

Return of Organization Exempt From Income Tax

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

2004

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 2004 calendar year, or tax year beginning 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	Please use IRS label or print or type See Specific Instructions	C Name of organization UNITED WAY OF CENTRAL ILLINOIS, INC. Number and street (or P.O. box if mail is not delivered to street address) 730 EAST VINE City or town, state or country, and ZIP + 4 SPRINGFIELD, IL 62703	D Employer identification number 37-0716060
	Room/suite 114	E Telephone number (217) 789-7000	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (Specify) ▶

• 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? (If "No," attach a list.) **N/A** Yes No

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).

G Website: ▶ WWW.UWCIL.ORG

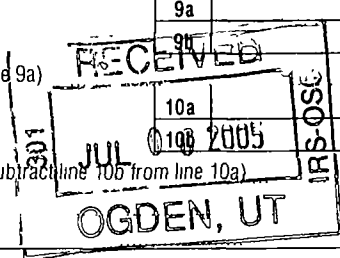
J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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 ▶ **3,124,196.**

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	2,526,983.	
	b	Indirect public support	1b	289,733.	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ <u>2,816,716.</u> noncash \$ _____)	1d	2,816,716.	
	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	107,755.	
	5	Dividends and interest from securities	5		
	6a	Gross rents SEE STATEMENT 1	6a	45,731.	
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	45,731.	
7	Other investment income (describe ▶ _____)	7			
Revenue	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				
	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			
Revenue	10a	Gross sales of inventory, less returns and allowances	10a		
	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	153,994.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,124,196.		
Expenses	13	Program services (from line 44, column (B))	13	2,445,675.	
	14	Management and general (from line 44, column (C))	14	243,979.	
	15	Fundraising (from line 44, column (D))	15	240,691.	
	16	Payments to affiliates (attach schedule) SEE STATEMENT 2	16	18,984.	
	17	Total expenses (add lines 16 and 44, column (A))	17	2,949,329.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	174,867.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	6,026,752.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	225,483.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	6,427,102.	



SCANNED AUG 08 2005

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>1,322,660.</u> noncash \$ _____)	1,322,660.	1,322,660.	STATEMENT 5	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	241,425.	55,160.	76,459.	109,806.
26	Other salaries and wages	116,422.	116,422.		
27	Pension plan contributions				
28	Other employee benefits	95,455.	45,628.	20,426.	29,401.
29	Payroll taxes	26,827.	12,928.	5,718.	8,181.
30	Professional fundraising fees	16,421.	448.	14,364.	1,609.
31	Accounting fees				
32	Legal fees				
33	Supplies	12,511.	2,163.	7,784.	2,564.
34	Telephone	5,461.	2,286.	1,484.	1,691.
35	Postage and shipping	6,408.	425.	2,685.	3,298.
36	Occupancy	30,397.		30,397.	
37	Equipment rental and maintenance	26,543.	1,186.	24,634.	723.
38	Printing and publications	24,333.	1,275.	2,992.	20,066.
39	Travel	7,482.	2,452.	3,334.	1,696.
40	Conferences, conventions, and meetings	9,969.	2,267.	6,057.	1,645.
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	18,043.		18,043.	
43	Other expenses not covered above (itemize):				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 4	969,988.	880,375.	29,602.	60,011.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	2,930,345.	2,445,675.	243,979.	240,691.

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?

MOBILIZING RESOURCES TO MEET COMMUNITY NEEDS

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				
b		(Grants and allocations \$ <u>1,322,660.</u>)			<u>2,445,675.</u>
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)				2,445,675.

