

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF CENTRAL ILLINOIS INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1999 WEST WABASH AVENUE SUITE 107 City or town, state or country, and ZIP + 4 SPRINGFIELD, IL 62704 F Name and address of principal officer JOHN P KELKER 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD, IL 62704	D Employer identification number 37-0716060 E Telephone number (217) 726-7000 G Gross receipts \$ 5,442,286
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ WWW SPRINGFIELDUNITEDWAY ORG		L Year of formation 1922 M State of legal domicile IL
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities MOBILIZING RESOURCES TO MEET COMMUNITY NEEDS THIS INCLUDES MOBILIZING VOLUNTEERS AND FINANCIAL RESOURCES, AS WELL AS OTHER COMMUNITY RESOURCES, TO SERVE CENTRAL ILLINOIS		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	8
6	Total number of volunteers (estimate if necessary)	6	650
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,053,077	2,591,611
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	212,858	162,785
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	70,015	62,471
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,335,950	2,816,867
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,465,729	2,253,277
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	437,164	458,257
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 221,066	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	334,145	377,950
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,237,038	3,089,484	
19 Revenue less expenses Subtract line 18 from line 12	98,912	-272,617	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,237,927	8,211,231
	22 Net assets or fund balances Subtract line 21 from line 20	1,501,566	1,499,148

Part II Signature Block

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

Sign Here	***** Signature of officer	2013-06-18 Date	
	JOHN P KELKER PRESIDENT Type or print name and title		
Paid Preparer Use Only	Prnt/Type preparer's name MICHAEL BASS	Preparer's signature	Date
	Firm's name ▶ MCGLADREY LLP	Check <input type="checkbox"/> if self-employed PTIN P00458970	
	Firm's address ▶ 15 S OLD STATE CAPITOL PLZ STE 200 SPRINGFIELD, IL 627011510	Firm's EIN ▶ 42-0714325 Phone no (217) 789-7700	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE UNITED WAY OF CENTRAL ILLINOIS, INC IS A NOT-FOR-PROFIT CORPORATION WITH A MISSION OF MOBILIZING RESOURCES TO MEET COMMUNITY NEEDS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 984,369 including grants of \$ 984,369) (Revenue \$)
ESSENTIAL SERVICES- ESSENTIAL SERVICE PROGRAMS INCLUDE THOSE SERVICES PROVIDING FOOD, SHELTER, HEALTHCARE AND VICTIM SERVICES ESSENTIAL SERVICE PROGRAMS RECEIVE APPROXIMATELY 57% OF TOTAL ALLOCATIONS TO HELP THOSE WHO NEED HELP THE MOST

4b (Code) (Expenses \$ 730,469 including grants of \$ 730,469) (Revenue \$)
LIFELONG LEARNING INITIATIVE- THESE PROGRAMS ALIGN WITH ONE OR MORE OF THE EDUCATION INITIATIVES FIVE STAGES WHILE PROVIDING MEASURABLE RESULTS TO HELP ACHIEVE COMMUNITY IDENTIFIED GOALS APPROXIMATELY 43% OF ALLOCATIONS SUPPORT PROGRAMS ALIGNED WITH SANGAMON COUNTY'S CONTINUUM OF LEARNING

4c (Code) (Expenses \$ 434,212 including grants of \$ 434,212) (Revenue \$)
DIRECTED CONTRIBUTIONS- UNITED WAY ADMINISTERS DIRECTED CONTRIBUTIONS TO NON PROFIT AGENCIES VENTURE GRANTS- UNITED WAY'S VENTURE FUND SUPPORTS PROJECTS THAT MAKE AN IMPACT IN SANGAMON COUNTY WITHIN UNITED WAY'S IDENTIFIED FUNDING AREAS GRANTS ARE NOT RESTRICTED TO MEMBER ORGANIZATIONS AND MAY BE MADE FOR ONE TIME FUNDING TO NEW PROJECTS OR FOR THE EXPANSION OF AN EXISTING PROJECT AND SHOULD NOT BE VIEWED AS ON GOING PROGRAM SUPPORT 2012 GRANTS WERE MADE TO BIG BROTHERS BIG SISTERS OF THE CAPITAL AREA AND THE SPRINGFIELD COMMUNITY RELATIONS DEPARTMENT DOLLY PARTON IMAGINATION LIBRARY IS DESIGNED TO PROVIDE ONE AGE APPROPRIATE BOOK PER MONTH TO CHILDREN FROM BIRTH TO AGE 5 CHILDREN KEEP THESE BOOKS AND CAN BUILD THERE OWN LIBRARY THE GOAL OF THE PROGRAM IS TO INSTILL THE LOVE OF READING, PROVIDE BOOKS FOR THOSE WHO MAY NOT BE ABLE TO AFFORD THEM AND BETTER PREPARE CHILDREN TO ENTER KINDERGARTEN READY TO LEARN 2-1-1 IS A TOLL FREE INFORMATION AND REFERRAL SERVICES PROVIDED TO CITIZENS IN SANGAMON AND MENARD COUNTIES DAY OF ACTION - VOLUNTEERS SPEND THEIR AFTERNOON COMPLETING COMMUNITY SERVICE PROJECTS AT VARIOUS HEALTH AND HUMAN SERVICE AGENCIES IN TOWN

(Code) (Expenses \$ 428,998 including grants of \$ 104,227) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ 428,998 including grants of \$ 104,227) (Revenue \$)

