

Form **990**

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

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF CENTRAL ILLINOIS, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1999 WEST WABASH AVENUE, SUITE 107 City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, IL 62704 F Name and address of principal officer: JOHN P. KELKER SAME AS C ABOVE	D Employer identification number 37-0716060 E Telephone number 217-726-7000 G Gross receipts \$ 4,677,110. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
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

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	27
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 2015 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	886
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	3,047,098.	2,594,737.
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)	144,800.	136,769.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	101,098.	144,613.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,292,996.	2,876,119.
14	Benefits paid to or for members (Part IX, column (A), line 4)	2,422,157.	2,221,565.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	518,036.	481,834.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 177,422.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	402,870.	373,006.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,343,063.	3,076,405.
19	Revenue less expenses. Subtract line 18 from line 12	-50,067.	-200,286.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	8,592,804.	7,998,941.
22	Net assets or fund balances. Subtract line 21 from line 20	1,622,051.	1,367,632.
		6,970,753.	6,631,309.

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 JOHN P. KELKER, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MICHAEL BASS	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P00458970
	Firm's name ▶ RSM US LLP Firm's address ▶ 1 N OLD STATE CAPITOL PLZ STE 500 SPRINGFIELD, IL 62701-1323	Firm's EIN ▶ 42-0714325 Phone no. 217-789-7700

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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. THIS INCLUDES MOBILIZING VOLUNTEERS AND FINANCIAL RESOURCES AS WELL AS OTHER COMMUNITY RESOURCES TO SERVE CENTRAL ILLINOIS.

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 If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 978,917. including grants of \$ 978,917.) (Revenue \$) ESSENTIAL SERVICES- ESSENTIAL SERVICE PROGRAMS INCLUDE THOSE SERVICES PROVIDING FOOD, SHELTER, HEALTHCARE AND SERVICES FOR VICTIMS. ESSENTIAL SERVICE PROGRAMS RECEIVE APPROXIMATELY 59% OF TOTAL ALLOCATIONS TO HELP THOSE WHO ARE IN NEED OF ASSISTANCE THE MOST.

4b (Code:) (Expenses \$ 686,109. including grants of \$ 686,109.) (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 41% OF ALLOCATIONS SUPPORT PROGRAMS ALIGNED WITH SANGAMON COUNTY'S CONTINUUM OF LEARNING.

4c (Code:) (Expenses \$ 117,718. including grants of \$ 117,718.) (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 OF CENTRAL ILLINOIS 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. 2015 GRANTS WERE MADE TO THE GREATER SPRINGFIELD CHAMBER FOUNDATION, CEO PROGRAM AND THE CENTRAL BAPTIST CHURCH, TOXIC CHARITY CONFERENCE (\$35,500).

4d Other program services (Describe in Schedule O.) (Expenses \$ 775,190. including grants of \$ 438,821.) (Revenue \$)

4e Total program service expenses 2,557,934.

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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a</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), 501(c)(4), and 501(c)(29) 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No columns. Includes rows 1a-14b with various tax-related questions and numerical inputs.

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 or note to any line 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.		
	1a 27		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 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	
b	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:		
a	The governing body?	X	
b	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
b	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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	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
b	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?		
16b			

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, address, and telephone number of the person who possesses the organization's books and records: **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 or note to any line 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) DEB AYERS DIRECTOR	1.00	X					0.	0.	0.	
(3) MARK BARTHEL DIRECTOR	1.00	X					0.	0.	0.	
(4) MICAH BARTLETT DIRECTOR	1.00	X					0.	0.	0.	
(5) GREG BIRKY DIRECTOR	1.00	X					0.	0.	0.	
(6) RUSS BRAIDLOW DIRECTOR	1.00	X					0.	0.	0.	
(7) JENNIFER CALL DIRECTOR	1.00	X					0.	0.	0.	
(8) JOHN P. COOMBE DIRECTOR	1.00	X					0.	0.	0.	
(9) KEVIN DORSEY DIRECTOR	1.00	X					0.	0.	0.	
(10) SANDY FIGURSKI DIRECTOR	1.00	X					0.	0.	0.	
(11) JENNIFER GILL DIRECTOR	1.00	X					0.	0.	0.	
(12) CHRIS HEMBROUGH DIRECTOR	1.00	X					0.	0.	0.	
(13) JULIE KELLNER DIRECTOR	1.00	X					0.	0.	0.	
(14) SUSAN KOCH DIRECTOR	1.00	X					0.	0.	0.	
(15) PAM KOVACEVICH DIRECTOR	1.00	X					0.	0.	0.	
(16) FRANK LYNCH DIRECTOR	1.00	X					0.	0.	0.	
(17) JASON MACK 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) REBECCA PUCLIK DIRECTOR	1.00	X						0.	0.	0.
(19) PATRICIA SCHULZ DIRECTOR	1.00	X						0.	0.	0.
(20) ROBERT SCOTT DIRECTOR	1.00	X						0.	0.	0.
(21) TIFFANY SIMMONS DIRECTOR	1.00	X						0.	0.	0.
(22) CHRIS SMITH DIRECTOR	1.00	X						0.	0.	0.
(23) MELINA TOMARAS-COLLINS DIRECTOR	1.00	X						0.	0.	0.
(24) SUSAN WALLACE DIRECTOR	1.00	X						0.	0.	0.
(25) KATE WARD DIRECTOR	1.00	X						0.	0.	0.
(26) ROBIN LOFTUS CHAIR	1.00			X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								113,158.	0.	16,468.
d Total (add lines 1b and 1c)								113,158.	0.	16,468.

