

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.

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF CENTRAL ILLINOIS, INC.		D Employer identification number 37-0716060
	Doing Business As		E Telephone number 217-726-7000
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1999 WEST WABASH AVENUE, SUITE 107	G Gross receipts \$ 5,442,286.	
	City, town, or post office, state, and ZIP code SPRINGFIELD, IL 62704		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 ▶
F Name and address of principal officer: JOHN P. KELKER SAME AS C ABOVE			
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			
J Website: ▶ WWW.SPRINGFIELDUNITEDWAY.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1922 M State of legal domicile: IL

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MOBILIZING RESOURCES TO MEET COMMUNITY NEEDS. THIS INCLUDES MOBILIZING VOLUNTEERS AND FINANCIAL			
	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.	
		3,335,950.	2,816,867.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,465,729.	2,253,277.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	437,164.	458,257.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 221,066.			
	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.	
	6,736,361.	6,712,083.		

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	Date			
	▶ JOHN P. KELKER, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL BASS	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00458970
	Firm's name ▶ MCGLADREY LLP	Firm's EIN ▶ 42-0714325		Phone no. 217-789-7700	
	Firm's address ▶ 15 S OLD STATE CAPITOL PLZ STE 200 SPRINGFIELD, IL 62701-1510				

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 [X]

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>	X	
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>	X	
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>	X	
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>		X
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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
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>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
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>		X
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>		X
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</i>		X
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>	X	
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
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)

		Yes	No
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>	X	
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>		X
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>		X
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>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
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>		X
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>		X
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>		X
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>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
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>		X
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>		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question ID, description, and Yes/No responses. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?	X	
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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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?		X
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 - 217-726-7000
1999 WABASH STE 107, SPRINGFIELD, IL 62074

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, and 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 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 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.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							103,894.	0.	12,573.	
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>		X
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>		X
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>		X

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
NONE		

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

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

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No. 1545-0047

2012

Open to Public Inspection

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?

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
 - h Provide the following information about the supported organization(s).

(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.")	3493314.	3102105.	2549225.	3053077.	2591611.	14789332.
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	3493314.	3102105.	2549225.	3053077.	2591611.	14789332.
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.						14336707.

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	3493314.	3102105.	2549225.	3053077.	2591611.	14789332.
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						15768736.
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 section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	90.92	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	87.93	%
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	<input checked="" type="checkbox"/>		
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	<input type="checkbox"/>		
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	<input type="checkbox"/>		
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	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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 section 501(c)(3) organization, check this box and **stop here**

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**

OMB No. 1545-0047

2012

Open to Public Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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		X
(ii) related organizations		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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 VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) 500 INDEX FUND- SIGNAL	500,733.	END-OF-YEAR MARKET VALUE
(B) INTERMED BOND INDEX FUND-		
(C) SIGNAL	528,478.	END-OF-YEAR MARKET VALUE
(D) LONG TERM BOND INDEX FUND	421,792.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,451,003.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ALLOCATIONS PAYABLE	882,419.
(3) DESIGNATIONS PAYABLE	545,418.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,427,837.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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.

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.

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,

Part XIII Supplemental Information (continued)

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.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 490,892.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 25,219.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 487,737.

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 (add col. (a) through col. (c))
		KICK OFF EVENTS		NONE	
		(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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash 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 line 1, column d, and line 7					