4e Total program service expenses 2,578,048

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> <input checked="" type="checkbox"/>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (26); 1b Enter the number of voting members included in line 1a, above, who are independent (26); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. JOHN P KELKER 1999 WABASH STE 107 SPRINGFIELD, IL (217) 726-7000

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROGER AUSTIN DIRECTOR	1 00	X					0	0	0	
(2) DR HARRY BERMAN DIRECTOR	1 00	X					0	0	0	
(3) JASON JONES DIRECTOR	1 00	X					0	0	0	
(4) RUSS BRAIDLOW DIRECTOR	1 00	X					0	0	0	
(5) JENNIFER CALL DIRECTOR	1 00	X					0	0	0	
(6) DR CHARLES CALLAHAN DIRECTOR	1 00	X					0	0	0	
(7) AVA CARPENTER-MCPIKE DIRECTOR	1 00	X					0	0	0	
(8) MARTY CHAPMAN DIRECTOR	1 00	X					0	0	0	
(9) JOHN P COOMBE DIRECTOR	1 00	X					0	0	0	
(10) DEB AYERS DIRECTOR	1 00	X					0	0	0	
(11) RANDY GERMERAAD DIRECTOR	1 00	X					0	0	0	
(12) CHAD LUCAS DIRECTOR	1 00	X					0	0	0	
(13) LORA HUEBNER DIRECTOR	1 00	X					0	0	0	
(14) PAUL ANDREWS DIRECTOR	1 00	X					0	0	0	
(15) COLLEEN STONE DIRECTOR	1 00	X					0	0	0	
(16) DR CHARLOTTE WARREN DIRECTOR	1 00	X					0	0	0	
(17) DR WALTER MILTON DIRECTOR	1 00	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JACKIE NEWMAN DIRECTOR	1 00	X						0	0	0
(19) ERIC OSCHWALD DIRECTOR	1 00	X						0	0	0
(20) MICAH BARTLETT DIRECTOR	1 00	X						0	0	0
(21) JULIE KELLNER DIRECTOR	1 00	X						0	0	0
(22) PATRICIA SCHULTZ DIRECTOR	1 00	X						0	0	0
(23) CHRIS ZETTEK DIRECTOR	1 00	X						0	0	0
(24) PAT PHALEN IMMED PAST CHAIRPERSON	1 00	X		X				0	0	0
(25) GREG BIRKY CHAIR ELECT	1 00	X		X				0	0	0
(26) MICHAEL SEPANKSI TREASURER	1 00	X		X				0	0	0
(27) JOHN KELKER PRESIDENT	48 00			X				103,894	0	12,573
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								103,894	0	12,573

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a 167,325					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,424,286					
	g	Noncash contributions included in lines 1a-1f \$ 338					
	h	Total. Add lines 1a-1f ▶ 2,591,611	2,591,611				
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	114,290			114,290	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	2,648,695			
			(ii) Other				
			b Less cost or other basis and sales expenses	2,600,200			
			c Gain or (loss)	48,495			
	d	Net gain or (loss) ▶	48,495	48,495			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a 25,219	b Less direct expenses b 25,219				
			c Net income or (loss) from fundraising events ▶	0			
9a Gross income from gaming activities See Part IV, line 19 a							
b Less direct expenses b							
c Net income or (loss) from gaming activities ▶							
10a	Gross sales of inventory, less returns and allowances a	b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	Business Code				
11a	ADMINISTRATIVE FEE	624200	61,469	61,469			
b	_____						
c	_____						
d	All other revenue		1,002	1,002			
e	Total. Add lines 11a-11d ▶		62,471				
12	Total revenue. See Instructions ▶	2,816,867	110,966	0	114,290		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,253,277	2,253,277		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	102,211		102,211	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	259,107	151,923		107,184
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,560	19,319	6,642	10,599
9	Other employee benefits	33,493	17,699	6,085	9,709
10	Payroll taxes	26,886	10,982	8,676	7,228
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	27,675	1,139	24,217	2,319
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	83,610	3,441	73,164	7,005
12	Advertising and promotion	18,222	2,415		15,807
13	Office expenses	22,126	7,610	6,119	8,397
14	Information technology				
15	Royalties				
16	Occupancy	69,207	36,680	12,457	20,070
17	Travel	6,130	547	3,309	2,274
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,147	461	5,793	893
20	Interest				
21	Payments to affiliates	29,520	1,749	26,814	957
22	Depreciation, depletion, and amortization	13,296	7,047	2,393	3,856
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	VENTURE GRANT EXPENSE	38,745	38,745		
b	MISCELLANEOUS	37,480	20,910	10,455	6,115
c	CAMPAIGN PRINTING & SUP	16,047			16,047
d	SECA CAMPAIGN EXPENSES	5,952	3,155	1,071	1,726
e	All other expenses	2,793	949	964	880
25	Total functional expenses. Add lines 1 through 24e	3,089,484	2,578,048	290,370	221,066
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	2,987,111	2	2,280,557
	3 Pledges and grants receivable, net	1,591,728	3	1,397,352
	4 Accounts receivable, net	35,400	4	40,816
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	18,733	9	26,351
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 237,421		
	b Less accumulated depreciation	10b 129,733	111,589	10c 107,688
	11 Investments—publicly traded securities	1,803,482	11	2,553,288
	12 Investments—other securities See Part IV, line 11	1,330,472	12	1,451,003
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	359,412	15	354,176
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,237,927	16	8,211,231	
Liabilities	17 Accounts payable and accrued expenses	70,768	17	71,311
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,430,798	25	1,427,837
	26 Total liabilities. Add lines 17 through 25	1,501,566	26	1,499,148
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,691,593	27	4,903,113
	28 Temporarily restricted net assets	1,687,618	28	1,454,975
	29 Permanently restricted net assets	357,150	29	353,995
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	6,736,361	33	6,712,083
34 Total liabilities and net assets/fund balances	8,237,927	34	8,211,231	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,816,867
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,089,484
3	Revenue less expenses Subtract line 2 from line 1	3	-272,617
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,736,361
5	Net unrealized gains (losses) on investments	5	251,494
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,155
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,712,083

