

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

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 2005 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.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
730 EAST VINE 114
 City or town, state or country, and ZIP + 4
SPRINGFIELD, IL 62703

D Employer identification number
37-0716060

E Telephone number
(217) 789-7000

F Accounting method Cash Accrual
 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).

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

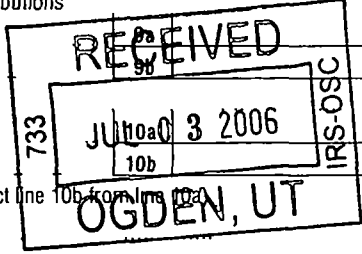
H and **I** are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **3,752,794.**

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	2,791,241.		
	b	Indirect public support	1b	322,324.		
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 3,113,565. noncash \$)	1d	3,113,565.		
	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	456,284.		
	5	Dividends and interest from securities	5			
	6 a	Gross rents SEE STATEMENT 1	6a	38,954.		
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	38,954.		
7	Other investment income (describe)	7				
Revenue	8 a	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				
Revenue	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)				
	b	Less: direct expenses other than fundraising expenses				
Revenue	10 a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold				
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				
10c		10c				
11	Other revenue (from Part VII, line 103)	11	143,991.			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,752,794.			
Expenses	13	Program services (from line 44, column (B))	13	2,650,434.		
	14	Management and general (from line 44, column (C))	14	230,041.		
	15	Fundraising (from line 44, column (D))	15	247,390.		
	16	Payments to affiliates (attach schedule) SEE STATEMENT 2	16	25,227.		
	17	Total expenses (add lines 16 and 44, column (A))	17	3,153,092.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	599,702.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	6,427,102.		
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	<222,855.>		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	6,803,949.		



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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 \$1,437,027, noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22	1,437,027.	1,437,027.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	350,436.	108,863.	96,500.	145,073.
26 Other salaries and wages	26	84,632.	84,632.		
27 Pension plan contributions	27				
28 Other employee benefits	28	28,071.	28,071.		
29 Payroll taxes	29	27,740.	13,271.	5,780.	8,689.
30 Professional fundraising fees	30	39,931.	23,434.	13,404.	3,093.
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	14,121.	2,324.	7,283.	4,514.
34 Telephone	34	4,924.	2,084.	1,294.	1,546.
35 Postage and shipping	35	6,263.	61.	1,721.	4,481.
36 Occupancy	36	31,486.		31,486.	
37 Equipment rental and maintenance	37	16,692.	897.	15,038.	757.
38 Printing and publications	38	3,291.	958.	1,708.	625.
39 Travel	39	7,908.	2,329.	3,831.	1,748.
40 Conferences, conventions, and meetings	40	8,347.	2,548.	4,057.	1,742.
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	16,200.		16,200.	
43 Other expenses not covered above (itemize)					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g SEE STATEMENT 4	43g	1,050,796.	943,935.	31,739.	75,122.
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	3,127,865.	2,650,434.	230,041.	247,390.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose? ▶

MOBILIZING RESOURCES TO MEET COMMUNITY NEEDS

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

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.)

a SEE STATEMENT 6

(Grants and allocations \$ 1,437,027.) If this amount includes foreign grants, check here ▶

2,650,434.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

2,650,434.

Part IV Balance Sheets (See the instructions.)

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	1,945,406.	46	2,167,956.
	47 a	Accounts receivable	47a 47,806.		
	b	Less allowance for doubtful accounts	47b	57,433.	47c 47,806.
	48 a	Pledges receivable	48a 2,260,213.		
	b	Less allowance for doubtful accounts	48b 218,184.	1,697,936.	48c 2,042,029.
	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		11,211.	53 1,997.
	54	Investments - securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,078.	54 995.
	55 a	Investments - land, buildings, and equipment: basis	55a		
	b	Less accumulated depreciation	55b		55c
56	Investments - other SEE STATEMENT 8		3,275,027.	56 3,323,609.	
57 a	Land, buildings, and equipment: basis	57a 715,791.			
b	Less accumulated depreciation STMT 9	57b 600,503.	131,488.	57c 115,288.	
58	Other assets (describe SEE STATEMENT 10)		417,637.	58 421,738.	
59	Total assets (must equal line 74). Add lines 45 through 58		7,537,566.	59 8,121,768.	
Liabilities	60	Accounts payable and accrued expenses	54,946.	60	61,673.
	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 11)		1,055,518.	65 1,256,146.
66	Total liabilities. Add lines 60 through 65)		1,110,464.	66 1,317,819.	
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	4,533,387.	67	4,666,281.
	68	Temporarily restricted	1,482,888.	68	1,729,508.
	69	Permanently restricted	410,827.	69	408,160.
	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)		6,427,102.	73 6,803,949.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73		7,537,566.	74 8,121,768.	