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: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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? **Yes** **No**
- 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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.	0.			EMERGENCY SERVICES- SERVES AS CENTRAL ILLINOIS' MOST CRUCIAL, NON-GOVERNMENTAL PROVIDER
BIG BROTHER/BIG SISTER OF SANGAMON COUNTY - 444 SOUTH GRAND AVE WEST - SPRINGFIELD, IL 62704	37-0997310	501(C)3	75,000.	0.			COMMUNITY MENTORING - THE KEY TO THE BBBS MENTORING PROGRAM IS THAT IT IS ALWAYS ONE-TO-ONE, WHICH
BOYS & GIRLS CLUB OF CENTRAL ILLINOIS - 300 SOUTH FIFTEENTH STREET - SPRINGFIELD, IL 62705	37-0752849	501(C)3	53,000.	0.			THE PROGRAM SERVES CHILDREN, GRADES K-5, WHO ATTEND MATHENY-WITHROW ELEMENTARY SCHOOL FROM
CATHOLIC CHARITIES OF SPRINGFIELD 120 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0661499	501(C)3	31,994.	0.			FOOD PANTRY AND CRISIS ASSISTANCE - IMMEDIATE RELIEF TO THE HUNGRY WHILE OFFERING ADVOCACY
CENTRAL ILLINOIS FOOD BANK 2000 EAST MOFFAT SPRINGFIELD, IL 62791	37-1106465	501(C)3	70,000.	0.			DISTRIBUTES NEARLY 8 MILLION POUNDS OF FOOD ANNUALLY TO OVER 160 FOOD PANTRIES, SOUP KITCHENS,
GIRL SCOUTS OF CENTRAL IL 3020 BAKER DRIVE SPRINGFIELD, IL 62703	37-0681529	501(C)3	6,000.	0.			STEM- SCIENCE TECHNOLOGY ENGINEERING AND MATH ACTIVITIES FOR AGES 5-17 YEARS OLD IN SANGAMON