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 or note to any line 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 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 85,200.						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,509,537.						
	g Noncash contributions included in lines 1a-1f: \$	15,048.						
	h Total. Add lines 1a-1f	▶ 2,594,737.						
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)	▶ 136,769.				136,769.		
	4 Income from investment of tax-exempt bond proceeds	▶ _____						
	5 Royalties	▶ _____						
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses	_____					_____
		c Rental income or (loss)	_____					_____
		d Net rental income or (loss)	▶ _____					_____
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		1,760,491.	_____					
		b Less: cost or other basis and sales expenses	1,760,491.					_____
		c Gain or (loss)	0.					_____
	d Net gain or (loss)	▶ _____	_____					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 40,500.						
		b Less: direct expenses	b 40,500.					
		c Net income or (loss) from fundraising events	▶ 0.					
9 a Gross income from gaming activities. See Part IV, line 19	a _____							
	b Less: direct expenses	b _____						
	c Net income or (loss) from gaming activities	▶ _____						
10 a Gross sales of inventory, less returns and allowances	a _____							
	b Less: cost of goods sold	b _____						
	c Net income or (loss) from sales of inventory	▶ _____						
Miscellaneous Revenue		Business Code						
11 a	ADMINISTRATIVE FEE	624200	32,339.	32,339.				
	b _____	_____						
	c _____	_____						
	d All other revenue	624200	112,274.	112,274.				
e Total. Add lines 11a-11d	▶ 144,613.							
12 Total revenue. See instructions.	▶ 2,876,119.		144,613.	0.	136,769.			

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	2,221,565.	2,221,565.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	113,158.	35,079.	78,079.	
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	253,035.	120,461.	41,336.	91,238.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,869.	16,928.	7,246.	10,695.
9 Other employee benefits	48,946.	23,762.	10,171.	15,013.
10 Payroll taxes	31,826.	13,303.	10,455.	8,068.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	62,253.	10,370.	47,266.	4,617.
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.)	99,494.	16,573.	75,543.	7,378.
12 Advertising and promotion	27,678.	18,983.	50.	8,645.
13 Office expenses	17,301.	8,932.	7,493.	876.
14 Information technology				
15 Royalties				
16 Occupancy	90,726.	47,264.	18,905.	24,557.
17 Travel	3,589.	337.	2,168.	1,084.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,968.	13,020.	3,339.	609.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,672.	2,336.	934.	1,402.
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 DUES & SUBSCRIPTIONS	28,996.	476.	27,708.	812.
b SECA BUDGET	9,125.		9,125.	
c MISCELLANEOUS	8,331.	7,513.	818.	
d MAINTENANCE	2,064.	1,032.	413.	619.
e All other expenses	1,809.			1,809.
25 Total functional expenses. Add lines 1 through 24e	3,076,405.	2,557,934.	341,049.	177,422.
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 or note to any line 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	689,099.	2	695,262.
	3 Pledges and grants receivable, net	1,488,204.	3	1,328,509.
	4 Accounts receivable, net	719.	4	
	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	26,003.	9	28,757.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 236,226.		
	b Less: accumulated depreciation	10b 139,287.		
	11 Investments - publicly traded securities	101,611.	10c	96,939.
	12 Investments - other securities. See Part IV, line 11	2,922,716.	11	2,164,602.
	13 Investments - program-related. See Part IV, line 11	2,873,318.	12	3,436,172.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	491,134.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,592,804.	15	248,700.	
		16	7,998,941.	
Liabilities	17 Accounts payable and accrued expenses	81,444.	17	72,060.
	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	1,540,607.	25	1,295,572.
	26 Total liabilities. Add lines 17 through 25	1,622,051.	26	1,367,632.
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	5,012,291.	27	5,004,733.
	28 Temporarily restricted net assets	1,570,304.	28	1,430,091.
	29 Permanently restricted net assets	388,158.	29	196,485.
	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	6,970,753.	33	6,631,309.
	34 Total liabilities and net assets/fund balances	8,592,804.	34	7,998,941.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,876,119.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,076,405.
3	Revenue less expenses. Subtract line 2 from line 1	3	-200,286.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,970,753.
5	Net unrealized gains (losses) on investments	5	-113,097.
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	-26,061.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,631,309.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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?		X
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			
b	Were the organization's financial statements audited by an independent accountant?	X	
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			
c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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
b	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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,053,077.	2,591,611.	2,339,383.	3,047,098.	2,594,737.	13,625,906.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	3,053,077.	2,591,611.	2,339,383.	3,047,098.	2,594,737.	13,625,906.
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)						539,007.
6 Public support. Subtract line 5 from line 4.						13,086,899.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	3,053,077.	2,591,611.	2,339,383.	3,047,098.	2,594,737.	13,625,906.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	104,564.	114,290.	124,385.	145,226.	136,769.	625,234.
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 VI.)	68,643.	62,471.	59,175.	101,098.	144,613.	436,000.
11 Total support. Add lines 7 through 10						14,687,140.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	89.10 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	89.67 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 VI 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 - 2014. 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 VI 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

UNITED WAY OF CENTRAL ILLINOIS, INC.