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	1,965,997.	46 1,945,406.
	47 a Accounts receivable	47a 57,433.	
	b Less: allowance for doubtful accounts	47b	47c 57,433.
	48 a Pledges receivable	48a 1,952,685.	
	b Less: allowance for doubtful accounts	48b 254,749.	48c 1,697,936.
	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	5,836.	53 11,211.
	54 Investments - securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,171.	54 1,078.
	55 a Investments - land, buildings, and equipment, basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other	SEE STATEMENT 7	56 3,064,196.	
57 a Land, buildings, and equipment, basis	57a 715,791.		
b Less: accumulated depreciation	57b 584,303.	57c 131,488.	
58 Other assets (describe SEE STATEMENT 8)	402,778.	58 417,637.	
59 Total assets (add lines 45 through 58) (must equal line 74)	7,058,951.	59 7,537,566.	
Liabilities	60 Accounts payable and accrued expenses	49,907.	60 54,946.
	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)	982,292.	65 1,055,518.
66 Total liabilities (add lines 60 through 65)	1,032,199.	66 1,110,464.	
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	4,289,636.	67 4,533,387.
	68 Temporarily restricted	1,340,267.	68 1,482,888.
	69 Permanently restricted	396,849.	69 410,827.
	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)	6,026,752.	73 6,427,102.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	7,058,951.	74 7,537,566.

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 76 X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? 77 X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 78b
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 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? 80a X
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 expenditures. See line 81 instructions 81a 0.
b Did the organization file Form 1120-POL for this year? 81b 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? 82a 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? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a 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 84b
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A 85a
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 85b
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 85g
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 85h
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? 88 X
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 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 89b 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, 2004 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 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	107,755.	
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	45,731.	
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					111,067.
b MISCELLANEOUS					42,927.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		153,486.	153,994.
105 Total (add line 104, columns (B), (D), and (E))					307,480.

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 and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I am not aware of any information which proper has any knowledge.

Date: 1/30/05 John P. Keeker, 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

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

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
<u>NONE</u> -----				
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
<u>NONE</u> -----		
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	1	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 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.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	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 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,735,238.	4,017,444.	2,528,144.	2,451,037.	11,731,863.
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	101,232.	78,901.	120,597.	130,438.	431,168.
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	159,404.	195,549.	SEE STATEMENT 13	148,074.	650,578.
23 Total of lines 15 through 22	2,995,874.	4,291,894.	2,796,292.	2,729,549.	12,813,609.
24 Line 23 minus line 17	2,995,874.	4,291,894.	2,796,292.	2,729,549.	12,813,609.
25 Enter 1% of line 23	29,959.	42,919.	27,963.	27,295.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 256,272.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts					26b 424,794.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 12,813,609.
d Add Amounts from column (e) for lines: 18 431,168. 19 _____					26d 1,506,540.
22 650,578. 26b 424,794.					26e 11,307,069.
e Public support (line 26c minus line 26d total)					26f 88.2427%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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					
(2003) (2002) (2001) (2000)					
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					
(2003) (2002) (2001) (2000)					
c Add Amounts from column (e) for lines: 15 _____ 16 _____					27c N/A
17 _____ 20 _____ 21 _____					27d N/A
d Add, Line 27a total _____ and line 27b total _____					27e N/A
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test Enter amount on line 23, column (e) 27f N/A					27g N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.)		

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	

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	

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
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	41	
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

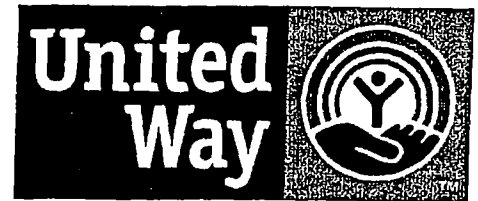
4-Year Averaging Period Under Section 501(h)

(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) 2004	(b) 2003	(c) 2002	(d) 2001	(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 11 of the instructions.) N/A

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			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
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**

