

Return of Organization Exempt From Income Tax

2003

Department of the Treasury
Internal Revenue Service

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

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

A For the 2003 calendar year, or tax year beginning and ending

B Check if applicable

Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
UNITED WAY OF CENTRAL ILLINOIS, INC.

D Employer identification number
37-0716060

E Telephone number
(217) 789-7000

F Accounting method Cash Accrual
 Other (specify) _____

G Website: WWW.UWCIL.ORG

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 **2,995,874.**

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? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number _____

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	2,665,812.	
	b	Indirect public support	1b	69,426.	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 2,735,238. noncash \$ _____)	1d	2,735,238.	
	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	101,232.	
	5	Dividends and interest from securities	5		
	6a	Gross rents SEE STATEMENT 1	6a	46,671.	
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	46,671.	
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d		8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
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			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
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	112,733.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,995,874.		
Expenses	13	Program services (from line 44, column (B))	13	2,351,222.	
	14	Management and general (from line 44, column (C))	14	268,072.	
	15	Fundraising (from line 44, column (D))	15	237,416.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 13 and 14, column (A))	17	2,856,710.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	139,164.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	5,569,137.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	318,451.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	6,026,752.	

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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.

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>1,222,732.</u> noncash \$ _____	1,222,732.	1,222,732.	STATEMENT 5	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	233,713.	35,375.	81,375.	116,963.
26	Other salaries and wages	146,152.	146,152.		
27	Pension plan contributions	35,432.	16,932.	7,590.	10,910.
28	Other employee benefits	55,612.	26,360.	12,253.	16,999.
29	Payroll taxes	26,316.	12,576.	5,637.	8,103.
30	Professional fundraising fees	16,329.	650.	15,260.	419.
31	Accounting fees				
32	Legal fees				
33	Supplies	13,089.	2,308.	8,323.	2,458.
34	Telephone	6,156.	2,663.	1,579.	1,914.
35	Postage and shipping	6,261.	303.	3,046.	2,912.
36	Occupancy	27,581.		27,581.	
37	Equipment rental and maintenance	20,133.	1,188.	18,288.	657.
38	Printing and publications	6,181.	1,891.	3,069.	1,221.
39	Travel	8,326.	3,738.	2,757.	1,831.
40	Conferences, conventions, and meetings	14,450.	2,035.	10,825.	1,590.
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	17,171.		17,171.	
43	Other expenses not covered above (itemize):				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 3	1,001,076.	876,319.	53,318.	71,439.
44	<small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.</small>	2,856,710.	2,351,222.	268,072.	237,416.

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

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	SEE ATTACHED SCHEDULE				
		(Grants and allocations \$	1,222,732.)		2,351,222.
b					
		(Grants and allocations \$)		
c					
		(Grants and allocations \$)		
d					
		(Grants and allocations \$)		
e	Other program services (attach schedule)				
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				2,351,222.

Part IV Balance Sheets

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	350.	45	350.	
	46 Savings and temporary cash investments	1,769,509.	46	1,965,997.	
	47 a Accounts receivable	47a 41,838.			
	b Less: allowance for doubtful accounts	47b	47c	41,838.	
	48 a Pledges receivable	48a 1,740,772.			
	b Less: allowance for doubtful accounts	48b 274,605.	48c	1,466,167.	
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees		50		
	51 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	6,031.	53	5,836.	
	54 Investments - securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	6,124.	54	1,171.	
	55 a Investments - land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation	55b	55c		
56 Investments - other	SEE STATEMENT 7	1,263,668.	56	3,064,196.	
57 a Land, buildings, and equipment: basis	57a 704,368.				
b Less: accumulated depreciation	57b 593,750.	85,345.	57c	110,618.	
58 Other assets (describe SEE STATEMENT 8)		376,052.	58	402,778.	
59 Total assets (add lines 45 through 58) (must equal line 74)		6,519,190.	59	7,058,951.	
Liabilities	60 Accounts payable and accrued expenses	30,593.	60	49,907.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe SEE STATEMENT 9)		919,460.	65	982,292.
66 Total liabilities (add lines 60 through 65)		950,053.	66	1,032,199.	
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	3,983,017.	67	4,289,636.	
	68 Temporarily restricted	1,219,991.	68	1,340,267.	
	69 Permanently restricted	366,129.	69	396,849.	
	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; column (B) must equal line 21)		5,569,137.	73	6,026,752.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		6,519,190.	74	7,058,951.