Employer identification number

37-0716060

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization UNITED WAY OF CENTRAL ILLINOIS, INC.	Employer identification number 37-0716060
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE HORACE MANN COMPANIES ONE HORACE MANN PLAZA SPRINGFIELD, IL 62715	\$ 231,156.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE HORACE MANN COMPANIES ONE HORACE MANN PLAZA SPRINGFIELD, IL 62715	\$ 190,253.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WELLS FARGO HOME MORTGAGE 4800 W. WABASH SPRINGFIELD, IL 62711	\$ 77,501.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WELLS FARGO HOME MORTGAGE 4800 W. WABASH SPRINGFIELD, IL 62711	\$ 127,014.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	\$ 161,470.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	AT&T 555 E. COOK STREET, UNIT 1-E SPRINGFIELD, IL 62721	\$ 10,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF CENTRAL ILLINOIS, INC.	Employer identification number 37-0716060
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	AT&T 555 E. COOK STREET, UNIT 1-E SPRINGFIELD, IL 62721	\$ 51,982.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BUNN-O-MATIC 1400 STEVENSON DRIVE SPRINGFIELD, IL 62703	\$ 24,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BUNN-O-MATIC 1400 STEVENSON DRIVE SPRINGFIELD, IL 62703	\$ 35,787.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SPRINGFIELD ELECTRIC SUPPLY CO 700 N. NINTH STREET SPRINGFIELD, IL 62702	\$ 30,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	SPRINGFIELD ELECTRIC SUPPLY CO 700 N. NINTH STREET SPRINGFIELD, IL 62702	\$ 55,807.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	AMEREN ONE AMEREN PLAZA, 1901 CHOUTEAU AVENUE, ST LOUIS, MO 63166	\$ 61,183.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF CENTRAL ILLINOIS, INC.	Employer identification number 37-0716060
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	AMEREN ONE AMEREN PLAZA, 1901 CHOUTEAU AVENUE, ST LOUIS, MO 63166	\$ 27,246.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	H.D. SMITH WHOLESALE DRUG COMPANY 3063 FIAT AVENUE SPRINGFIELD, IL 62703	\$ 49,773.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	H.D. SMITH WHOLESALE DRUG COMPANY 3063 FIAT AVENUE SPRINGFIELD, IL 62703	\$ 30,370.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	HANSON PROFESSIONAL SERVICES INC 1525 S. 6TH STREET SPRINGFIELD, IL 62703	\$ 23,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	HANSON PROFESSIONAL SERVICES INC 1525 S. 6TH STREET SPRINGFIELD, IL 62703	\$ 34,660.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	STATE EMPLOYEES COMBINED APPEAL STATE EMPLOYEES OF ILLINOIS SPRINGFIELD, IL 62701	\$ 104,206.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF CENTRAL ILLINOIS, INC.	Employer identification number 37-0716060
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	DISTRICT 186 EMPLOYEES 1900 W. MONROE ST. SPRINGFIELD, IL 62704	\$ 68,642.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	\$ 64,304.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	DISTRICT 186 EMPLOYEES 1900 W. MONROE ST. SPRINGFIELD, IL 62704	\$ 33,989.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	ILLINOIS NATIONAL BANK 2849 S. 6TH STREET SPRINGFIELD, IL 62703	\$ 12,882.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	ILLINOIS NATIONAL BANK 2849 S. 6TH STREET SPRINGFIELD, IL 62703	\$ 44,680.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	KERBER, ECK & BRAECKEL LLP 1 W. OLD STATE CAPITOL PLAZA #100 SPRINGFIELD, IL 62701	\$ 7,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF CENTRAL ILLINOIS, INC.	Employer identification number 37-0716060
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	KERBER, ECK & BRAECKEL LLP 1 W. OLD STATE CAPITOL PLAZA #100 SPRINGFIELD, IL 62701	\$ 47,569.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF CENTRAL ILLINOIS, INC.	Employer identification number 37-0716060
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization UNITED WAY OF CENTRAL ILLINOIS, INC.	Employer identification number 37-0716060
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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" on 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, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds. Complete if the organization answered "Yes" on 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.
b Contributions					25,000.
c Net investment earnings, gains, and losses				378,439.	64,473.
d Grants or scholarships				203,071.	908,335.
e Other expenditures for facilities and programs				3,356,940.	
f Administrative expenses					
g End of year balance					3,181,572.

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 on lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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.	24,867.	87,758.
d Equipment		123,601.	114,420.	9,181.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				96,939.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) VANGUARD EQUITY INCOME		
(B) ADMIN #565	526,238.	END-OF-YEAR MARKET VALUE
(C) VANGUARD GROWTH INDEX		
(D) FUND #9	546,308.	END-OF-YEAR MARKET VALUE
(E) VANGUARD INTRM TRM BD INX		
(F) AD #5314	591,792.	END-OF-YEAR MARKET VALUE
(G) VANGUARD SHORT TERM BOND		
(H) INDEX #5132	586,972.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,436,172.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ALLOCATIONS PAYABLE	801,513.
(3) DESIGNATIONS PAYABLE	441,844.
(4) FUNDS HELD FOR OTHERS	52,215.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,295,572.

2. Liability for uncertain tax positions. 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,331,303.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-113,097.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	14,439.	
e	Add lines 2a through 2d	2e		-98,658.
3	Subtract line 2e from line 1	3		2,429,961.
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	446,158.	
c	Add lines 4a and 4b	4c		446,158.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		2,876,119.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,670,747.
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	40,500.	
e	Add lines 2a through 2d	2e		40,500.
3	Subtract line 2e from line 1	3		2,630,247.
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	446,158.	
c	Add lines 4a and 4b	4c		446,158.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		3,076,405.

Part XIII Supplemental Information.

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 X, LINE 2:

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2012.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	40,500.
CHANGE IN BENEFICIAL INTEREST	-26,061.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	14,439.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 446,158.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 40,500.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 446,158.

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		KICK OFF EVENTS (event type)	(event type)	NONE (total number)	
1	Gross receipts	40,500.			40,500.
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	40,500.			40,500.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	40,500.			40,500.
10	Direct expense summary. Add lines 4 through 9 in column (d)				40,500.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.

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

Revenue		(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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct 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: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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, IL CAPITAL AREA CHAPTER - 1045 OUTER PARK DRIVE - SPRINGFIELD, IL 62705	37-0716060	501(C)3	51,641.	0.			EMERGENCY SERVICES- HELPS TO MEET THE NEEDS OF VICTIMS DURING TIMES OF DISASTER AND EMERGENCY
BIG BROTHER/BIG SISTER OF THE IL CAPITAL REGION - 444 SOUTH GRAND AVE WEST - SPRINGFIELD, IL 62704	37-0997310	501(C)3	133,604.	0.			COMPREHENSIVE MENTORING - SERVICES INCLUDE SCHOOL-BASED MENTORING AND COMMUNITY-BASED
BOYS & GIRLS CLUB OF CENTRAL ILLINOIS - 300 SOUTH FIFTEENTH STREET - SPRINGFIELD, IL 62705	37-0752849	501(C)3	105,729.	0.			MCCLERNAND LEARNING CENTER- CHILDREN ENGAGE IN THE FOLLOWING PROGRAM ACTIVITIES: ACADEMIC
CATHOLIC CHARITIES OF SPRINGFIELD 120 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0661499	501(C)3	23,872.	0.			HOLY FAMILY FOOD PANTRY AND CRISIS ASSISTANCE - PROVIDES IMMEDIATE RELIEF TO THE HUNGRY WHILE
GIRL SCOUTS OF CENTRAL IL 3020 BAKER DRIVE SPRINGFIELD, IL 62703	37-0681529	501(C)3	9,063.	0.			STEM INITIATIVES - SCIENCE TECHNOLOGY ENGINEERING AND MATH ACTIVITIES FOR AGES 5-17
HELPING HANDS OF SPRINGFIELD 200 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-1255889	501(C)3	69,582.	0.			SHELTER AND SUPPORT SERVICES - A 33 BED EMERGENCY SHELTER FOR SINGLE, HOMELESS ADULTS,