**BOARD OF DIRECTORS
2004 ROSTER**

Harvey M. Stephens, Chair

Clifton Baxter Janice Batty	Crawford, Murphy and Tilly 2750 West Washington Street (02)	Bus: (217) 787-8050 Fax: (217) 787-4183 Email: cbaxter@cmtengr.com
Carolyn Blackwell Patricia Stuckey	Springfield Public School Dist 1900 West Monroe St. (04)	Bus: (217) 525-3257 Fax: (217) 525-4409 Email: carblk@springfield.k12.il.us
Joe Bretz Mary Hofmann	St. John's Hospital 800 East Carpenter Street (69)	Bus: (217) 525-5665 Fax: (217) 525-5601 Email: joe.bretz@st-john.org
Randy Bryant	Springfield Clinic 1025 South Seventh Street (03)	Bus: (217) 525-5157 Fax: (217) 757-7003 Email: cfo@springfieldclinic.com
Marc Carter Jessica Martin	Kerber, Eck & Braeckel 1000 Myers Bldg. (01)	Bus: (217) 789-0960 Fax: (217) 789-2822 Email: marcc@kebcpa.com
Robert T. Clarke Kathy Bird	Memorial Medical Center 701 North First Street (81)	Bus: (217) 788-3340 Fax: (217) 788-5560 Email: clarke.bob@mhsil.com
Dr. Jack Daniels Pam Kiser or Jan Sanderson	Lincoln Land Community College 5250 Shepherd Road PO Box 19256 (91)	Bus: (217) 786-2274 Fax: (217) 786-2849 Email: jack.daniels@llcc.edu
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
Dave DeFraties Lynette	Fire Fighters Local 37 851 South Spring St. (04)	Bus: (217) 528-5879 Fax: (217) 528-5744 Email: Dave_DeFraties@insightbb.com
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

Daniel Dungan Tracey Spencer	Springfield Electric Company PO Box 4106 (08)	Bus: (217) 788-2100 Fax: (217) 788-2133 Email: dungan@sprelec.com
Mark Ferguson Jane Flint	Sorling Law Offices 607 East Adams 800 Illinois Building (01)	Bus: (217) 544-1144 Fax: (217) 522-3173 Email: mhferguson@sorlinglaw.com
Mettie Funk	UFCW Local 881 5 Lawrence Square (04)	Bus: (217) 544-0555 Fax: (217) 544-0559 Email: mettiefunk@ufcw881.org
Tom Gihl	Illinois National Bank 322 E. Capitol (01)	Bus: (217) 747-5500 Fax: (217) 747-5555 Email: tgihl@illinoisnationalbank.com
Erin Gorman	AFSCME Council 31 1212 Christopher Lane (07)	Bus: (217) 788-2800 Fax: (217) 753-2005 Email: ering@afscmeillinois.org
Dr. James Howard	2304 Peppermill Pointe (07)	Bus: (217) 585-0586 Email: howard62707@peoplepc.com
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
Sylvia Miller Becky Allen	AIG American General #1 Franklin Square (13)	Bus: (217) 747-3241 Fax: (217) 747-4241 Email: sylvia_a_miller@aigag.com
Harry Mitchell Joy Tuttle	Horace Mann Companies 1 Horace Mann Plaza G230 (15)	Bus: (217) 788-5302 Fax: (800) 217-7351 Email: mitcheh1@mail.horacemann.com
Al Pieper	Springfield Trades and Labor Council 600 Suoth Fourth Street (03)	Bus: (217) 522-2100 Fax: (217) 522-9183 Email: apieper@seiul73.com
Carlissa Puckett Connie Oliver	Sparc 232 Bruns Lane (02)	Bus: (217) 793-2100 Fax: (217) 793-2127 Email: Execdir@SpfldSparc.org
Dr. Richard Ringeisen Emily Schirding	University of Illinois at Springfield One University Plaza MS PAC 563 (03)	Bus: (217) 206-6634 Fax: (217) 206-6511 Email: ringeisen.richard@uis.edu
Amy Sherwood	Sikich Gardner & Co, LLP 1000 Churchill Road (02)	Bus: (217) 862-1728 Fax: (217) 241-1173 Email: amys@sikich.com

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
Bill Simpson	2237 Greendale Drive (04)	Bus: (217) 793-0822 Fax: (217) 793-6605 Email: nancybills1@insightbb.com
Ernie Slottag Ruthann Boner	(City of Springfield) 142 Lost Tree Drive (04)	Bus: (217) 789-2306 Fax: (217) 789-2422 Email: ernie@cwlp.com
Kent Starkey	U.S. Bank 205 South 5th St. (01)	Bus: (217) 753-7542 Fax: (217) 753-7558 Email: Kent.G.Starkey@usbank.com
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
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
Sheila Stocks-Smith	City of Springfield 300 Municipal Center East Room 374 (01)	Bus: (217) 789-2438 Fax: (217) 789-2109 Email: sssmith@cwlp.com
Susan Wallace Val McCue	(Wells Fargo Home Mortgage) 6408 Stonehaven Ridge (11)	Bus: (217) 547-8504 Fax: (217) 547-8659 Email: susan.wallace@wellsfargo.com
Gene Wilkinson Dawn Hirlinger	Hanson Professional Services, Inc. 1525 South 6th St. (03)	Bus: (217) 788-2450 Fax: (217) 788-2503 Email: ewilkinson@hanson-inc.com
Karen Woods Alice Gantt	Blue Cross Blue Shield of Illinois 3405 Liberty Drive (04)	Bus: (217) 698-2147 Fax: (217) 698-2816 Email: woodsk2@BCBSIL.com