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number

37-0716060

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,493,314	3,102,105	2,549,225	3,053,077	2,591,611	14,789,332
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,493,314	3,102,105	2,549,225	3,053,077	2,591,611	14,789,332
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						452,625
6 Public support. Subtract line 5 from line 4						14,336,707

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	3,493,314	3,102,105	2,549,225	3,053,077	2,591,611	14,789,332
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	161,949	162,555	123,924	104,564	114,290	667,282
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	59,042	35,987	85,979	68,643	62,471	312,122
11 Total support (Add lines 7 through 10)						15,768,736

12 Gross receipts from related activities, etc (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	90.920 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	87.930 %

16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number 37-0716060

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements including checkboxes for preservation purposes, questions about monitoring, and a table for 'Held at the End of the Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,181,572	4,000,434	3,685,150	3,619,377	4,752,813
b Contributions		25,000			
c Net investment earnings, gains, and losses	378,439	64,473	509,184	252,373	1,133,436
d Grants or scholarships	203,071	908,335	193,900	186,600	
e Other expenditures for facilities and programs	3,356,940				
f Administrative expenses					
g End of year balance		3,181,572	4,000,434	3,685,150	3,619,377

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		112,625	16,203	96,422
d Equipment		124,796	113,530	11,266
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				107,688

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,602,688
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	251,494
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	25,219
e	Add lines 2a through 2d	2e	276,713
3	Subtract line 2e from line 1	3	2,325,975
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	490,892
c	Add lines 4a and 4b	4c	490,892
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	2,816,867

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,626,966
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	25,219
e	Add lines 2a through 2d	2e	25,219
3	Subtract line 2e from line 1	3	2,601,747
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	487,737
c	Add lines 4a and 4b	4c	487,737
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	3,089,484

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE BOARD DESIGNATED QUASI-ENDOWMENT FUNDS ARE USED TO SUPPORT THE OVERHEAD EXPENSES OF THE ORGANIZATION AND THE PERMANENTLY RESTRICTED ENDOWMENT FUNDS ARE USED TO SUPPORT HEALTH AND HUMAN SERVICES IN THE COMMUNITY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2009
PART XI, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 25,219
PART XI, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS 487,737 CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS 3,155
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 25,219
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS 487,737

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number 37-0716060

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		KICK OFF EVENTS			(add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	25,219			25,219
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	25,219			25,219
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	25,219			25,219
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(25,219)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				0

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number 37-0716060

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

See Additional Data Table

Main data table grid with 8 columns corresponding to the headers in Part II.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 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