- 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) (2015)

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
ONE HOPE UNITED 3 SOUTH OLD STATE CAPITOL PLAZA SPRINGFIELD, IL 62701	37-0697157	501(C)3	15,104.	0.			FOSTER GRANDPARENT PROGRAM - DESIGNED TO ASSIST 'HIGH RISK' CHILDREN BY PROVIDING
LUTHERAN CHILD & FAMILY SERVICES 400 SOUTH GRAND AVENUE WEST SPRINGFIELD, IL 62704	36-2167778	501(C)3	8,770.	0.			INTACT FAMILY - THE INTACT FAMILY PROGRAM PROVIDES COUNSELING AND CASE MANAGEMENT SERVICES
M.E.R.C.Y. COMMUNITIES, INC 1344 N. 5TH STREET SPRINGFIELD, IL 62702	37-1383599	501(C)3	20,461.	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	32,397.	0.			CRISIS NURSERY CORE PROGRAM - PROVIDES TEMPORARY EMERGENCY CARE OF CHILDREN, BIRTH
SENIOR SERVICES OF CENTRAL ILLINOIS - 701 WEST MASON STREET - SPRINGFIELD, IL 62702	37-0895193	501(C)3	39,169.	0.			COMPREHENSIVE ELDER ASSIST - PROVIDES SOCIAL ADJUSTMENT AND REHABILITATION
SOJOURN SHELTER & SERVICES 1800 WESTCHESTER BLVD SPRINGFIELD, IL 62704	51-0139118	501(C)3	83,794.	0.			ADULT & CHILDREN SHELTER & SUPPORT - EMERGENCY SHELTER AND COMPREHENSIVE COUNSELING FOR ADULTS AND
SPARC 232 BRUNS LANE SPRINGFIELD, IL 62702	37-0717761	501(C)3	3,387.	0.			EPILEPSY RESOURCE CENTER - SERVICES DESIGNED TO PROMOTE THE WELFARE OF INDIVIDUALS WITH EPILEPSY
YOUTH SERVICE BUREAU 2901 NORMANDY ROAD SPRINGFIELD, IL 62703	36-1015851	501(C)3	126,666.	0.			SHELTER & AFTER CARE - SHELTER CARE FOR ABUSED, NEGLECTED, RUNAWAY HOMELESS COMMUNITY YOUTH
CATHOLIC CHARITIES OF SPRINGFIELD 120 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0661499	501(C)3	128,663.	0.			ST JOHN'S BREADLINE - PROVIDES FREE, WELL-BALANCED AND NUTRITIOUS MEALS, 365

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
CATHOLIC CHARITIES OF SPRINGFIELD 120 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0661499	501(C)3	51,543.	0.			ST. CLARE'S HEALTH CLINIC - PROVIDES HEALTH CARE FOR ECONOMICALLY DISADVANTAGED ADULTS AND
FAMILY SERVICE CENTER 730 EAST VINE STREET SPRINGFIELD, IL 62703	37-0681513	501(C)3	100,694.	0.			COMPASS AFTERSCHOOL PROGRAM - A FREE AFTER-SCHOOL AND SUMMER PROGRAM FOR HOMELESS AND
M.E.R.C.Y. COMMUNITIES, INC 1344 N. 5TH STREET SPRINGFIELD, IL 62702	37-1383599	501(C)3	31,179.	0.			TRANSITIONAL LIVING PROGRAM - A ONE YEAR TRANSITIONAL LIVING PROGRAM WHICH ASSISTS
SENIOR SERVICES OF CENTRAL ILLINOIS - 701 WEST MASON STREET - SPRINGFIELD, IL 62702	37-0895193	501(C)3	37,025.	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	3,703.	0.			SENIOR TRANSPORT - TRANSPORTATION TO MEDICAL/DENTAL APPOINTMENTS, DAILY
SOJOURN SHELTER & SERVICES 1800 WESTCHESTER BLVD SPRINGFIELD, IL 62704	51-0139118	501(C)3	46,769.	0.			COURT SERVICES - SERVICES INCLUDE COURT ADVOCACY, SAFETY PLANNING, 911 ON-LOCATION
SPARC 232 BRUNS LANE SPRINGFIELD, IL 62702	37-0717761	501(C)3	7,795.	0.			RESPIRE CARE - PROVIDES TEMPORARY RELIEF OF CAREGIVING RESPONSIBILITIES TO THE
SPRINGFIELD URBAN LEAGUE 100 NORTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)3	12,083.	0.			WEE GROW - THIS PROGRAM TAKES INTO ACCOUNT EARLY LEARNING BENCHMARKS AND STANDARDS AND IS GEARED
UNITED CEREBRAL PALSY 130 NORTH SIXTEENTH STREET SPRINGFIELD, IL 62794	37-0902106	501(C)3	21,851.	0.			LIFE WITHOUT LIMITS DAY CAMP - AN EIGHT-WEEK EDUCATIONAL CAMP FOR CHILDREN AND YOUTH AGES