- 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 **▶** _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HELPING HANDS OF SPRINGFIELD 200 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-1255889	501(C)3	37,594.	0.			SHELTER AND SUPPORT SERVICES - A 33 BED EMERGENCY SHELTER FOR SINGLE, HOMELESS ADULTS,
ONE HOPE UNITED 400 SOUTH GRAND AVENUE WEST SPRINGFIELD, IL 62701	37-0697157	501(C)3	10,000.	0.			FOSTER GRANDPARENTS - DESIGNED TO ASSIST 'HIGH RISK' CHILDREN BY PROVIDING THEM WITH THE
LUTHERN CHILD & FAMILY SERVICES 400 SOUTH GRAND AVENUE WEST SPRINGFIELD, IL 62704	36-2167778	501(C)3	25,090.	0.			FAMILY COUNSELING - EFFECTIVELY CREATES POSITIVE CHANGES IN THE LIVES OF ADULTS,
LUTHERN CHILD & FAMILY SERVICES 400 SOUTH GRAND AVENUE WEST SPRINGFIELD, IL 62704	36-2167778	501(C)3	9,000.	0.			INTACT FAMILY - THE INTACT FAMILY PROGRAM PROVIDES COUNSELING AND CASE MANAGEMENT SERVICES
M.E.R.C.Y. COMMUNITIES, INC 108 EAST COOK STREET SPRINGFIELD, IL 62703	37-1383599	501(C)3	27,500.	0.			PERMANENT SUPPORTIVE HOUSING - AFFORDABLE HOUSING, CASE MANAGEMENT AND A PROFESSIONAL
MINI O'BEIRNE CRISIS NURSERY 1011 NORTH SEVENTH STREET SPRINGFIELD, IL 62702	37-1242640	501(C)3	33,280.	0.			NURSERY PROGRAM - THE PROGRAM PROVIDES TEMPORARY EMERGENCY CARE OF CHILDREN, BIRTH
PRAIRIE CENTER AGAINST SEXUAL ASSAULT - 3 OLD STATE CAPITAL PLAZA - SPRINGFIELD, IL 62701	37-1045364	501(C)3	25,000.	0.			BULLYING AND VIOLENCE PREVENTION INITIATIVES - A SCHOOL BASED VIOLENCE PREVENTION PROGRAM WITH A
RUTLEDGE YOUTH FOUNDATION 534 WEST MILLER STREET SPRINGFIELD, IL 62702	37-0706724	501(C)3	54,260.	0.			YOUTH COUNSELING - PROVIDES COUNSELING AND ADVOCACY SERVICES TO YOUTH ON A ONE TO ONE
SENIOR SERVICES OF CENTRAL ILLINOIS - 701 WEST MASON STREET - SPRINGFIELD, IL 62702	37-0895193	501(C)3	47,482.	0.			COMPREHENSIVE ELDER ASSIST - PRIMARY OBJECTIVE IS TO PROVIDE SOCIAL ADJUSTMENT AND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SOJOURN SHELTER & SERVICES 1800 WESTCHESTER BLVD SPRINGFIELD, IL 62704	51-0139118	501(C)3	90,000.	0.			ADULT & CHILDREN SHELTER AND SUPPORT - EMERGENCY SHELTER AND COMPREHENSIVE COUNSELING FOR ADULT AND
SPARC 232 BRUNS LANE SPRINGFIELD, IL 62702	37-0717761	501(C)3	6,071.	0.			EPILEPSY RESOURCE CENTER - SUPPORTS ARE DESIGNED TO PROMOTE THE WELFARE OF INDIVIDUALS WITH EPILEPSY
UNITED CEREBRAL PALSY 130 NORTH SIXTEENTH STREET SPRINGFIELD, IL 62702	37-0902106	501(C)3	23,000.	0.			BRIDGES - THE BRIDGES PROGRAM PREPARES YOUTH WITH DISABILITIES TO ENTER THE WORKFORCE AND
YOUTH SERVICE BUREAU 2901 NORMANDY ROAD SPRINGFIELD, IL 62703	36-1015851	501(C)3	137,000.	0.			SHELTER & AFTER CARE - SHELTER CARE FOR ABUSED, NEGLECTED, RUNAWAY HOMELESS COMMUNITY YOUTH
AMERICAN RED CROSS 1045 OUTER PARK DRIVE SPRINGFIELD, IL 62705	37-0716060	501(C)3	12,838.	0.			MEALS ON WHEELS - HELPS SENIORS, CONVALESCENTS, PEOPLE WITH DISABILITIES AND THE CHRONICALLY ILL
HABITAT FOR HUMANITY 1514 EAST JEFFERSON STREET SPRINGFIELD, IL 62702	37-1250364	501(C)3	10,000.	0.			NEIGHBORHOOD REVITALIZATION - NEIGHBORHOOD REVITALIZATION INITIATIVE
CATHOLIC CHARITIES OF SPRINGFIELD 120 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0661499	501(C)3	123,721.	0.			ST JOHN'S BREADLINE - SERVING A WELL BALANCED AND NUTRITIOUS MEAL GIVING FOOD SECURITY TO
CATHOLIC CHARITIES OF SPRINGFIELD 120 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0661499	501(C)3	57,106.	0.			ST. CLARE'S HEALTH CLINIC - PROVIDING HEALTH CARE FOR ECONOMICALLY DISADVANTAGED ADULTS AND
FAMILY SVC CENTER OF SANGAMON COUNTY - 730 EAST VINE STREET - SPRINGFIELD, IL 62703	37-0681513	501(C)3	40,000.	0.			COMPASS AFTERSCHOOL PROGRAM - A FREE AFTER-SCHOOL AND SUMMER PROGRAM FOR HOMELESS AND