Software ID:
 Software Version:
 EIN: 37-0716060
 Name: UNITED WAY OF CENTRAL ILLINOIS INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 1045 OUTER PARK DRIVE SPRINGFIELD, IL 62705	37-0716060	501(C)3	57,895				EMERGENCY SERVICES- SERVES AS CENTRAL ILLINOIS' MOST CRUCIAL, NON-GOVERNMENTAL PROVIDER OF EMERGENCY SERVICES INCLUDING DISASTER RELIEF AND SERVICE TO ARMED FORCES
BIG BROTHERBIG SISTER OF SANGAMON COUNTY 444 SOUTH GRAND AVE WEST SPRINGFIELD, IL 62704	37-0997310	501(C)3	75,000				COMMUNITY MENTORING - THE KEY TO THE BBBS MENTORING PROGRAM IS THAT IT IS ALWAYS ONE-TO-ONE, WHICH HELPS ESTABLISH A POSITIVE FRIENDSHIP BETWEEN THE VOLUNTEER AND CHILD, AND EVERY RELATIONSHIP IS SUPPORTED PROFESSIONALLY BY A CASE MANAGER
BOYS & GIRLS CLUB OF CENTRAL ILLINOIS 300 SOUTH FIFTEENTH STREET SPRINGFIELD, IL 62705	37-0752849	501(C)3	53,000				THE PROGRAM SERVES CHILDREN, GRADES K-5, WHO ATTEND MATHENY-WITHROW ELEMENTARY SCHOOL FROM 3 30 AND 6 30 P M , MONDAY THROUGH FRIDAY, PROVIDING ACADEMIC ASSISTANCE, LIFE SKILLS AND PREVENTION
CATHOLIC CHARITIES OF SPRINGFIELD 120 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0661499	501(C)3	31,994				FOOD PANTRY AND CRISIS ASSISTANCE - IMMEDIATE RELIEF TO THE HUNGRY WHILE OFFERING ADVOCACY TO THOSE EXPERIENCING CRISIS SITUATIONS BY PROVIDING FINANCIAL ASSISTANCE FOR RENT, UTILITIES, MEDICATIONS, IDENTIFICATIONS AND TRANSPORTATION
CENTRAL ILLINOIS FOOD BANK 2000 EAST MOFFAT SPRINGFIELD, IL 62791	37-1106465	501(C)3	70,000				DISTRIBUTES NEARLY 8 MILLION POUNDS OF FOOD ANNUALLY TO OVER 160 FOOD PANTRIES, SOUP KITCHENS, RESIDENTIAL PROGRAMS AND AFTER-SCHOOL PROGRAMS IN A 21 COUNTY REGION
GIRL SCOUTS OF CENTRAL IL 3020 BAKER DRIVE SPRINGFIELD, IL 62703	37-0681529	501(C)3	6,000				STEM- SCIENCE TECHNOLOGY ENGINEERING AND MATH ACTIVITIES FOR AGES 5-17 YEARS OLD IN SANGAMON COUNTY, REGARDLESS OF THEIR RACE, RELIGION, DISABILITY OR ECONOMIC STATUS IT'S AIM IS ACADEMIC ACHIEVEMENT AND INCREASED CAREER AWARENESS
HELPING HANDS OF SPRINGFIELD 200 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-1255889	501(C)3	37,594				SHELTER AND SUPPORT SERVICES - A 33 BED EMERGENCY SHELTER FOR SINGLE, HOMELESS ADULTS, THAT PROVIDES ALL CLIENTS WITH THE BASIC NECESSITIES AND ACCESS TO INDIVIDUALIZED SUPPORT SERVICES DESIGNED BY THE CLIENT AND CASE MANAGER TO ASSIST THE CLIENT IN OBTAINING SELF SUFFICIENCY AND INDEPENDENCE
ONE HOPE UNITED 400 SOUTH GRAND AVENUE WEST SPRINGFIELD, IL 62701	37-0697157	501(C)3	10,000				FOSTER GRANDPARENTS - DESIGNED TO ASSIST 'HIGH RISK' CHILDREN BY PROVIDING THEM WITH THE OPPORTUNITY TO FORM A SUPPORTIVE RELATIONSHIP WITH AN ADULT AGED 60 YEARS AND OVER
LUTHERN CHILD & FAMILY SERVICES 400 SOUTH GRAND AVENUE WEST SPRINGFIELD, IL 62704	36-2167778	501(C)3	25,090				FAMILY COUNSELING - EFFECTIVELY CREATES POSITIVE CHANGES IN THE LIVES OF ADULTS, ADOLESCENTS AND CHILDREN WITH SIGNIFICANT MENTAL HEALTH NEEDS, MANY OF WHOM HAVE EXPERIENCED TRAUMA, ARE IN CRISIS AND NEED MENTAL HEALTH AND PREVENTION SERVICES
LUTHERN CHILD & FAMILY SERVICES 400 SOUTH GRAND AVENUE WEST SPRINGFIELD, IL 62704	36-2167778	501(C)3	9,000				INTACT FAMILY - THE INTACT FAMILY PROGRAM PROVIDES COUNSELING AND CASE MANAGEMENT SERVICES TO FAMILIES IN WHICH THE CHILDREN ARE VICTIMS OF ABUSE AND/OR NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY COMMUNITIES INC 108 EAST COOK STREET SPRINGFIELD,IL 62703	37-1383599	501(C)3	27,500				PERMANENT SUPPORTIVE HOUSING - AFFORDABLE HOUSING, CASE MANAGEMENT AND A PROFESSIONAL SUPPORT SYSTEM TO HELP DISABLED FAMILIES WITH DEPENDENT CHILDREN LIVE HEALTHY, INTERDEPENDENT LIVES, REALIZING THEIR POTENTIAL IN HOMES OF THEIR OWN
MINI O'BEIRNE CRISIS NURSERY 1011 NORTH SEVENTH STREET SPRINGFIELD,IL 62702	37-1242640	501(C)3	33,280				NURSERY PROGRAM - THE PROGRAM PROVIDES TEMPORARY EMERGENCY CARE OF CHILDREN, BIRTH THROUGH AGE 6, WHO ARE AT RISK OF CHILD ABUSE AND NEGLECT
PRAIRIE CENTER AGAINST SEXUAL ASSAULT 3 OLD STATE CAPITAL PLAZA SPRINGFIELD,IL 62701	37-1045364	501(C)3	25,000				BULLYING AND VIOLENCE PREVENTION INITIATIVES - A SCHOOL BASED VIOLENCE PREVENTION PROGRAM WITH A SPECIAL EMPHASIS ON SEXUAL ASSAULT PREVENTION STEPS TO RESPECT ANTI-BULLYING INITIATIVE ADDRESSES BULLYING IN ELEMENTARY SCHOOLS THROUGH CREATION OF A "WHOLE SCHOOL" TEAM DEDICATED TO MAKING SCHOOLS SAFE AND BULLY-FREE
RUTLEDGE YOUTH FOUNDATION 534 WEST MILLER STREET SPRINGFIELD,IL 62702	37-0706724	501(C)3	54,260				YOUTH COUNSELING - PROVIDES COUNSELING AND ADVOCACY SERVICES TO YOUTH ON A ONE TO ONE BASIS WITH A BACHELOR'S LEVEL YOUTH ADVOCATE CASE MANAGER CASE PLAN GOALS ARE CLIENT SPECIFIC AND ARE DEVELOPED IN TANDEM WITH EACH YOUTH TO ACTUALIZE HIS/HER PERSONAL GOALS FOR SAFETY, STABILITY AND GROWTH
SENIOR SERVICES OF CENTRAL ILLINOIS 701 WEST MASON STREET SPRINGFIELD,IL 62702	37-0895193	501(C)3	47,482				COMPREHENSIVE ELDER ASSIST - PRIMARY OBJECTIVE IS TO PROVIDE SOCIAL ADJUSTMENT AND REHABILITATION ASSISTANCE THE PROGRAM ASSISTS CLIENTS TO MAINTAIN QUALITY, INDEPENDENT COMMUNITY LIVING, WITH SAFETY, COMFORT AND DIGNITY
SOJOURN SHELTER & SERVICES 1800 WESTCHESTER BLVD SPRINGFIELD,IL 62704	51-0139118	501(C)3	90,000				ADULT & CHILDREN SHELTER AND SUPPORT - EMERGENCY SHELTER AND COMPREHENSIVE COUNSELING FOR ADULT AND CHILD VICTIMS OF DOMESTIC VIOLENCE
SPARC 232 BRUNS LANE SPRINGFIELD,IL 62702	37-0717761	501(C)3	6,071				EPILEPSY RESOURCE CENTER - SUPPORTS ARE DESIGNED TO PROMOTE THE WELFARE OF INDIVIDUALS WITH EPILEPSY AND THEIR FAMILIES
UNITED CEREBRAL PALSY 130 NORTH SIXTEENTH STREET SPRINGFIELD,IL 62702	37-0902106	501(C)3	23,000				BRIDGES - THE BRIDGES PROGRAM PREPARES YOUTH WITH DISABILITIES TO ENTER THE WORKFORCE AND FURTHER THEIR EDUCATION
YOUTH SERVICE BUREAU 2901 NORMANDY ROAD SPRINGFIELD,IL 62703	36-1015851	501(C)3	137,000				SHELTER & AFTER CARE - SHELTER CARE FOR ABUSED, NEGLECTED, RUNAWAY HOMELESS COMMUNITY YOUTH AGES 11-21 SERVICES ALSO INCLUDE FOLLOW UP COUNSELING AND HOME STABILIZATION SERVICES
AMERICAN RED CROSS 1045 OUTER PARK DRIVE SPRINGFIELD,IL 62705	37-0716060	501(C)3	12,838				MEALS ON WHEELS - HELPS SENIORS, CONVALESCENTS, PEOPLE WITH DISABILITIES AND THE CHRONICALLY ILL AND OTHERS WHO MAY NEED MEALS DELIVERED ON A SHORT OR LONG-TERM BASIS TO REMAIN OUT OF THE HOSPITAL AND NURSING HOME CARE BY PROVIDING THEM WITH A HOT, NUTRITIOUS MEAL DELIVERED RIGHT TO THEIR DOOR