UNITED WAY OF CENTRAL ILLINOIS, INC
FEIN: 37-0716060
TAX YEAR ENDED 12/31/2004

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

	2004		2003
BUILDING	\$ 188,389	\$	188,389
BUILDING IMPROVEMENTS	314,109		302,685
FURNITURE & EQUIPMENT	213,293		213,294
	<u>715,791</u>		<u>704,368</u>
LESS ACCUMULATED DEPRECIATION	(584,303)		(593,750)
	<u>\$ 131,488</u>	<u>\$</u>	<u>110,618</u>

PART III – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Describe the exempt purpose achievements for each of the four largest program service (as measured by total expenses incurred):

NURTURING CHILDREN AND YOUTH

- Youth improved academic performance, behavior and conflict resolution skills and decision-making skills. Youth increased their sense of adult support in their lives by being provided with positive interaction with caring adults.
- The incidences of abuse, neglect and family conflict were decreased in the homes of at-risk youth through crisis intervention services. Homeless youth were transitioned into independence and demonstrated they could live independent of the welfare system.

STRENGTHENING FAMILIES

- Participants in the Child Abuse Prevention Education program learned the difference between good touch and bad touch, safety rules, behaviors involved in assertive communication, and risk reduction response to potentially sexually dangerous situations.
- Teen parents were educated about child abuse and neglect and healthy care of children.

FOSTERING INDEPENDENCE

- Victims of domestic violence received safe shelter, learned how to increase their safety, and had information to help make safe future choices.
- Individuals with special needs increased their vocational skills, increased their hourly wage, became more independent and increased their length of job retention.

RESPONDING TO BASIC NEEDS

- Children and adults had access to free nutritional meals, 365 days per year.
- Food pantries, soup kitchens and residential feeding programs received food and grocery items to distribute to families that have limited financial resources to obtain an adequate food supply.

United Way of Central Illinois
 Allocations to Human Services Agencies
 12/31/04

United Way of Central Illinois
 Allocations to Agencies
 2004

	Address	City, State, Zip	United Way of Central Illinois Allocations to Agencies 2004
American Red Cross, IL Capital Area Chapter	PO Box 1058	Springfield, IL 62705	61,746 18
Big Brother/Big Sister of Sangamon County	444 South Grand Avenue West	Springfield, IL 62704	49,008.88
Boy Scouts, Abraham Lincoln Council	1911 West Monroe Street	Springfield, IL 62704	58,234 28
Boys and Girls Club of Springfield	PO Box 2592	Springfield, IL 62708	135,027 45
Catholic Charities	120 South Eleventh Street	Springfield, IL 62703	174,021 28
Central Illinois Foodbank, Inc	PO Box 8228	Springfield, IL 62791	47,008 51
Family Service Center of Sangamon County	1308 South Seventh Street	Springfield, IL 62703	48,929 86
Girl Scouts, Land of Lincoln Council	3020 Baker Drive	Springfield, IL 62703	62,092 24
Land of Lincoln Goodwill Industries	PO Box 8528	Springfield, IL 62792	36,299 57
Helping Hands of Springfield	200 South Eleventh Street	Springfield, IL 62703	31,005 61
Lincoln Land Legal Assistance Foundation	730 East Vine Street, Suite 214	Springfield, IL 62703	9,201 67
Lutheran Child & Family Service	431 South Grand Avenue West	Springfield, IL 62704	12,033 18
M E R C Y Communities, Inc	108 East Cook Street, Second Floor	Springfield, IL 62703	25,004 53
Mini O'Berne Crisis Nursery	1011 North Seventh Street	Springfield, IL 62702	22,271 04
The Parent Place	314 South Grand Avenue West	Springfield, IL 62704	18,153.29
Prairie Center Against Sexual Assault	110 West Laurel Street	Springfield, IL 62704	34,006 16
Rutledge Youth Foundation	534 West Miller Street	Springfield, IL 62702	43,182 82
Senior Services of Central Illinois	701 West Mason Street	Springfield, IL 62702	58,138 53
Sojourn Shelter & Services	1800 Westchester Boulevard	Springfield, IL 62704	82,334 91
Sparc	232 Bruns Lane	Springfield, IL 62702	50,655 18
Springfield Urban League	PO Box 3865	Springfield, IL 62708	38,722 01
UCP Land of Lincoln	130 North Sixteenth Street	Springfield, IL 62702	38,678 01
Springfield YMCA	PO Box 155	Springfield, IL 62705	87,702 88
Youth Service Bureau of Central Illinois	2901 Normandy Road	Springfield, IL 62703	99,201 96