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
M.E.R.C.Y. COMMUNITIES, INC 108 EAST COOK STREET SPRINGFIELD, IL 62703	37-1383599	501(C)3	40,000.	0.			TRANSITIONAL LIVING PROGRAM - A TWO YEAR TRANSITIONAL LIVING PROGRAM WHOSE GOAL IS TO
SENIOR SERVICES OF CENTRAL ILLINOIS - 701 WEST MASON STREET - SPRINGFIELD, IL 62702	37-0895193	501(C)3	33,765.	0.			DAILY BREAD - NUTRITION PROGRAM PROVIDES MEALS AT 12 CONGREGATE AND 12 HOME-DELIVERED SITES IN
SENIOR SERVICES OF CENTRAL ILLINOIS - 701 WEST MASON STREET - SPRINGFIELD, IL 62702	37-0895193	501(C)3	7,500.	0.			SENIOR TRANSPORT - TRANSPORTATION TO MEDICAL/DENTAL APPOINTMENTS, DAILY
SOJOURN SHELTER & SERVICES 1800 WESTCHESTER BLVD SPRINGFIELD, IL 62704	51-0139118	501(C)3	40,000.	0.			COURT SERVICES - ADDRESSES THE PHYSICAL AND EMOTIONAL DOMESTIC VIOLENCE INCLUDING
SPARC 232 BRUNS LANE SPRINGFIELD, IL 62702	37-0717761	501(C)3	11,437.	0.			RESPIRE CARE - PROVIDES TEMPORARY RELIEF OF CARE GIVING RESPONSIBILITIES TO THE FAMILIES OF
SPRINGFIELD URBAN LEAGUE 100 NORTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)3	12,500.	0.			TEEN REACH - PROMOTES YOUTH LEADERSHIP, INCREASED PARENT AND YOUTH BONDING AND
SPRINGFIELD URBAN LEAGUE 100 NORTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)3	25,000.	0.			WEE GROW LEARNING CENTER - AN EDUCATIONAL PROGRAM PRIMARILY FOR INFANTS TO 5 YEAR OLDS. THE PROGRAM
UNITED CEREBRAL PALSY 130 NORTH SIXTEENTH STREET SPRINGFIELD, IL 62794	37-0902106	501(C)3	22,501.	0.			CHILDREN'S ASSISTIVE TECHNOLOGY - ASSISTIVE TECHNOLOGY IS, "ANY ITEM, PIECE OF EQUIPMENT, OR
UNITED CEREBRAL PALSY 130 NORTH SIXTEENTH STREET SPRINGFIELD, IL 62794	37-0902106	501(C)3	13,588.	0.			CHILDREN'S CAMPS - UCP CAMPING PROGRAMS INCLUDE OVERNIGHT/RECREATIONAL CAMP, YOUTH EDUCATION AND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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	37-0661488	501(C)3	15,165.	0.			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.	0.			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.	0.			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.	0.			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.	0.			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.	0.			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.	0.			DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE.
GIRL SCOUTS OF CENTRAL IL 3020 BAKER DRIVE SPRINGFIELD, IL 62703	37-0681529	501(C)3	6,879.	0.			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.	0.			CAPITOL COMMUNITY HEALTH CENTER - PROVIDES QUALITY, PRIMARY HEALTH AND ORAL HEALTH CARE TO