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY 1514 EAST JEFFERSON STREET SPRINGFIELD,IL 62702	37-1250364	501(C)3	10,000				NEIGHBORHOOD REVITALIZATION - NEIGHBORHOOD REVITALIZATION INITIATIVE (NRI) IS A HOME PRESERVATION SERVICE THAT PROVIDES PAINTING, LANDSCAPING, WEATHER STRIPPING AND MINOR REPAIR SERVICES FOR HOMEOWNERS IN NEED IT HELPS LOW-INCOME HOMEOWNERS IMPACTED BY AGE, DISABILITY AND FAMILY CIRCUMSTANCES, WHO STRUGGLE TO MAINTAIN THEIR HOMES, RECLAIM THEIR HOMES WITH PRIDE AND DIGNITY FINALLY, IT SERVES AS A COMPANION TO HABITAT FOR HUMANITY'S CORE NEW CONSTRUCTION BUILDING PROGRAM, ENABLING HABITAT TO SERVE MORE FAMILIES AND INCREASE OPPORTUNITIES FOR VOLUNTEERS
CATHOLIC CHARITIES OF SPRINGFIELD 120 SOUTH ELEVENTH STREET SPRINGFIELD,IL 62703	37-0661499	501(C)3	123,721				ST JOHN'S BREADLINE - SERVING A WELL BALANCED AND NUTRITIOUS MEAL GIVING FOOD SECURITY TO THE HUNGRY OF THE COMMUNITY 365 DAYS A YEAR WITHIN A HOSPITABLE AND POSITIVE ENVIRONMENT AT NO CHARGE
CATHOLIC CHARITIES OF SPRINGFIELD 120 SOUTH ELEVENTH STREET SPRINGFIELD,IL 62703	37-0661499	501(C)3	57,106				ST CLARE'S HEALTH CLINIC - PROVIDING HEALTH CARE FOR ECONOMICALLY DISADVANTAGED ADULTS AND CHILDREN, INCLUDING MEDICAID RECIPIENTS, ALL KIDS RECIPIENTS, AND LOW INCOME FAMILIES
FAMILY SVC CENTER OF SANGAMON COUNTY 730 EAST VINE STREET SPRINGFIELD,IL 62703	37-0681513	501(C)3	40,000				COMPASS AFTERSCHOOL PROGRAM - A FREE AFTER-SCHOOL AND SUMMER PROGRAM FOR HOMELESS AND LOW-INCOME ELEMENTARY STUDENTS OF SPRINGFIELD DISTRICT 186 THERE ARE CURRENTLY ALMOST 600 HOMELESS STUDENTS IN THE DISTRICT COMPASS WILL ADDRESS THE UNIQUE ACADEMIC NEEDS OF HOMELESS CHILDREN, GRADES K-5, AT SIX ELEMENTARY SCHOOLS WITHIN THE SCHOOL DISTRICT
MERCY COMMUNITIES INC 108 EAST COOK STREET SPRINGFIELD,IL 62703	37-1383599	501(C)3	40,000				TRANSITIONAL LIVING PROGRAM - A TWO YEAR TRANSITIONAL LIVING PROGRAM WHOSE GOAL IS TO ASSIST HOMELESS YOUNG WOMEN AND THEIR CHILDREN ACHIEVE STABILITY IN THEIR LIVES BY PROVIDING THEM WITH A STABLE HOME AND INTENSIVE SUPPORT SERVICES LEADING TO THEIR SELF-SUFFICIENCY IN PERMANENT HOUSING, FOLLOW UP SERVICES AVAILABLE
SENIOR SERVICES OF CENTRAL ILLINOIS 701 WEST MASON STREET SPRINGFIELD,IL 62702	37-0895193	501(C)3	33,765				DAILY BREAD - NUTRITION PROGRAM PROVIDES MEALS AT 12 CONGREGATE AND 12 HOME-DELIVERED SITES IN SANGAMON COUNTY MID DAY MEALS ARE AVAILABLE MONDAY-FRIDAY
SENIOR SERVICES OF CENTRAL ILLINOIS 701 WEST MASON STREET SPRINGFIELD,IL 62702	37-0895193	501(C)3	7,500				SENIOR TRANSPORT - TRANSPORTATION TO MEDICAL/DENTAL APPOINTMENTS, DAILY BREADS SITES, PHARMACIES, GROCERY STORES, BANKS, ETC TO ANYONE AGE 60 AND OVER, LIVING INDEPENDENTLY
SOJOURN SHELTER & SERVICES 1800 WESTCHESTER BLVD SPRINGFIELD,IL 62704	51-0139118	501(C)3	40,000				COURT SERVICES - ADDRESSES THE PHYSICAL AND EMOTIONAL DOMESTIC VIOLENCE INCLUDING BEATINGS, SEXUAL ASSAULT, VERBAL AND PSYCHOLOGICAL ABUSE, AND PROPERTY DESTRUCTION SPECIFIC SERVICES INCLUDE COURT ADVOCACY, SAFETY PLANNING, 911 ON-LOCATION CRISIS INTERVENTION, PRO BONO LEGAL SERVICES AND LEGAL REFERRAL
SPARC 232 BRUNS LANE SPRINGFIELD,IL 62702	37-0717761	501(C)3	11,437				RESPIRE CARE - PROVIDES TEMPORARY RELIEF OF CARE GIVING RESPONSIBILITIES TO THE FAMILIES OF INDIVIDUALS WHO LIVE AT HOME WITH THEIR PARENT/GUARDIAN WHO HAVE A DIAGNOSIS OF A DEVELOPMENTAL DISABILITY
SPRINGFIELD URBAN LEAGUE 100 NORTH ELEVENTH STREET SPRINGFIELD,IL 62703	37-0765550	501(C)3	12,500				TEEN REACH - PROMOTES YOUTH LEADERSHIP, INCREASED PARENT AND YOUTH BONDING AND MENTORSHIP WITH PROGRAM STAFF AND COMMUNITY VOLUNTEERS