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		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
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?	X	
b	If "Yes," enter the name of the organization UNITED WAY OF CENTRAL IL FOUNDATION and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
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?	X	
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) 82b 		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
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		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. , section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations 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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed ILLINOIS		
b	Number of employees employed in the pay period that includes March 12, 2003 90b 8		
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 <input type="checkbox"/> 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 page 33 of the instructions.)

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) Exclu- sion 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	101,232.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	46,671.	
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 ADMINISTRATIVE FEE					89,046.
b MISCELLANEOUS					23,687.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		147,903.	112,733.
105 Total (add line 104, columns (B), (D), and (E))					260,636.

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 page 34 of the instructions.)

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 page 34 of the instructions.)

(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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (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

I am preparing this return on behalf of the organization, and to the best of my knowledge and belief, it is true, correct, and complete. I am not aware of any information which preparer has any knowledge of.

1/23/04 **John P. Kelker, President**
 Date Type or print name and title.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2003

Name of the organization

UNITED WAY OF CENTRAL ILLINOIS, INC.

Employer identification number

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 ▶ 0				

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 ▶ 0		

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 a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of 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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	X	
3 b	Do you have a section 403(b) annuity plan for your employees?		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

SEE STATEMENT 12

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,017,444.	2,528,144.	2,451,037.	2,296,746.	11,293,371.
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	78,901.	120,597.	130,438.	95,701.	425,637.
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	195,549.	147,551.	148,074.	157,454.	648,628.
23 Total of lines 15 through 22	4,291,894.	2,796,292.	2,729,549.	2,549,901.	12,367,636.
24 Line 23 minus line 17	4,291,894.	2,796,292.	2,729,549.	2,549,901.	12,367,636.
25 Enter 1% of line 23	42,919.	27,963.	27,295.	25,499.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 247,353.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 501,700.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 12,367,636.
d Add: Amounts from column (e) for lines: 18 425,637. 19 _____ 22 648,628. 26b 501,700.					26d 1,575,965.
e Public support (line 26c minus line 26d total)					26e 10,791,671.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 87.2573%
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: N/A					
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: N/A					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.)

N/A

(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?		
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?		
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.)		
<hr/>			
<hr/>			
<hr/>			
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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/>			
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/>			
<hr/>			
34 a	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.) N/A
 (To be completed ONLY by an eligible organization that filed Form 5768)

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
Limits on Lobbying Expenditures		N/A	
(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 -			
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		
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.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			0.

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

UNITED WAY OF CENTRAL ILLINOIS, INC
FEIN: 37-0716060
TAX YEAR ENDED 12/31/2003

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

	2003		2002
BUILDING	\$ 188,389	\$	188,389
BUILDING IMPROVEMENTS	302,685		302,685
FURNITURE & EQUIPMENT	213,294		227,430
	704,368		718,504
LESS ACCUMULATED DEPRECIATION	(593,750)		(633,159)
	\$ 110,618	\$	85,345