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
UNITED CEREBRAL PALSY 130 NORTH SIXTEENTH STREET SPRINGFIELD, IL 62794	37-0902106	501(C)3	45,312.	0.			ASSISTIVE TECHNOLOGY - PROGRAM THAT IS USED TO INCREASE, MAINTAIN OR IMPROVE FUNCTIONAL
CENTRAL COUNTIES HEALTH CENTERS 2239 EAST COOK STREET SPRINGFIELD, IL 62703	37-1361916	501(C)3	16,662.	0.			ORAL HEALTH SERVICES - PROVIDES GENERAL DENTISTRY SERVICES TO ADULTS AND CHILDREN.
RUTLEDGE YOUTH FOUNDATION 534 WEST MILLER STREET SPRINGFIELD, IL 62702	37-0706724	501(C)3	38,974.	0.			YOUTH COUNSELING AND ADVOCACY - SERVES YOUTH AGES 8 - 21 WHO ARE EXPERIENCING EXTREME
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS - 710 NORTH EIGHTH STREET - SPRINGFIELD, IL 62702	37-0646367	501(C)3	38,974.	0.			ACUTE CARE PSYCHIATRIC CLINIC - PROVIDES SERVICES TO ADULTS WITH SERIOUS MENTAL ILLNESS
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS - 710 NORTH EIGHTH STREET - SPRINGFIELD, IL 62702	37-0646367	501(C)3	75,520.	0.			CHILDREN'S CENTER ADHD CLINIC - THE ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) CLINIC IS
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS - 710 NORTH EIGHTH STREET - SPRINGFIELD, IL 62702	37-0646367	501(C)3	39,413.	0.			PATH - SERVES SPRINGFIELD ADULTS, AGES 18 AND OLDER, WHO HAVE A SERIOUS MENTAL ILLNESS AND WHO
SPRINGFIELD YMCA 701 SOUTH FOURTH STREET SPRINGFIELD, IL 62705	37-0661263	501(C)3	26,181.	0.			AFTERSCHOOL ENHANCEMENT PROGRAM - WORKS WITH CHATHAM AREA ELEMENTARY STUDENTS TO PROVIDE
CONTACT MINISTRIES 1100 EAST ADAMS STREET SPRINGFIELD, IL 62703	37-1072626	501(C)3	34,102.	0.			CONTACT MINISTRIES' WOMEN AND CHILDREN'S EMERGENCY SHELTER SERVES SINGLE WOMEN AND MOTHERS WITH
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS - 710 NORTH EIGHTH STREET - SPRINGFIELD, IL 62702	37-0646367	501(C)3	18,513.	0.			SUICIDE PREVENTION LIFELINE- PROVIDES SUPPORT TO PEOPLE WHO CALL FOR THEMSELVES OR

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
M.E.R.C.Y. COMMUNITIES, INC 1344 N. 5TH STREET SPRINGFIELD, IL 62702	37-1383599	501(C)3	14,616.	0.			HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)- DATABASE UTILIZED BY THE HOMELESS SERVICE
BOYS & GIRLS CLUB OF CENTRAL ILLINOIS - 300 SOUTH FIFTEENTH STREET - SPRINGFIELD, IL 62705	37-0752849	501(C)3	33,229.	0.			COMMON CORE KIDS - BRINGS A NEW ACADEMIC SUPPORT COMPONENT FOR CHILDREN WITH DEVELOPMENTAL LAGS.
FAMILY SERVICE CENTER 730 EAST VINE STREET SPRINGFIELD, IL 62703	37-0681513	501(C)3	56,389.	0.			READY FOR TOMORROW - A COLLABORATION BETWEEN FAMILY SERVICE CENTER, SPRINGFIELD SCHOOL
SENIOR SERVICES OF CENTRAL ILLINOIS - 701 WEST MASON STREET - SPRINGFIELD, IL 62702	37-0895193	501(C)3	11,254.	0.			MEALS ON WHEELS - HELPS SENIOR CITIZENS, CONVALESCENTS, PEOPLE WITH DISABILITIES, THE
AMERICAN RED CROSS, IL CAPITAL AREA CHAPTER - 1045 OUTER PARK DRIVE - SPRINGFIELD, IL 62705	37-0661488	501(C)3	8,245.	0.			DESIGNATIONS - DONOR DIRECTED DONATIONS, AVAILABLE FOR THE AGENCY'S GENERAL USE.
BIG BROTHER/BIG SISTER OF THE IL CAPITAL REGION - 928 SOUTH SPRING STREET - SPRINGFIELD, IL 62704	37-0997310	501(C)3	10,712.	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	11,724.	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	12,408.	0.			DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
CENTRAL ILLINOIS FOODBANK, INC. 1937 EAST COOK SPRINGFIELD, IL 62703	37-1106465	501(C)3	23,246.	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
GIRL SCOUTS OF CENTRAL ILLINOIS 3020 BAKER DRIVE SPRINGFIELD, IL 62703	37-0681529	501(C)3	6,830.	0.			DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
CONTACT MINISTRIES 1100 EAST ADAMS STREET SPRINGFIELD, IL 62703	37-1072626	501(C)3	6,933.	0.			DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
FAMILY SERVICE CENTER 730 EAST VINE STREET SPRINGFIELD, IL 62703	37-0681513	501(C)3	7,224.	0.			DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
HELPING HANDS OF SPRINGFIELD 1023 E. WASHINGTON SPRINGFIELD, IL 62703	37-1255889	501(C)3	5,808.	0.			DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
MEMORIAL HEALTH SYSTEM 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	37-1110690	501(C)3	6,145.	0.			DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
METAL HEALTH CENTERS OF CENTRAL ILLINOIS - 710 NORTH EIGHTH STREET - SPRINGFIELD, IL 62702	37-0646367	501(C)3	18,914.	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	7,577.	0.			DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
SPARC 232 BRUNS LANE SPRINGFIELD, IL 62702	37-0717761	501(C)3	8,777.	0.			DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
SPRINGFIELD URBAN LEAGUE 100 NORTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)3	6,290.	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
SPRINGFIELD YMCA 701 SOUTH FOURTH STREET PO BOX 155 SPRINGFIELD, IL 62705	37-0661263	501(C)3	7,140.	0.			DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
UNITED CEREBAL PALSY, LAND OF LINCOLN - 130 NORTH SIXTEENTH STREET PO BOX 19494 - SPRINGFIELD, IL 62794	37-0902106	501(C)3	14,718.	0.			DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
PRAIRIELAND UNITED WAY 200 W. DOUGLAS AVENUE JACKSONVILLE, IL 62650	37-6039121	501(C)3	5,449.	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	9,420.	0.			DESIGNATIONS - DONOR DIRECTED DONATIONS AVAILABLE FOR THE AGENCY'S GENERAL USE.
SANGAMON CEO EXPANSION 1011 S. 2ND STREET SPRINGFIELD, IL 62704	20-8495211	501(C)3	30,000.	0.			SANGAMON CEO - THIS GRANT WAS AWARDED IN ORDER TO EXPAND THE SANGAMON CEO CLASS FROM 1 CLASS TO 2.
TOXIC CHARITY CONFERENCE 501 S. 4TH STREET SPRINGFIELD, IL 62701	37-0673469	501(C)3	5,500.	0.			TOXIC CHARITY CONFERENCE - THIS GRANT WAS AWARDED FOR A ONE TIME OPPORTUNITY. THE TOXIC

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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, IL CAPITAL AREA CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY SERVICES- HELPS TO MEET

Part IV Supplemental Information

THE NEEDS OF VICTIMS DURING TIMES OF DISASTER AND EMERGENCY SITUATIONS.
THIS HELP AIDS IN THEIR RECOVERY PROCESS AND HELPS TO REBUILD THEIR
LIVES.

NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHER/BIG SISTER OF THE IL CAPITAL REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPREHENSIVE MENTORING - SERVICES
INCLUDE SCHOOL-BASED MENTORING AND COMMUNITY-BASED MENTORING.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: MCCLERNAND LEARNING CENTER- CHILDREN
ENGAGE IN THE FOLLOWING PROGRAM ACTIVITIES: ACADEMIC ASSISTANCE, LIFE
SKILLS AND PREVENTION ACTIVITIES, NUTRITION AND HEALTH PROGRAMS,
RECREATION, TECHNOLOGY AND ARTISTIC AND CULTURAL ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF SPRINGFIELD

(H) PURPOSE OF GRANT OR ASSISTANCE: HOLY FAMILY FOOD PANTRY AND CRISIS
ASSISTANCE - PROVIDES 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: GIRL SCOUTS OF CENTRAL IL

(H) PURPOSE OF GRANT OR ASSISTANCE: STEM INITIATIVES - SCIENCE
TECHNOLOGY ENGINEERING AND MATH ACTIVIES FOR AGES 5-17 YEARS OLD IN
SANGAMON AND MENARD COUNTIES.

NAME OF ORGANIZATION OR GOVERNMENT: HELPING HANDS OF SPRINGFIELD

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SHELTER AND SUPPORT SERVICES - A 33
BED EMERGENCY SHELTER FOR SINGLE, HOMELESS ADULTS, THAT PROVIDES CLIENTS
WITH BASIC NECESSITIES AND ACCESS TO INDIVIDUALIZED SUPPORT SERVICES.
INDIVIDUALIZED SUPPORT SERVICES ARE 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 GRANDPARENT PROGRAM -
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: LUTHERAN 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 -
AFFORDABLE HOUSING, CASE MANAGEMENT AND A PROFESSIONAL SUPPORT SYSTEM TO
HELP DISABLED FAMILIES WITH DEPENDENT CHILDREN LIVE HEALTHY,
INTERDEPENDENT LIVES.

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

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SENIOR SERVICES OF CENTRAL ILLINOIS

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPREHENSIVE ELDER ASSIST -

PROVIDES SOCIAL ADJUSTMENT AND REHABILITATION ASSISTANCE. THE PROGRAM
ASSISTS CLIENTS TO MAINTAIN QUALITY, INDEPENDENT COMMUNITY LIVING, WITH
SAFETY, COMFORT AND DIGNITY.

NAME OF ORGANIZATION OR GOVERNMENT: SOJOURN SHELTER & SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: ADULT & CHILDREN SHELTER & SUPPORT -

EMERGENCY SHELTER AND COMPREHENSIVE COUNSELING FOR ADULTS AND THEIR
CHILDREN WHO ARE VICTIMS OF DOMESTIC VIOLENCE.

NAME OF ORGANIZATION OR GOVERNMENT: SPARC

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

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: CATHOLIC CHARITIES OF SPRINGFIELD

(H) PURPOSE OF GRANT OR ASSISTANCE: ST JOHN'S BREADLINE - PROVIDES FREE,

WELL-BALANCED AND NUTRITIOUS MEALS, 365 DAYS A YEAR, TO THE HUNGRY

WITHIN OUR COMMUNITY AT NO CHARGE.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF SPRINGFIELD

(H) PURPOSE OF GRANT OR ASSISTANCE: ST. CLARE'S HEALTH CLINIC - PROVIDES HEALTH CARE FOR ECONOMICALLY DISADVANTAGED ADULTS AND CHILDREN, INCLUDING MEDICAID RECIPIENTS, ALL KIDS RECIPIENTS, AND LOW-INCOME FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICE CENTER

(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.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSITIONAL LIVING PROGRAM - A ONE YEAR TRANSITIONAL LIVING PROGRAM WHICH ASSISTS 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.

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

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: COURT SERVICES - SERVICES INCLUDE COURT ADVOCACY, SAFETY PLANNING, 911 ON-LOCATION CRISIS INTERVENTION, PRO BONO LEGAL SERVICES AND LEGAL REFERRAL FOR VICTIMS OF DOMESTIC VIOLENCE.

NAME OF ORGANIZATION OR GOVERNMENT: SPARC

(H) PURPOSE OF GRANT OR ASSISTANCE: RESPITE CARE - PROVIDES TEMPORARY RELIEF OF CAREGIVING 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: WEE GROW - THIS 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: LIFE WITHOUT LIMITS DAY CAMP - AN EIGHT-WEEK EDUCATIONAL CAMP FOR CHILDREN AND YOUTH AGES 6-21 WITH ANY DISABILITY.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED CEREBRAL PALSY

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTIVE TECHNOLOGY - PROGRAM THAT IS USED TO INCREASE, MAINTAIN OR IMPROVE FUNCTIONAL CAPABILITIES OF INDIVIDUALS WITH DISABILITIES THROUGH THE USE OF TECHNOLOGY.

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL COUNTIES HEALTH CENTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: ORAL HEALTH SERVICES - PROVIDES

Part IV Supplemental Information

GENERAL DENTISTRY SERVICES TO ADULTS AND CHILDREN. SERVICES ARE PROVIDED REGARDLESS OF A CLIENT'S ABILITY TO PAY.

NAME OF ORGANIZATION OR GOVERNMENT: RUTLEDGE YOUTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH COUNSELING AND ADVOCACY - SERVES YOUTH AGES 8 - 21 WHO ARE EXPERIENCING EXTREME DIFFICULTIES IN THEIR HOMES. THE PROGRAM PROVIDES COUNSELING AND ADVOCACY SERVICES TO YOUTH ON A ONE TO ONE BASIS WITH A BACHELOR'S LEVEL YOUTH ADVOCATE (CASE MANAGER).