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SPRINGFIELD URBAN LEAGUE 100 NORTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)3	25,000				WEE GROW LEARNING CENTER - AN EDUCATIONAL PROGRAM PRIMARILY FOR INFANTS TO 5 YEAR OLDS THE PROGRAM TAKES INTO ACCOUNT EARLY LEARNING BENCHMARKS AND STANDARDS AND IS GEARED TOWARD PREPARING CHILDREN AND FAMILIES FOR THEIR NEXT EDUCATION PHASE (HEAD START, KINDERGARTEN)
UNITED CEREBRAL PALSY 130 NORTH SIXTEENTH STREET SPRINGFIELD, IL 62794	37-0902106	501(C)3	22,501				CHILDREN'S ASSISTIVE TECHNOLOGY - ASSISTIVE TECHNOLOGY IS, "ANY ITEM, PIECE OF EQUIPMENT, OR PRODUCT SYSTEM THAT IS USED TO INCREASE, MAINTAIN OR IMPROVE FUNCTIONAL CAPABILITIES OF INDIVIDUALS WITH DISABILITIES"(INDIVIDUAL'S WITH DISABILITIES EDUCATION ACT) UCP'S ASSISTIVE TECHNOLOGY PROGRAM HELPS CHILDREN DEVELOP THE SKILLS NEEDED TO SUCCEED IN SCHOOL AND BECOME INTEGRATED, EQUALS IN THE COMMUNITY
UNITED CEREBRAL PALSY 130 NORTH SIXTEENTH STREET SPRINGFIELD, IL 62794	37-0902106	501(C)3	13,588				CHILDREN'S CAMPS - UCP CAMPING PROGRAMS INCLUDE OVERNIGHT/RECREATIONAL CAMP, YOUTH EDUCATION AND SOCIALIZATION (YES!) CLUB, PLAY GROUPS AND LIFE WITHOUT LIMITS CAMP, AN EIGHT-WEEK EDUCATIONAL CAMP FOR CHILDREN AND YOUTH AGES 6-21 WITH ANY DISABILITY
AMERICAN RED CROSS 1045 OUTER PARK DRIVE SPRINGFIELD, IL 62705	37-0661488	501(C)3	15,165				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
BIG BROTHER BIG SISTER OF SANGAMON COUNTY 444 SOUTH GRAND AVE WEST SPRINGFIELD, IL 62704	37-0997310	501(C)3	11,139				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
THE HOPE INSTITUTE FOR CHILDREN & FAMILIES 15 EAST HAZEL DELL ROAD SPRINGFIELD, IL 62712	37-0768616	501(C)3	5,213				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
BOYS & GIRLS CLUB OF CENTRAL ILLINOIS 300 SOUTH FIFTEENTH STREET SPRINGFIELD, IL 62705	37-0752849	501(C)3	12,302				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
CATHOLIC CHARITIES OF SPRINGFIELD 120 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0661499	501(C)3	25,623				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
CENTRAL ILLINOIS FOOD BANK 2000 EAST MOFFAT SPRINGFIELD, IL 62791	37-1106465	501(C)3	26,616				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
HELPING HANDS OF SPRINGFIELD 200 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-1255889	501(C)3	6,129				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