BOARD OF DIRECTORS 2003 ROSTER

Jane Denes, Chair

1	Carolyn Blackwell	Springfield Public School Dist 1900 West Monroe St. (04)	Bus: (217) 525-3257 Fax: (217) 525-4409 Email: carblk@springfield.k12.il.us
2	John F. Blythe Carol Dyson	Jones-Blythe Construction P.O. Box 5113 (05)	Bus: (217) 787-1640 Fax: (217) 787-1666 Email: jblythe@jones-blythe.com
0.5	Jeffery Burnett	Carpenters Local #16 211 West Lawrence Ave. (04)	Bus: (217) 528-7571 Fax: (217) 528-9364 Email: jeffburnett@worldnet.att.net
0.5	Jack Butler	Kirlin, Egan & Butler Funeral Home 900 South 6th St. (03)	Bus: (217) 544-4646 Fax: (217) 528-8537 Email: cbutler@famvid.com
1	Marc Carter	Kerber, Eck & Braeckel 1000 Myers Bldg. (01)	Bus: (217) 789-0960 Fax: (217) 789-2822 Email: marcc@spfld.kebcpa.com
0.5	Robert Clarke Kathy Bird	Memorial Medical Center 701 North First Street (81)	Bus: (217) 788-3340 Fax: (217) 788-5560 Email: clarke.bob@mhsil.com
1	Dr. Glen Cope Vikci Locke	University of Illinois P.O. Box 19243 (94)	Bus: (217) 206-6523 Fax: (217) 206-7807 Email: cope.glen@uis.edu
1	Dr. Jack Daniels Pam Kiser	Lincoln Land Community College 5250 Shepherd Road PO Box 19256 (91)	Bus: (217) 786-2274 Fax: (217) 786-2849 Email: jack.daniels@llcc.edu
1.5	Dr. Phillip Davis Sally Deem	Southern Illinois University P.O. Box 19604 (94)	Bus: (217) 545-5770 Fax: (217) 545-2024 Email: pdavis@siumed.edu
1	Dave DeFraties	Springfield Fire Department	Bus: (217) 528-5879

	851 South Spring St. (04)	Fax: (217) 528-5744 Email: ddd2418@aol.com
1 Jane Denes	Posegate & Denes, PC 111 North 6th Street, Ste. 200 P.O. Box 338 (05)	Bus: (217) 522-6152 Fax: (217) 522-6184 Email: jane@posegate-denes.com
0.5 Daniel Dungan	Springfield Electric Company PO Box 4106 (08)	Bus: (217) 788-2100 Fax: (217) 788-2133 Email: dungan@sprelec.com
1 Mettie Funk	UFCW Local 881 5 Lawrence Square (04)	Bus: (217) 544-0555 Fax: (217) 544-0559 Email: mettiefunk@local881ufcw.org
0.5 Tom Gihl	Illinois National Bank 322 E. Capitol (01)	Bus: (217) 747-5500 Fax: (217) 747-5555 Email: tgihl@illinoisnationalbank.com
1 Erin Gorman	AFSCME Council 31 1212 Christopher Lane (07)	Bus: (217) 788-2800 Fax: (217) 753-2005 Email: ering@afscmeillinois.org
1 Ron Groepper	St. John's Hospital 800 E. Carpenter St. (69)	Bus: (217) 544-6464 X44577 Fax: (217) 535-3989 Email: rgroepp@st-johns.org
0.5 Dr. Jerold Gruebel	WSEC-TV 14/8 P.O. Box 6248 (08)	Bus: (217) 206-6647 Fax: (217) 206-7267 Email: jerry_gruebel@wmec.pbs.org
0 5 Dr. James Howard	2304 Peppermill Pointe (07)	Bus: (217) 585-0586 Email: howard62707@peoplepc.com
N/A John Kelker	United Way of Central Illinois 730 E. Vine St. Suite 114 (03)	Bus: (217) 789-7000 Fax: (217) 789-7120 Email: jkelker@uwcil.org
1 Sylvia Miller	AIG American General #1 Franklin Square (13)	Bus: (217) 747-3241 Fax: (217) 747-4241 Email: sylvia_a_miller@aigag.com
1 Harry Mitchell Nicki Lomelino	Horace Mann Companies 1 Horace Mann Plaza G230 (15)	Bus: (217) 788-5302 Fax: (217) 788-7351 Email: mitcheh1@mail.horacemann.com
0.5 Charles Moe	Hospital Sisters Health System P.O. Box 19456 (94)	Bus: (217) 523-4747 Fax: (217) 523-0542 Email: cmoe@hshs.org
0 5 Roderick Nunn	1409 South Fourth Street (03)	Bus: (217) 558-2485 Cell: (217) 836-6152 Pager: 800-368-7619 Email: rnunn@ides.state.il.us

