

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

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

Open to Public Inspection

**A For the 2011 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**  
**UNITED WAY OF CENTRAL ILLINOIS, INC.**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1999 WEST WABASH AVENUE, SUITE 107**  
 City or town, state or country, and ZIP + 4  
**SPRINGFIELD, IL 62704**

**D Employer identification number**  
**37-0716060**

**E Telephone number**  
**217-726-7000**

**F Name and address of principal officer:** **JOHN P. KELKER**  
**SAME AS C ABOVE**

**G Gross receipts \$** **7,750,601.**

**H(a) Is this a group return for affiliates?**  Yes  No  
**H(b) Are all affiliates included?**  Yes  No  
 If "No," attach a list. (see instructions)

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** **WWW.SPRINGFIELDUNITEDWAY.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** **1922** **M State of legal domicile:** **IL**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>COORDINATED FUNDING AND SUPPORT OF HEALTH AND HUMAN SERVICE PROGRAMS IN SANGAMON AND MENARD COUNTIES</b>		
	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	31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	570
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,528,922.	3,053,077.
	9 Program service revenue (Part VIII, line 2g)	20,303.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	139,917.	212,858.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	85,979.	70,015.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,775,121.	3,335,950.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,317,866.	2,465,729.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	415,067.	437,164.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>200,626.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	346,061.	334,145.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,078,994.	3,237,038.
19 Revenue less expenses. Subtract line 18 from line 12	-303,873.	98,912.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 8,934,344.	End of Year 8,237,927.
	21 Total liabilities (Part X, line 26)	1,413,175.	1,501,566.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,521,169.	6,736,361.

**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**  
 Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **MICHAEL BASS**  
 Preparer's signature: *[Signature]*  
 Date: **8/27/12**  
 Check if self-employed:  PTIN: **P00458970**  
 Firm's name: **MCGLADREY LLP**  
 Firm's EIN: **42-0714325**  
 Firm's address: **15 S. OLD STATE CAPITOL PLAZA, STE. 200**  
**SPRINGFIELD, IL 62701-1510**  
 Phone no.: **217-789-7700**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE UNITED WAY OF CENTRAL ILLINOIS, INC. IS A NOT-FOR-PROFIT CORPORATION WITH A MISSION OF MOBILIZING RESOURCES TO MEET COMMUNITY NEEDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,112,223. including grants of \$ ) (Revenue \$ ) ESSENTIAL SERVICES- ESSENTIAL SERVICE PROGRAMS INCLUDE THOSE SERVICES PROVIDING FOOD, SHELTER, HEALTHCARE AND VICTIM SERVICES. ESSENTIAL SERVICE PROGRAMS RECEIVE APPROXIMATELY 57% OF TOTAL ALLOCATIONS TO HELP THOSE WHO NEED HELP THE MOST.

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

4c (Code: ) (Expenses \$ 33,545. including grants of \$ ) (Revenue \$ ) VENTURE GRANTS- UNITED WAY'S VENTURE FUND SUPPORTS PROJECTS THAT MAKE AN IMPACT IN SANGAMON COUNTY WITHIN UNITED WAY'S IDENTIFIED FUNDING AREAS. GRANTS ARE NOT RESTRICTED TO MEMBER ORGANIZATIONS AND MAY BE MADE FOR ONE TIME FUNDING TO NEW PROJECTS OR FOR THE EXPANSION OF AN EXISTING PROJECT AND SHOULD NOT BE VIEWED AS ON GOING PROGRAM SUPPORT.

4d Other program services (Describe in Schedule O.) (Expenses \$ 822,301. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,698,538.