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GIRL SCOUTS OF CENTRAL IL 3020 BAKER DRIVE SPRINGFIELD,IL 62703	37-0681529	501(C)3	6,879				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
CENTRAL COUNTIES HEALTH CENTERS 2239 EAST COOK STREET SPRINGFIELD,IL 62703	37-1361916	501(C)3	16,875				CAPITOL COMMUNITY HEALTH CENTER - PROVIDES QUALITY, PRIMARY HEALTH AND ORAL HEALTH CARE TO THE MOST DISENFRANCHISED INDIVIDUALS IN THE COMMUNITY
RUTLEDGE YOUTH FOUNDATION 534 WEST MILLER STREET SPRINGFIELD,IL 62702	37-0706724	501(C)3	18,622				ACHIEVING ACADEMIC SUCCESS - DESIGNED TO ASSIST INTACT FAMILIES, WARDS, AND NON-WARDS WHO ARE HAVING EDUCATIONAL ISSUES SUCH AS TRUANCY, SUSPENSION, AND EXPULSION SERVICES INCLUDE REFERRALS TO OTHER COMMUNITY BASED SERVICE PROVIDERS, TUTORING, MENTORING, AND OTHER RELEVANT NEEDS ALL SERVICES ARE TAILORED TO THE INDIVIDUAL NEEDS OF THE CHILD BEING SERVED
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS 710 NORTH EIGHTH STREET SPRINGFIELD,IL 62702	37-0646367	501(C)3	40,000				ACUTE CARE PSYCHIATRIC CLINIC - PROVIDES RAPID RESPONSE TO ADULTS WITH SERIOUS MENTAL ILLNESS WHO NEED IMMEDIATE ASSESSMENT AND DIAGNOSIS TO DETERMINE THE BEST PROVIDER OF CARE PATIENTS WHO ARE NOT HOSPITALIZED ARE REFERRED TO MENTAL HEALTH PROVIDERS
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS 710 NORTH EIGHTH STREET SPRINGFIELD,IL 62702	37-0646367	501(C)3	39,500				CHILDREN'S CENTER ADHD CLINIC - SERVES CHILDREN AND ADOLESCENTS, AGES 4 TO 17, WHO HAVE SERIOUS EMOTIONAL DISTURBANCES THE ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) CLINIC IS A SPECIALIZED CLINIC AT THE CHILDREN'S CENTER THAT OFFERS EVIDENCE-BASED SERVICES TO CHILDREN WITH A DIAGNOSIS OF ADHD
SPRINGFIELD URBAN LEAGUE 100 NORTH ELEVENTH STREET SPRINGFIELD,IL 62703	37-0765550	501(C)3	7,500				SUMMER FREEDOM SCHOOL - A LITERACY RICH PROGRAM THAT UTILIZES AN INTEGRATED READING CURRICULUM THAT BOOSTS CHILDREN'S MOTIVATION TO READ, GENERATES POSITIVE ATTITUDES TOWARD LEARNING AND CONNECTS THE NEEDS OF CHILDREN AND FAMILIES TO COMMUNITY RESOURCES
LUTHERN CHILD & FAMILY SERVICES 400 SOUTH GRAND AVENUE WEST SPRINGFIELD,IL 62704	36-2167778	501(C)3	7,000				AWARE - THE AWARE PROGRAM IS A COMPREHENSIVE DOMESTIC VIOLENCE PROGRAM FOCUSED ON EVIDENCED-BASED INTERVENTIONS TO STOP DOMESTIC VIOLENCE IN FAMILIES AND HEAL FAMILIES SO THAT THEY CAN RECOVER FROM THE TRAUMA EXPERIENCED AND PREVENT FURTHER VIOLENT EPISODES
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS 710 NORTH EIGHTH STREET SPRINGFIELD,IL 62702	37-0646367	501(C)3	30,000				PATH - THE PATH PROGRAM SERVES SPRINGFIELD ADULTS, AGES 18 AND OLDER, WHO HAVE A SERIOUS MENTAL ILLNESS AND WHO ARE HOMELESS OR ARE AT RISK OF BECOMING HOMELESS THE PATH TEAM CONDUCTS INTENSE AND TARGETED OUTREACH TO ENGAGE THIS VULNERABLE POPULATION, DEVELOP TRUST, AND ENCOURAGE THEM TO PARTICIPATE IN THE PROGRAM THEIR GOAL IS TO HELP THESE INDIVIDUALS FIND SAFE, AFFORDABLE HOUSING, MEET DAILY LIVING NEEDS, AND ACCESS PSYCHIATRIC CARE AND SOCIAL SERVICES THAT CAN IMPROVE THEIR DAILY LIVES AND CHANCES FOR RECOVERY
SPRINGFIELD YMCA PO BOX 155 SPRINGFIELD,IL 62705	37-0661263	501(C)3	19,024				RIVERTON ACHIEVEMENT ENHANCEMENT PROGRAM - WORKS WITH RIVERTON ELEMENTARY SCHOOL ADMINISTRATORS AND TEACHERS TO PROVIDE ADDITIONAL RESOURCES TO BETTER PREPARE STRUGGLING STUDENTS FOR THE ILLINOIS STANDARD ACHIEVEMENT TESTS THE PROGRAM TARGETS FIRST, SECOND, AND THIRD GRADERS WHO ARE NOT ACHIEVING AT GRADE LEVEL IN READING AND LANGUAGE ARTS
LAND OF LINCOLN LEGAL ASSISTANCE 310 EASTON STREET SPRINGFIELD,IL 62702	37-0958448	501(C)3	5,075				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