0.5 Richard Ringeisen	University of Illinois P.O. Box 19243 (94)	Bus: (217) 206-6634 Fax: (217) 206-6511 Email: ringeisen.richard@uis.edu
1 Amy Sherwood	Sikich Gardner & Co, LLP 1000 Churchill Road (02)	Bus: (217) 862-1728 Fax: (217) 241-1173 Email: amys@sikich.com
2 Ronald Sides	Bank One Illinois, N.A. 1 E. Old State Capitol Plaza (01)	Bus: (217) 525-9754 Fax: (217) 522-7482 Email: ronald_e_sides@bankone.com
0.5 Tami Silverman	Sojourn Shelter & Services, Inc. 1800 Westchester Blvd. (04)	Bus: (217) 726-5100 Fax: (217) 726-8664 Email: sojtami@aol.com
0.5 Bill Simpson	2237 Greengside Drive (04)	Bus: (217) 793-0822 Fax: (217) 793-6605 Email: nancybills1@insightbb.com
0 5 Ernie Slottag	(City of Springfield) 142 Lost Tree Drive (04)	Bus: (217) 789-2306 Fax: (217) 789-2422 Email: ernie@cwlp.com
2 Kent Starkey	U.S. Bank 205 South 5th St. (01)	Bus: (217) 753-7542 Fax: (217) 753-7558 Email: Kent.G.Starkey@usbank.com
1 Harvey M. Stephens	Brown, Hay & Stephens 205 South 5th St., Ste. 700 (01)	Bus: (217) 544-8491 x239 Fax: (217) 544-9609 Email: hmstephens@bhslaw.com
0.5 John Stinson Denise Harney	National City Bank 1 Old Capitol Plaza North (01)	Bus: (217) 753-7002 Fax: (217) 753-7194 Email: john.stinson@nationalcity.com
1 Gene Wilkinson	Hanson Professional Services, Inc. 1525 South 6th St. (03)	Bus: (217) 788-2450 Fax: (217) 788-2503 Email: ewilkinson@hanson-inc.com

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
BUILDING RENTAL	1	46,671.
TOTAL TO FORM 990, PART I, LINE 6A		46,671.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
JNREALIZED GAIN ON INVESTMENTS	287,731.
JNREALIZED GAIN ON PERPETUAL TRUSTS	30,720.
TOTAL TO FORM 990, PART I, LINE 20	318,451.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
SECA CAMPAIGN EXPENSES	28,987.		2,156.	26,831.
REAL ESTATE TAXES	9,843.		9,843.	
SPECIAL EVENTS	16,443.		5,643.	10,800.
ORGANIZATION DUES	1,632.		1,322.	310.
MISCELLANEOUS	287.		287.	
MARKETING AND ADVERTISING	21,896.		7,121.	14,775.
STATE ASSOCIATION DUES	4,918.		4,918.	
LAND LEASE	2,000.		2,000.	
DONOR DESIGNATIONS	876,319.	876,319.		
CAMPAIGN PRINTING AND SUPPLIES	18,723.			18,723.
STATE AND NATIONAL DUES	20,028.		20,028.	
TOTAL TO FM 990, LN 43	1,001,076.	876,319.	53,318.	71,439.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

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

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 5

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>	<u>DONEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
	SEE ATTACHED FINANCIAL STATEMENT	NOTE 12 OF FINANCIAL STATEMENTS	NONE	1222732.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>1222732.</u>

United Way of Central Illinois, Inc.