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RUTLEDGE YOUTH FOUNDATION 534 WEST MILLER STREET SPRINGFIELD, IL 62702	37-0706724	501(C)3	18,622.	0.			ACHIEVING ACADEMIC SUCCESS - DESIGNED TO ASSIST INTACT FAMILIES, WARDS, AND NON-WARDS WHO
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS - 710 NORTH EIGHTH STREET - SPRINGFIELD, IL 62702	37-0646367	501(C)3	40,000.	0.			ACUTE CARE PSYCHIATRIC CLINIC - PROVIDES RAPID RESPONSE TO ADULTS WITH SERIOUS MENTAL ILLNESS
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS - 710 NORTH EIGHTH STREET - SPRINGFIELD, IL 62702	37-0646367	501(C)3	39,500.	0.			CHILDREN'S CENTER ADHD CLINIC - SERVES CHILDREN AND ADOLESCENTS, AGES 4 TO 17, WHO HAVE SERIOUS
SPRINGFIELD URBAN LEAGUE 100 NORTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)3	7,500.	0.			SUMMER FREEDOM SCHOOL - A LITERACY RICH PROGRAM THAT UTILIZES AN INTEGRATED READING
LUTHERN CHILD & FAMILY SERVICES 400 SOUTH GRAND AVENUE WEST SPRINGFIELD, IL 62704	36-2167778	501(C)3	7,000.	0.			AWARE - THE AWARE PROGRAM IS A COMPREHENSIVE DOMESTIC VIOLENCE PROGRAM FOCUSED ON
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS - 710 NORTH EIGHTH STREET - SPRINGFIELD, IL 62702	37-0646367	501(C)3	30,000.	0.			PATH - THE PATH PROGRAM SERVES SPRINGFIELD ADULTS, AGES 18 AND OLDER, WHO HAVE A SERIOUS
SPRINGFIELD YMCA PO BOX 155 SPRINGFIELD, IL 62705	37-0661263	501(C)3	19,024.	0.			RIVERTON ACHIEVEMENT ENHANCEMENT PROGRAM - WORKS WITH RIVERTON ELEMENTARY SCHOOL
LAND OF LINCOLN LEGAL ASSISTANCE 310 EASTON STREET SPRINGFIELD, IL 62702	37-0958448	501(C)3	5,075.	0.			DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE.
LUTHERN CHILD & FAMILY SERVICES 400 SOUTH GRAND AVENUE WEST SPRINGFIELD, IL 62704	36-2167778	501(C)3	6,904.	0.			DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS - 710 NORTH EIGHTH STREET - SPRINGFIELD, IL 62702	37-0646367	501(C)3	16,362.	0.			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.	0.			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.	0.			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.	0.			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.	0.			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.	0.			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.	0.			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.	0.			DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE.

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.

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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN RED CROSS

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY SERVICES- SERVES AS

CENTRAL ILLINOIS' MOST CRUCIAL, NON-GOVERNMENTAL PROVIDER OF EMERGENCY

SERVICES INCLUDING DISASTER RELIEF AND SERVICE TO ARMED FORCES.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHER/BIG SISTER OF SANGAMON COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF CENTRAL ILLINOIS

(H) PURPOSE OF GRANT OR ASSISTANCE: 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

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF SPRINGFIELD

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL ILLINOIS FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: GIRL SCOUTS OF CENTRAL IL

(H) PURPOSE OF GRANT OR ASSISTANCE: STEM- SCIENCE TECHNOLOGY ENGINEERING AND MATH ACTIVITIES FOR AGES 5-17 YEARS OLD IN SANGAMON COUNTY,

Part IV Supplemental Information

REGARDLESS OF THEIR RACE, RELIGION, DISABILITY OR ECONOMIC STATUS. IT'S
AIM IS ACADEMIC ACHIEVEMENT AND INCREASED CAREER AWARENESS.

NAME OF ORGANIZATION OR GOVERNMENT: HELPING HANDS OF SPRINGFIELD

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: ONE HOPE UNITED

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERN CHILD & FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERN CHILD & FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: M.E.R.C.Y. COMMUNITIES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PERMANENT SUPPORTIVE HOUSING -

Part IV Supplemental Information

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.

NAME OF ORGANIZATION OR GOVERNMENT: MINI O'BEIRNE CRISIS NURSERY

(H) PURPOSE OF GRANT OR ASSISTANCE: NURSERY PROGRAM - THE PROGRAM PROVIDES TEMPORARY EMERGENCY CARE OF CHILDREN, BIRTH THROUGH AGE 6, WHO ARE AT RISK OF CHILD ABUSE AND NEGLECT.

NAME OF ORGANIZATION OR GOVERNMENT: PRAIRIE CENTER AGAINST SEXUAL ASSAULT

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: RUTLEDGE YOUTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: SENIOR SERVICES OF CENTRAL ILLINOIS

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SOJOURN SHELTER & SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: ADULT & CHILDREN SHELTER AND SUPPORT
- EMERGENCY SHELTER AND COMPREHENSIVE COUNSELING FOR ADULT AND CHILD
VICTIMS OF DOMESTIC VIOLENCE.