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 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?
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911
89 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?
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter: Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2005
91 a The books are in care of
91 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country?
91 c At any time during the calendar year, did the organization maintain an office outside of the United States?
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

Table with 2 columns: Yes, No. Rows 91b, 91c.

Part VII Analysis of Income-Producing Activities (See 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	456,284.	
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	38,954.	
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					121,110.
b MISCELLANEOUS					22,881.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		495,238.	143,991.
105 Total (add line 104, columns (B), (D), and (E))					639,229.

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 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 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 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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here: Signature of officer: [Signature] Date: 6/26/06 Type or print name and title: PRESIDENT

Paid Preparer's Use Only: Preparer's signature: [Signature] Date: 6/14/06 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY, INC. P.O. BOX 159 SPRINGFIELD, IL 62705-0159

EIN: _____ Phone no.: 217-522-3000

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 4947(a)(1) Nonexempt Charitable Trust

2005

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
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II-A 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other 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.)	SEE STATEMENT 14	
b	Do you have a section 403(b) annuity plan for your employees?		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		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?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,816,716.	2,735,238.	4,017,444.	2,528,144.	12,097,542.
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	107,755.	101,232.	78,901.	120,597.	408,485.
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	199,725.	159,404.	SEE STATEMENT 15 195,549.	147,551.	702,229.
23 Total of lines 15 through 22	3,124,196.	2,995,874.	4,291,894.	2,796,292.	13,208,256.
24 Line 23 minus line 17	3,124,196.	2,995,874.	4,291,894.	2,796,292.	13,208,256.
25 Enter 1% of line 23	31,242.	29,959.	42,919.	27,963.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 264,165.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 375,835.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 13,208,256.
d Add: Amounts from column (e) for lines: 18 408,485. 19 _____ 22 702,229. 26b 375,835.					26d 1,486,549.
e Public support (line 26c minus line 26d total)					26e 11,721,707.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 88.7453%
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					
(2004) (2003) (2002) (2001)					
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 11b, 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					
(2004) (2003) (2002) (2001)					
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 2001 through 2004, 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	

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
BUILDING RENTAL	1	38,954.
TOTAL TO FORM 990, PART I, LINE 6A		38,954.

FORM 990

PAYMENTS TO AFFILIATES

STATEMENT 2

AFFILIATE'S NAME

AFFILIATE'S ADDRESS

UNITED WAY OF AMERICA

PURPOSE OF PAYMENT

AMOUNT

NATIONAL DUES

25,227.

TOTAL TO FORM 990, PART I, LINE 16

25,227.

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

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<222,855.>
TOTAL TO FORM 990, PART I, LINE 20	<222,855.>

FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
SECA CAMPAIGN EXPENSES	34,589.		5,740.	28,849.
REAL ESTATE TAXES	9,825.		9,825.	
SPECIAL EVENTS	18,111.		5,285.	12,826.
ORGANIZATION DUES	1,931.		1,601.	330.
MISCELLANEOUS	612.		612.	
MARKETING & ADVERTISING	20,271.	2,619.	3,976.	13,676.
STATE ASSOCIATION DUES	4,700.		4,700.	
LAND LEASE	0.			
DONOR DESIGNATIONS	941,316.	941,316.		
CAMPAIGN PRINTING AND SUPPLIES	19,441.			19,441.
TOTAL TO FM 990, LN 43	1,050,796.	943,935.	31,739.	75,122.