NAME OF ORGANIZATION OR GOVERNMENT:

MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS

(H) PURPOSE OF GRANT OR ASSISTANCE: ACUTE CARE PSYCHIATRIC CLINIC - PROVIDES SERVICES TO ADULTS WITH SERIOUS MENTAL ILLNESS WHO NEED RAPID RESPONSE, ASSESSMENT, AND DIAGNOSIS TO DETERMINE THE BEST PROVIDER OF CARE AND COURSE OF TREATMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILDREN'S CENTER ADHD CLINIC - 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:

MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS

(H) PURPOSE OF GRANT OR ASSISTANCE: PATH - SERVES SPRINGFIELD ADULTS, AGES 18 AND OLDER, WHO HAVE A SERIOUS MENTAL ILLNESS AND WHO ARE HOMELESS

Part IV Supplemental Information

OR ARE AT RISK OF BECOMING HOMELESS. THE PATH PROGRAM'S 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: AFTERSCHOOL ENHANCEMENT PROGRAM - WORKS WITH CHATHAM AREA ELEMENTARY STUDENTS TO PROVIDE ADDITIONAL RESOURCES TO BETTER PREPARE STUDENTS WHO ARE NOT ACHIEVING AT GRADE LEVEL IN READING AND MATH.

NAME OF ORGANIZATION OR GOVERNMENT: CONTACT MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTACT MINISTRIES' WOMEN AND CHILDREN'S EMERGENCY SHELTER SERVES SINGLE WOMEN AND MOTHERS WITH CHILDREN, AGES 0-17 WHO MIGHT OTHERWISE HAVE TO STAY IN SEPARATE FACILITIES. MOTHERS WITH CHILDREN, ESPECIALLY THOSE WITH TEENAGE SONS, ARE OFTEN FACED WITH HOUSING THEIR FAMILY MEMBERS IN SEPERATE FACILITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUICIDE PREVENTION LIFELINE- PROVIDES SUPPORT TO PEOPLE WHO CALL FOR THEMSELVES OR SOMEONE THEY CARE ABOUT. THE INITIATIVE SUPPORTS GOAL 8 OF THE NATIONAL STRATEGY FOR SUICIDE PREVENTION: "PROMOTE SUICIDE PREVENTION AS A CORE COMPONENT OF HEALTH CARE SERVICES."

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

(H) PURPOSE OF GRANT OR ASSISTANCE: HOMELESS MANAGEMENT INFORMATION

Part IV Supplemental Information

SYSTEM (HMIS)- DATABASE UTILIZED BY THE HOMELESS SERVICE PROVIDERS IN SANGAMON COUNTY. PILOTED ON JULY 1, 2012, IT ESTABLISHED A PLATFORM FOR TRACKING CLIENT INFORMATION, SERVICES AND CASE NOTE DOCUMENTATION. THE PILOT PROGRAM IS DESIGNED TO FACILITATE COLLABORATION BETWEEN HOMELESS AGENCIES.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMON CORE KIDS - BRINGS A NEW ACADEMIC SUPPORT COMPONENT FOR CHILDREN WITH DEVELOPMENTAL LAGS.

CHILDREN WORK ALONG SIDE VOLUNTEERS TO IMPROVE READING AND MATH PERFORMANCE, AS WELL AS ATTENDANCE.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: READY FOR TOMORROW - A COLLABORATION BETWEEN FAMILY SERVICE CENTER, SPRINGFIELD SCHOOL DISTRICT 186, THE MOSAIC PROJECT, AND COMMUNITY CHILD CARE CONNECTION. TOGETHER, THESE AGENCIES ARE RESPONDING TO THE OVERWHELMING NEED FOR HIGH QUALITY EARLY CHILDHOOD PROGRAMS IN THE SPRINGFIELD AREA. THEY WILL WORK TO IMPROVE THE ACADEMIC READINESS FOR CHILDREN BIRTH TO FIVE AND COORDINATION OF ACADEMIC AND SUPPORT SERVICES FOR AT-RISK FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: SENIOR SERVICES OF CENTRAL ILLINOIS

(H) PURPOSE OF GRANT OR ASSISTANCE: MEALS ON WHEELS - HELPS SENIOR CITIZENS, CONVALESCENTS, PEOPLE WITH DISABILITIES, THE CHRONICALLY ILL, AND OTHERS WHO NEED MEALS DELIVERED ON A SHORT OR LONG-TERM BASIS.

NAME OF ORGANIZATION OR GOVERNMENT: SANGAMON CEO EXPANSION

(H) PURPOSE OF GRANT OR ASSISTANCE: SANGAMON CEO - THIS GRANT WAS

Part IV Supplemental Information

AWARDED IN ORDER TO EXPAND THE SANGAMON CEO CLASS FROM 1 CLASS TO 2.

SANGAMON CEO IS A BUSINESS ENTREPRENEURIAL CLASS FOR HIGH SCHOOL STUDENTS OUTSIDE OF THE SCHOOL SETTING.

NAME OF ORGANIZATION OR GOVERNMENT: TOXIC CHARITY CONFERENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TOXIC CHARITY CONFERENCE - THIS

GRANT WAS AWARDED FOR A ONE TIME OPPORTUNITY. THE TOXIC CHARITY

CONFERENCE COMMITTEE REQUESTED MONEY TO COVER CONFERENCE COSTS INCLUDING

THE TRAVEL COSTS FOR AUTHOR AND SPEAKER ROBERT LUPTON.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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:

DOLLY PARTON IMAGINATION LIBRARY IS DESIGNED TO PROVIDE ONE AGE
APPROPRIATE BOOK PER MONTH TO CHILDREN FROM BIRTH TO AGE 5. CHILDREN
KEEP THESE BOOKS AND CAN BUILD THERE OWN LIBRARY. THE GOAL OF THE
PROGRAM IS TO INSTILL THE LOVE OF READING, PROVIDE BOOKS FOR THOSE WHO
MAY NOT BE ABLE TO AFFORD THEM AND BETTER PREPARE CHILDREN TO ENTER
KINDERGARTEN READY TO LEARN.