Notes to Financial Statements

Note 12. Allocations to Human Services Agencies

The following allocations were made for the years ended December 31, 2003 and 2002 as follows:

	2003	2002
American Red Cross	\$ 52,133	\$ 50,033
Big Brother - Big Sister of Sangamon County	47,816	37,331
Boys' & Girls' Clubs of Springfield	135,003	134,951
Boy Scouts of America - Abraham Lincoln Council	58,376	58,582
Catholic Charities of Springfield	152,665	153,994
Central Illinois Food Bank	54,521	40,788
Family Service Center of Sangamon County	48,921	145,627
Girl Scouts, Land of Lincoln Council, Inc.	62,081	62,116
Helping Hands of Springfield	21,008	18,216
Land of Lincoln Goodwill Industries, Inc.	36,293	33,592
Land of Lincoln Legal Assistance	6,365	7,112
Lutheran Child & Family Services	12,030	8,426
M.E.R.C.Y. Communities, Inc.	23,859	-
Mini O'Beirne Crisis Nursery	15,606	8,846
The Parent Place	12,891	11,941
Prairie Center Against Sexual Assault	30,012	29,390
Rutledge Youth Foundation, Inc.	39,234	35,016
Senior Citizens of Sangamon Center, Inc.	-	34,835
Senior Services of Central Illinois	34,848	-
Sojour Shelter & Services	66,522	42,079
Springfield Association for Retarded Citizens	53,937	51,500
Springfield Urban League	46,472	45,597
United Cerebral Palsy	38,164	41,758
YMCA	84,807	80,737
Youth Service Bureau	89,168	79,583
	<u>\$ 1,222,732</u>	<u>\$ 1,212,050</u>

Note 13. Bequest Receivable

In April 2002, the Organization received a bequest from the estate of a donor. This balance was recorded as a bequest receivable as of December 31, 2002. The entire balance was received by the Organization as an unrestricted donation in 2003.

FORM 990, NON-GOVERNMENT SECURITIES STATEMENT 6

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCKS	1,171.				1,171.
TO 990, LN 54 COL B	1,171.				1,171.

FORM 990. OTHER INVESTMENTS STATEMENT 7

DESCRIPTION	VALUATION METHOD	AMOUNT
MUTUAL FUNDS	MARKET VALUE	3,064,196.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		3,064,196.

FORM 990. OTHER ASSETS STATEMENT 8

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST RECEIVABLE	5,929.
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	396,849.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	402,778.

FORM 990. OTHER LIABILITIES STATEMENT 9

DESCRIPTION	AMOUNT
DESIGNATIONS PAYABLE	676,626.
ALLOCATIONS PAYABLE	305,666.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	982,292.

FORM 990. OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 10

DESCRIPTION	AMOUNT
DONOR DESIGNATIONS	876,319.
TOTAL TO FORM 990, PART IV-A	876,319.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
DONOR DESIGNATIONS	876,319.
TOTAL TO FORM 990, PART IV-B	876,319.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 12
PART III, LINE 3

ORGANIZATIONS APPLY TO THE UNITED WAY TO RECEIVE FUNDS. A
COMMITTEE OF VOLUNTEERS RESEARCHES EACH OF THE APPLICANTS,
AND THEN MAKES RECOMENDATIONS TO THE UNITED BOARD OF DIRECTORS.

SCHEDULE A	OTHER INCOME			STATEMENT 13
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
OTHER REVENUE	195,549.	147,551.	148,074.	157,454.
TOTAL TO SCHEDULE A, LINE 22	195,549.	147,551.	148,074.	157,454.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ▶
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization UNITED WAY OF CENTRAL ILLINOIS, INC.	Employer identification number 37-0716060
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 730 EAST VINE, NO. 114	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SPRINGFIELD, IL 62703	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

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

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until **AUGUST 16, 2004** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2003** or
▶ tax year beginning _____, and ending _____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ... \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ... \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ... \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *[Signature]* Title ▶ *BRUCE E. THOMPSON, CPA* Date ▶ *5/13/04*
LHA For Paperwork Reduction Act Notice, see instruction **350-38-6718** Form **8868** (12-2000)