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	AMERICAN RED CROSS	PO BOX 1058, SPRINGFIELD, IL 62705	NONE	62,006.
	BIG BROTHER/BIG SISTER OF SANG CTY	44 SOUTH GRAND AVE WEST, SPRINGFIELD, IL 62704	NONE	54,023.
	BOYS & GIRLS CLUB OF SPRINGFIELD	PO BOX 2592, SPRINGFIELD, IL 62708	NONE	139,028.
	BOY SCOUTS OF AMERICA	1911 WEST MONROE STREET, SPRINGFIELD, IL	NONE	59,353.
	CATHOLIC CHARITIES	120 SOUTH ELEVENTH STREET, SPRINGFIELD, IL	NONE	179,276.
	CENTRAL ILLINOIS FOOD BANK	PO BOX 8228, SPRINGFIELD, IL 62791	NONE	56,434.
	FAMILY SVC CENTER OF SANG CTY	1308 SOUTH SEVENTH STREET, SPRINGFIELD, IL	NONE	52,092.
	GIRL SCOUTS LOL COUNCIL	3020 BAKER DRIVE, SPRINGFIELD, IL 62703	NONE	62,900.
	HELPING HANDS OF SPRINGFIELD	200 SOUTH ELEVENTH STREET, SPRINGFIELD, IL	NONE	37,223.
	LOL GOODWILL INDUSTRIES	PO BOX 8528, SPRINGFIELD, IL 62703	NONE	37,005.
	LOL LEGAL ASSISTANCE	730 EAST VINE STREET, SPRINGFIELD, IL	NONE	14,980.
	LUTHERN CHILD & FAMILY SVCS	431 SOUTH GRAND AVE WEST, SPRINGFIELD, IL	NONE	15,007.

MERCY COMMUNITIES	108 EAST COOK STREET, SPRINGFIELD, IL	NONE	40,903.
MINI O'BEIRNE CRISIS NURSERY	1011 NORTH ELEVENTH STREET, SPRINGFIELD, IL	NONE	26,708.
THE PARENT PLACE	314 SOUTH GRAND AVE WEST, SPRINGFIELD, IL	NONE	25,511.
PORA	GENERAL DELIVERY, SPRINGFIELD, IL 62702	NONE	5,000.
PCASA	110 WEST LAUREL AVENUE, SPRINGFIELD, IL	NONE	37,010.
RUTLEDGE YOUTH FOUNDATION	534 WEST MILLER STREET, SPRINGFIELD, IL	NONE	46,520.
SENIOR SVCS OF CENTRAL IL	701 WEST MASON STREET, SPRINGFIELD, IL	NONE	54,506.
SOJOURN SHELTER & SERVICES	1800 WESTCHESTER BLVD, SPRINGFIELD, IL 62704	NONE	96,968.
SPARC	2929 STANTON, SPRINGFIELD, IL 62703	NONE	52,423.
SPFLD URBAN LEAGUE	PO BOX 3865, SPRINGFIELD, IL 62708	NONE	39,017.
UNITED CEREBRAL PALSY	130 NORTH SIXTEENTH STREET, SPRINGFIELD, IL	NONE	44,719.
YMCA	PO BOX 155, SPRINGFIELD, IL 62705	NONE	90,868.
YOUTH SERVICE BUREAU	2901 NORMANDY ROAD, SPRINGFIELD, IL 62703	NONE	107,547.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

1437027.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE ONE

NURTURING CHILDREN & YOUTH- ENSURING HEALTHY DEVELOPMENT,
POSITIVE VALUES AND SKILLS FOR CHILDREN & YOUTH.

FOSTERING INDEPENDENCE- HELPING SENIORS AND THOSE WITH
SPECIAL NEEDS INCREASE THEIR SELF-SUFFICIENCY AND MAINTAIN
THEIR INDEPENDENCE.

STRENGTHENING FAMILIES- PROVIDING SOCIAL, EMOTIONAL AND
ECONOMIC SUPPORT AND STABILITY FOR FAMILIES.

RESPONDING TO BASIC NEEDS- PROVIDING A SAFETY NET FOR
INDIVIDUALS AND FAMILIES.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE A	<u>1,437,027.</u>	<u>2,650,434.</u>

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCKS	FMV	995.			995.
TO FORM 990, LINE 54, COL B		995.			995.

FORM 990

OTHER INVESTMENTS

STATEMENT 8

DESCRIPTION	VALUATION METHOD	AMOUNT
MUTUAL FUNDS	MARKET VALUE	3,323,609.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		3,323,609.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING	314,110.	241,695.	72,415.
BUILDING IMPROVEMENTS	188,389.	188,389.	0.
FURNITURE & EQUIPMENT	213,292.	170,419.	42,873.
TOTAL TO FORM 990, PART IV, LN 57	715,791.	600,503.	115,288.