2-1-1 IS A TOLL FREE INFORMATION AND REFERRAL SERVICES PROVIDED TO
CITIZENS IN SANGAMON AND MENARD COUNTIES.

DAY OF ACTION - VOLUNTEERS SPEND THEIR AFTERNOON COMPLETING COMMUNITY
SERVICE PROJECTS AT VARIOUS HEALTH AND HUMAN SERVICE AGENCIES IN
SPRINGFIELD AND SURROUNDING AREAS.

GET CONNECTED IS UNITED WAY'S VOLUNTEER WEBSITE. THE WEBSITE OFFERS ANY
LOCAL NONPROFIT OR COMMUNITY GROUP IN NEED OF VOLUNTEERS TO POST
VOLUNTEER OPPORTUNITIES, IN-KIND NEEDS, UPCOMING EVENTS AND EVEN
EMPLOYMENT NEEDS. GET CONNECTED THEN ALLOWS MEMBERS OF OUR COMMUNITY
TO RESPOND TO THOSE NEEDS, EASILY SHARE WITH FRIENDS, CREATE VOLUNTEER
GROUPS, TRACK SERVICE HOURS, AND EVEN RECEIVE NOTIFICATIONS WHEN YOUR
FAVORITE NONPROFIT POSTS A NEW NEED. GET CONNECTED HAS QUICKLY BECOME

Name of the organization

UNITED WAY OF CENTRAL ILLINOIS, INC.

Employer identification number

37-0716060

OUR REGION'S #1 SOURCE FOR LOCATING AND RESPONDING TO LOCAL VOLUNTEER
NEEDS.

FORM 990, PART VI, SECTION A, LINE 6:

ALL DONORS TO THE UNITED WAY OF CENTRAL ILLINOIS ARE CONSIDERED MEMBERS AND
ARE EMPOWERED TO ELECT BOARD MEMBERS AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL MEMBERS ARE ALLOWED TO VOTE FOR THE BOARD OF DIRECTORS AT THE ANNUAL
MEETING OF THE UNITED WAY OF CENTRAL ILLINOIS.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE WITH A COPY PROVIDED TO
ALL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST FORM ANNUALLY.
PRIOR TO A VOTE ON ANY MATTER CONCERNING DISBURSAL OF FUNDS OR ENGAGEMENT
OF THIRD PARTIES RELATIVE TO ORGANIZATIONAL BUSINESS, EACH VOTING BOARD
MEMBER IS REQUIRED TO INDICATE WHETHER THEY HAVE ANY CONFLICT OF INTEREST
WITH RESPECT TO SUCH VOTE. IF A BOARD MEMBER HAS A CONFLICT OF INTEREST ON
A CERTAIN MATTER, THE BOARD MEMBER WILL BE DISQUALIFIED FROM VOTING ON THAT
MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE PRESIDENT AND TOP MANAGEMENT OFFICIALS ARE
DETERMINED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS
SUBJECT TO BOARD APPROVAL. COMPARABILITY DATA INCLUDING SALARY INFORMATION

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

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 -26,061.

FORM 990, PAGE 12, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	UNITED WAY OF CENTRAL ILLINOIS, INC.	37-0716060
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1999 WEST WABASH AVENUE, SUITE 107	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SPRINGFIELD, IL 62704	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOHN P. KELKER

• The books are in the care of ▶ **1999 WABASH STE 107 - SPRINGFIELD, IL 62074**
Telephone No. ▶ **217-726-7000** Fax No. ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2015** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. UNITED WAY OF CENTRAL ILLINOIS, INC.	Employer identification number (EIN) or 37-0716060
	Number, street, and room or suite no. If a P.O. box, see instructions. 1999 WEST WABASH AVENUE, SUITE 107	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SPRINGFIELD, IL 62704	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JOHN P. KELKER

- The books are in the care of **1999 WABASH STE 107 - SPRINGFIELD, IL 62074**
Telephone No. **217-726-7000** Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **NOVEMBER 15, 2016**.
- For calendar year **2015**, or other tax year beginning _____, and ending _____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension
ADDITIONAL TIME REQUIRED TO OBTAIN INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$ 0.
8b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$ 0.
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0.

Signature and Verification must be completed for Part II only.

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

Signature *Luisi Kyle Barth* Title **CPA** Date **8/11/16**

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # E 9986-9217

Report for the Fiscal Period:

Beginning 01/01/2015

& Ending 12/31/2015
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee
- MO DAY YR

Federal ID # 37-0716060

Are contributions to the organization tax deductible?

Yes No

Date Organization was created:

LEGAL NAME UNITED WAY OF CENTRAL ILLINOIS, INC.	Year-end amounts	
MAIL ADDRESS 1999 WEST WABASH AVENUE, SUITE 107	A) ASSETS	A) \$ 7,998,941.
CITY, STATE SPRINGFIELD, IL	B) LIABILITIES	B) \$ 1,367,632.
ZIP CODE 62704	C) NET ASSETS	C) \$ 6,631,309.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	90.352%	D) \$ 2,635,237.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	9.648%	F) \$ 281,382.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 2,916,619.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	12.091%	H) \$ 376,869.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	12.091%	J) \$ 376,869.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	71.275%	K) \$ 2,221,565.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	83.366%	L) \$ 2,598,434.
M) MANAGEMENT AND GENERAL EXPENSE	10.942%	M) \$ 341,049.
N) FUNDRAISING EXPENSE	5.692%	N) \$ 177,422.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 3,116,905.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: JOHN P. KELKER, PRESIDENT & CPO		T) \$ 113,158.
U) NAME, TITLE:		U) \$
V) NAME, TITLE:		V) \$
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATIONS		W) # 150
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:		
<u>TOWN AND COUNTRY BANK, 1025 SOUTH MACARTHUR BLVD, SPRINGFIELD, IL 62704</u>		
<u>ILLINOIS NATIONAL BANK, PO BOX 394, SPRINGFIELD, IL 62705</u>		
<u>MERRILL LYNCH, 611 EAST MONROE, SPRINGFIELD, IL 62701</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>JOHN P. KELKER - 217-726-7000</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

JOHN P. KELKER

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

MICHAEL BASS

PREPARER (PRINT NAME) SIGNATURE DATE