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LUTHERN CHILD & FAMILY SERVICES 400 SOUTH GRAND AVENUE WEST SPRINGFIELD, IL 62704	36-2167778	501(C)3	6,904				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS 710 NORTH EIGHTH STREET SPRINGFIELD, IL 62702	37-0646367	501(C)3	16,362				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
MINI O'BEIRNE CRISIS NURSERY 1011 NORTH SEVENTH STREET SPRINGFIELD, IL 62702	37-1242640	501(C)3	17,809				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
SENIOR SERVICES OF CENTRAL ILLINOIS 701 WEST MASON STREET SPRINGFIELD, IL 62702	37-0895193	501(C)3	6,919				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
SOJOURN SHELTER & SERVICES 1800 NORTH LAMAR STREET SPRINGFIELD, IL 62704	51-0139118	501(C)3	12,375				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
SPARC 232 BRUNS LANE SPRINGFIELD, IL 62702	37-0717761	501(C)3	7,231				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
SPRINGFIELD YMCA 701 SOUTH FOURTH STREET SPRINGFIELD, IL 62705	37-0661263	501(C)3	8,528				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
UNITED CEREBRAL PALSY 130 NORTH SIXTEENTH STREET SPRINGFIELD, IL 62794	37-0902106	501(C)3	6,083				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE
UNITED WAY OF METROPOLITAN DALLAS 1800 NORTH LAMAR STREET DALLAS, TX 75202	75-6005352	501(C)3	6,800				DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL ILLINOIS INC

Employer identification number

37-0716060

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	ALL DONORS TO THE UNITED WAY OF CENTRAL ILLINOIS ARE CONSIDERED MEMBERS AND ARE EMPOWERED TO ELECT BOARD MEMBERS AT THE ANNUAL MEETING
	FORM 990, PART VI, SECTION A, LINE 7A	ALL MEMBERS ARE ALLOWED TO VOTE FOR THE BOARD OF DIRECTORS AT THE ANNUAL MEETING OF THE UNITED WAY OF CENTRAL ILLINOIS
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE WITH A COPY PROVIDED TO ALL BOARD MEMBERS
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST FORM ANNUALLY PRIOR TO A VOTE ON ANY MATTER CONCERNING DISBURSAL OF FUNDS OR ENGAGEMENT OF THIRD PARTIES RELATIVE TO ORGANIZATIONAL BUSINESS, EACH VOTING BOARD MEMBER IS REQUIRED TO INDICATE WHETHER THEY HAVE ANY CONFLICT OF INTEREST WITH RESPECT TO SUCH VOTE. IF A BOARD MEMBER HAS A CONFLICT OF INTEREST ON A CERTAIN MATTER, THE BOARD MEMBER WILL BE DISQUALIFIED FROM VOTING ON THAT MATTER
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE PRESIDENT AND TOP MANAGEMENT OFFICIALS ARE DETERMINED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS SUBJECT TO BOARD APPROVAL. COMPARABILITY DATA INCLUDING SALARY INFORMATION FROM UNITED WAY WORLDWIDE ARE USED TO DETERMINE SALARY RANGES
	FORM 990, PART VI, SECTION C, LINE 19	THE 990 IS POSTED ON OUR WEBSITE AND AUDITED FINANCIAL STATEMENTS WILL BE INCLUDED IN THE ANNUAL REPORT. COPIES OF OUR GOVERNING DOCUMENTS, CONFLICTS OF INTEREST AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST ALONG WITH THE OPTION OF INSPECTION AT OUR OFFICE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN INTEREST IN BENEFICIAL TRUSTS -3,155