NAME OF ORGANIZATION OR GOVERNMENT: SPARC

(H) PURPOSE OF GRANT OR ASSISTANCE: EPILEPSY RESOURCE CENTER - SUPPORTS
ARE DESIGNED TO PROMOTE THE WELFARE OF INDIVIDUALS WITH EPILEPSY AND
THEIR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED CEREBRAL PALSY

(H) PURPOSE OF GRANT OR ASSISTANCE: BRIDGES - THE BRIDGES PROGRAM
PREPARES YOUTH WITH DISABILITIES TO ENTER THE WORKFORCE AND FURTHER THEIR
EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH SERVICE BUREAU

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN RED CROSS

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF SPRINGFIELD

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF SPRINGFIELD

(H) PURPOSE OF GRANT OR ASSISTANCE: ST. CLARE'S HEALTH CLINIC -

PROVIDING HEALTH CARE FOR ECONOMICALLY DISADVANTAGED ADULTS AND CHILDREN,

INCLUDING MEDICAID RECIPIENTS, ALL KIDS RECIPIENTS, AND LOW INCOME

FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SVC CENTER OF SANGAMON COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: 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

Part IV Supplemental Information

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.

NAME OF ORGANIZATION OR GOVERNMENT: M.E.R.C.Y. COMMUNITIES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: SENIOR SERVICES OF CENTRAL ILLINOIS

(H) PURPOSE OF GRANT OR ASSISTANCE: DAILY BREAD - NUTRITION PROGRAM PROVIDES MEALS AT 12 CONGREGATE AND 12 HOME-DELIVERED SITES IN SANGAMON COUNTY. MID DAY MEALS ARE AVAILABLE MONDAY-FRIDAY.

NAME OF ORGANIZATION OR GOVERNMENT: SENIOR SERVICES OF CENTRAL ILLINOIS

(H) PURPOSE OF GRANT OR ASSISTANCE: SENIOR TRANSPORT - TRANSPORTATION TO MEDICAL/DENTAL APPOINTMENTS, DAILY BREADS SITES, PHARMACIES, GROCERY STORES, BANKS, ETC. TO ANYONE AGE 60 AND OVER, LIVING INDEPENDENTLY.

NAME OF ORGANIZATION OR GOVERNMENT: SOJOURN SHELTER & SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SPARC

(H) PURPOSE OF GRANT OR ASSISTANCE: RESPITE 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.

NAME OF ORGANIZATION OR GOVERNMENT: SPRINGFIELD URBAN LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: TEEN REACH - PROMOTES YOUTH LEADERSHIP, INCREASED PARENT AND YOUTH BONDING AND MENTORSHIP WITH PROGRAM STAFF AND COMMUNITY VOLUNTEERS.

NAME OF ORGANIZATION OR GOVERNMENT: SPRINGFIELD URBAN LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: 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)

NAME OF ORGANIZATION OR GOVERNMENT: UNITED CEREBRAL PALSY

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNITED CEREBRAL PALSY

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL COUNTIES HEALTH CENTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITOL COMMUNITY HEALTH CENTER -
PROVIDES QUALITY, PRIMARY HEALTH AND ORAL HEALTH CARE TO THE MOST
DISENFRANCHISED INDIVIDUALS IN THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: RUTLEDGE YOUTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT:

MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: SPRINGFIELD URBAN LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERN CHILD & FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT:

MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS

(H) PURPOSE OF GRANT OR ASSISTANCE: 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

Part IV Supplemental Information

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.

NAME OF ORGANIZATION OR GOVERNMENT: SPRINGFIELD YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

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 990-EZ 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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESOURCES, AS WELL AS OTHER COMMUNITY RESOURCES, TO SERVE CENTRAL
ILLINOIS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

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

Name of the organization UNITED WAY OF CENTRAL ILLINOIS, INC.	Employer identification number 37-0716060
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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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN INTEREST IN BENEFICIAL TRUSTS -3,155.