1,322,660 03

FORM 990

RENTAL INCOME

STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
BUILDING RENTAL	1	45,731.
TOTAL TO FORM 990, PART I, LINE 6A		45,731.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAIN ON INVESTMENTS	211,505.
UNREALIZED GAIN ON PERPETUAL TRUSTS	13,978.
TOTAL TO FORM 990, PART I, LINE 20	225,483.

FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
SECA CAMPAIGN EXPENSES	28,220.		2,644.	25,576.
REAL ESTATE TAXES	9,268.		9,268.	
SPECIAL EVENTS	16,347.		3,800.	12,547.
ORGANIZATION DUES	1,768.		1,458.	310.
MISCELLANEOUS	135.		110.	25.
MARKETING AND ADVERTISING	28,526.	3,305.	5,694.	19,527.
STATE ASSOCIATION DUES	4,628.		4,628.	
LAND LEASE	2,000.		2,000.	
DONOR DESIGNATIONS	877,070.	877,070.		
CAMPAIGN PRINTING AND SUPPLIES	2,026.			2,026.
TOTAL TO FM 990, LN 43	969,988.	880,375.	29,602.	60,011.

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	1322660.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>1322660.</u>

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 6

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCKS	FMV	1,078.			1,078.
TO FORM 990, LINE 54, COL B		1,078.			1,078.

FORM 990

OTHER INVESTMENTS

STATEMENT 7

<u>DESCRIPTION</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
MUTUAL FUNDS	MARKET VALUE	3,275,027.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		3,275,027.

UNITED WAY OF CENTRAL ILLINOIS, INC.

37-0716060

FORM 990

OTHER ASSETS

STATEMENT 8

DESCRIPTION

AMOUNT

INTEREST RECEIVABLE

6,810.

BENEFICIAL INTEREST IN PERPETUAL TRUSTS

410,827.

TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B

417,637.

FORM 990

OTHER LIABILITIES

STATEMENT 9

DESCRIPTION

AMOUNT

DESIGNATIONS PAYABLE

727,603.

ALLOCATIONS PAYABLE

327,915.

TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B

1,055,518.

UNITED WAY OF CENTRAL ILLINOIS, INC.

37-0716060

FORM 990

OTHER REVENUE INCLUDED ON FORM 990

STATEMENT 10

DESCRIPTION

AMOUNT

DONOR DESIGNATIONS

877,070.

TOTAL TO FORM 990, PART IV-A

877,070.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
DONOR DESIGNATIONS	877,070.
TOTAL TO FORM 990, PART IV-B	877,070.

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	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
OTHER REVENUE	159,404.	195,549.	147,551.	148,074.
TOTAL TO SCHEDULE A, LINE 22	159,404.	195,549.	147,551.	148,074.

Application for Extension of Time To File an Exempt Organization Return

▶ 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).

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers) However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile.

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 |

- The books are in the care of ▶ **ROBERT BORCHERDING**
 Telephone No ▶ **217-789-7000** FAX No. ▶ _____
- 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-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year **2004** 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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.