS		216,539.	21,649.	17,878.



**BOARD OF DIRECTORS
2001 ROSTER**

Glen Cope, PhD, Chair

Elaine Birtch	2606 West Lake Drive (07)	Res (217) 529-5885 Fax (217) 529-5865 E-mail birtch32@aol.com
Jeffery Burnett Sandy	Carpenters Local #16 211 West Lawrence Ave (04)	Bus (217) 528-7571 Fax (217) 528-9364 E-mail jburnett21@worldnet.att.net
Jack Butler	Kirlin, Egan & Butler Funeral Home 900 South 6 th St (03)	Bus (217) 544-4646 Fax (217) E-mail
Marc Carter	Kerber, Eck & Braeckel 1000 Myers Bldg (01)	Bus (217) 789-0960 Fax (217) 789-2822
Glen Cope, PhD Vicki Locke	University of Illinois P O Box 19243 (94)	Bus: (217) 206-6523 Fax (217) 206-7807 E-mail cope.glen@uis.edu
Edgar Curtis Teresa Jackson	Memorial Medical Center 701 N 1st St (81)	Bus (217) 788-3181 Fax (217) 788-5591 E-mail curtis.ed@mhsil.com
Phillip V Davis, Ph D Sally Heckler	Southern Illinois University P O Box 19604 (94)	Bus (217) 545-5770 Fax (217) 545-2024 E-mail pdavis@siumed.edu
Dave DeFraties	851 S Spring St (04)	Res (217) 528-5879 Fax (217) 528-5744 (res) Cell Ph 836-0569
Jane Denes	Posegate & Denes, PC 217 E Monroe St, Ste 102 (01)	Bus (217) 522-6152 Fax (217) 522-6184
Pastor Jerry Doss Kim Alexander	Abundant Faith Christian Church 2525 S Taylor St (03)	Bus (217) 529-7600 Fax (217) 585-8922
Daniel Dungan Connie Bedolli	Springfield Electric Company PO Box 4106 (08)	Bus (217) 788-2100 Fax (217) 788-2133 E-mail dungan@sprelec.com

John Farrell	Illinois Ventures for Community Action P O Box 9285 (91)	Bus (217) 522-4553 Res (217) 793-4916 Fax (217) 522-9324 E-mail jfarrell@ilventures.org
Tom Gihl	Illinois National Bank 322 East Capitol (01)	Bus (217) 747-5500 Fax (217) 747-5555 E-mail tgihl@illinoisnationalbank.com
Dr. Jerold Gruebel Mary Jane Bates	WSEC-TV 14/8 PO Box 6248 (08)	Bus (217) 206-6647 Fax (217) 206-7267 E-mail. jerry_gruebel@wmec.pbs.org
Dr James Howard	Lincoln Land Community College P O Box 19256 (94)	Bus (217) 786-2273 Fax (217) 786-2849 E-mail jim.howard@llcc.cc.il.us
John Kelker Monica Stroisch	United Way of Central Illinois 730 E Vine St. Suite 114 (03)	Bus (217) 789-7000 Fax (217) 789-7120 E-mail jkelker@uwci.org
Sylvia Miller Becky Allen	American General Financial Group #1 Franklin Square (13)	Bus (217) 747-3241 Fax (217) 747-4241 E-mail sylvia_a_miller@agfg.com
Charles Moe Barb or Enn	Hospital Sisters Health System P O Box 19431 (94)	Bus (217) 523-4747 Fax (217) 523-0542 E-mail ckmoe@springnet1.com
Mike Pence	Bank of Springfield 3400 W Wabash Ave (04)	Bus (217) 529-5555 x1211 Fax (217) 698-4570 E-mail mpence@bankofspringfield.com
R Beverly Peters Ann	IL Department of Transportation 2300 S Dirksen Pkwy #319 (64)	Bus (217) 557-6621 Fax (217) 785-1524
Allen Pieper Hallie Mayner	General Services Employees Union #73 528 S 5th St , Suite 206 (01)	Bus (217) 522-1182 Fax (217) 522-9183
Michael Shaw Vicki Meseke	Town & Country Bank P O Box 13255 (91)	Bus (217) 698-4140 Fax (217) 787-1335 E-mail mjashaw@juno.com
Amy Sherwood	Sikich Group 1000 Churchill Rd (02)	Bus (217) 793-3363 Fax (217) 793-3016 E-mail amys@sikich.com
Ron Sides Linda Weyant	Bank One Illinois, NA 1 E Old State Capitol Plaza (01)	Bus (217) 525-9754 Fax (217) 522-7482
Bill Simpson	2237 Greenside Drive (04)	Res 793-0822 Fax 793-6605
Kent Starkey	Firststar Bank, N A	Bus (217) 753-7542

Cathy Nunn 205 South 5th St (01)

Fax (217) 753-7558

E-mail [Kent G Starkey@Firststar.com](mailto:Kent.G.Starkey@Firststar.com)

Page 3 – 2001 Board of Directors

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1825 South 6th St (03)

Bus (217) 525-6430

Fax (217) 492-3188

E-mail. JosephSteil@upbna.com

Harvey M Stephens Brown, Hay & Stephens
Laura Smocycyk 205 South 5th, Ste 700 (01)

Bus (217) 544-8491

Fax (217) 544-9609

E-mail hmstephens@bhslaw.com

Steven Troup Schnucks-Montvale Commons
Sue 2801 Chatham Road (04)

Bus (217) 698-2980

Fax (217) 698-3364

E-mail stroup@schnucks.com

Anne Vandenberg 1800 Illini Road (04)

Res (217) 787-5409

Fax (217) 787-5619

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James Yale Horace Mann Companies
Sue Berberet 1 Horace Mann Plaza (15)

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Fax (217) 527-4029

E-mail yalej1@mail.horacemann.com

Brenda Yarnell UCP Land of Lincoln
130 North 16th St (03)

Bus (217) 525-6522

Fax (217) 525-9017

E-mail ucpll@hotmail.com

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

ORGANIZATIONS APPLY TO THE UNITED WAY TO RECEIVE FUNDS. A COMMITTEE OF VOLUNTEERS RESEARCHES EACH OF THE APPLICANT ORGANIZATIONS ON BEHALF OF THE UNITED WAY AND MAKES RECOMMENDATIONS TO THE BOARD.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2000	1999	1998	1997	TOTAL
OTHER REVENUE	148,074.	157,454.	339,897.	288,728.	934,153.
TOTALS	148,074.	157,454.	339,897.	288,728.	934,153.

UNITED WAY OF CENTRAL ILLINOIS, INC.

FEIN: 37-0716060

TAX YEAR ENDED 12/31/2001

ATTACHMENT TO FORM 990, PART IV, LINE 57a & 57b

The organization's property and equipment as of December 31, 2001 are as follows:

	2001	2000
Building	\$ 188,389	\$ 188,389
Building Improvements	302,685	299,578
Furnishings and Equipment	227,430	230,491
	<u>718,504</u>	<u>718,458</u>
Less Accumulated Depreciation	<u>(620,695)</u>	<u>(612,583)</u>
	<u>\$ 97,809</u>	<u>105,875</u>