FORM 990	OTHER ASSETS	STATEMENT 10
DESCRIPTION	AMOUNT	
INTEREST RECEIVABLE	13,578.	
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	408,160.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	421,738.	

FORM 990	OTHER LIABILITIES	STATEMENT 11
DESCRIPTION		AMOUNT
DESIGNATIONS PAYABLE		896,889.
ALLOCATIONS PAYABLE		359,257.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		1,256,146.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
DONOR DESIGNATIONS	941,317.
UNREALIZED LOSS ON INVESTMENTS	222,855.
TOTAL TO FORM 990, PART IV-A	<u>1,164,172.</u>

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN KELKER 730 E. VINE SPRINGFIELD, IL 62703	PRESIDENT/CPO 48.00	83,500.	11,262.	600.
PATRICIA HUGHES 730 E. VINE SPRINGFIELD, IL 62703	CAMPAIGN DIR 50.00	53,102.	13,454.	600.
ROBERT BORCHERDING 730 E. VINE SPRINGFIELD, IL 62703	FINANCE DIR 50.00	57,791.	15,286.	550.
JACK DYER 730 E. VINE SPRINGFIELD, IL 62703	LIASON 48.00	55,628.	15,063.	600.
SARAH WOLAN 730 E. VINE SPRINGFIELD, IL 62703	COMM IMPACT DIR 50.00	34,673.	7,777.	550.
GENE WILKINSON 730 E. VINE SPRINGFIELD, IL 62703	CHAIRMAN 1.00	0.	0.	0.
HARRY MITCHELL 730 E. VINE SPRINGFIELD, IL 62703	CHAIR ELECT 2.00	0.	0.	0.
HARVEY STEPHENS 730 E. VINE SPRINGFIELD, IL 62703	PAST CHAIR 1.00	0.	0.	0.
MARC CARTER 730 E. VINE SPRINGFIELD, IL 62703	TREASURER 1.00	0.	0.	0.
CAROLYN BLACKWELL 730 E. VINE SPRINGFIELD, IL 62703	SECRETARY 2.00	0.	0.	0.
CLIFF BAXTER 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.

JOE BRETZ 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
RANDY BRYANT 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
ROBERT CLARKE 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
JACK DANIELS 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
PHIL DAVIS 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 2.00	0.	0.	0.
DAVE DEFRATIES 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
JANE DENES 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
JAMES DOVE 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
MARK FERGUSON 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
METTIE FUNK 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
TOM GIHL 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
ERIN GORMAN 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
JAMES HOWARD 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.

MARTY MICHELSON 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
SYLVIA MILLER 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 2.00	0.	0.	0.
AMY PERRIN 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
AL PIEPER 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
RICHARD RINGEISEN 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
DIANE RUTLEDGE 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
AMY SHERWOOD 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
BILL SIMPSON 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
ERNIE SLOTTAG 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
KENT STARKEY 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
JOHN STINSON 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
SHEILA STOCKS-SMITH 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.
SUSAN WALLACE 730 E. VINE SPRINGFIELD, IL 62703	DIRECTOR 1.00	0.	0.	0.

UNITED WAY OF CENTRAL ILLINOIS, INC.

37-0716060

KAREN WOODS
730 E. VINE
SPRINGFIELD, IL 62703

DIRECTOR
1.00

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V

284,694. 62,842. 2,900.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 14
PART III, LINE 3A

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

SCHEDULE A	OTHER INCOME			STATEMENT 15
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER REVENUE	199,725.	159,404.	195,549.	147,551.
TOTAL TO SCHEDULE A, LINE 22	199,725.	159,404.	195,549.	147,551.

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return UNITED WAY OF CENTRAL ILLINOIS, INC.	Business or activity to which this form relates FORM 990 PAGE 2	Identifying number 37-0716060
--	---	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	105,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	420,000.
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	16,200.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2005	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	16,200.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year.					
43 Amortization of costs that began before your 2005 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

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)
- 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
	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	
	<small>File by the due date for filing your return See Instructions</small>	

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, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2005** 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.