

**UNITED WAY OF METROPOLITAN
CHICAGO, INC.**

Form 990
Year Ended June 30, 2018

Public Disclosure Copy

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- 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.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018

Form sections B through K: B Check if applicable; C Name of organization (UNITED WAY OF METROPOLITAN CHICAGO INC.); D Employer identification number (30-0200478); E Telephone number ((312) 906-2340); F Name and address of principal officer (JOSEPH VANYO); G Gross receipts (\$ 49,828,105.); H(a) Is this a group return for subordinates? (Yes); H(b) Are all subordinates included? (Yes); I Tax-exempt status (501(c)(3)); J Website (WWW.UW-MC.ORG); K Form of organization (Corporation); L Year of formation (2004); M State of legal domicile (IL)

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Mission statement; 2-7 Governance metrics; 8-12 Revenue (Total: 49,330,399); 13-19 Expenses (Total: 1,817,200); 20-22 Net Assets or Fund Balances (Total: 13,184,111).

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.

Signature block details: Officer signature (JOSEPH VANYO, COO, dated 02/25/2019); Preparer signature (BRIDGET T ROCHE, dated 02/25/2019); Firm name (GRANT THORNTON LLP); Firm address (171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601); Firm EIN (36-6055558); Phone (312-856-0200).

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

Form **8868**

(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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, see instructions
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number (EIN) or 30-0200478
	Number, street, and room or suite no. If a P.O. box, see instructions. 333 SOUTH WABASH AVENUE 30TH FLR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60604	

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

JOSEPH VANYO

• The books are in the care of ▶ 333 S. WABASH AVE. 30TH FLOOR CHICAGO IL 60604

Telephone No. ▶ 312 906-2340 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 6-month extension of time until 05/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20__ or
- ▶ tax year beginning 07/01, 2017, and ending 06/30, 2018.

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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

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:

UNITED WAY OF METROPOLITAN CHICAGO IMPROVES LIVES BY MOBILIZING CARING PEOPLE TO INVEST IN THE COMMUNITY WHERE THEIR RESOURCES ARE NEEDED MOST.

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 \$ 18,764,131. including grants of \$ 18,764,131.) (Revenue \$ 233,069.)

THE CRITICAL WORK OF UWMC REQUIRES SIGNIFICANT RESOURCES. SUPPORT IS RAISED THROUGH A DIVERSIFIED REVENUE MODEL. UWMC CONDUCTS WORKPLACE GIVING CAMPAIGNS, RECEIVES INDIVIDUAL AND MAJOR GIFTS, IS AWARDED GRANTS FROM PRIVATE FOUNDATIONS AND THE STATE AND FEDERAL GOVERNMENT. STRATEGIC EFFORTS ARE IN PLACE TO FURTHER GROW SIGNIFICANT REVENUE FROM GRANTS AND INDIVIDUAL GIVING.

OTHER PROGRAM SERVICE ACHIEVEMENTS INCLUDE DESIGNATIONS BY DONORS TO OTHER 501(C)(3) ORGANIZATIONS.

TOTAL EXPENSES: \$18,764,131; TOTAL GRANTS: \$18,764,131

4b (Code:) (Expenses \$ 10,801,106. including grants of \$ 9,020,497.) (Revenue \$)

HEALTH & WELLNESS UWMC FOCUSES ON CONNECTING PEOPLE TO A MEDICAL "HOME", SPECIFICALLY, PRIMARY CARE PHYSICIANS AND MENTAL HEALTH PROVIDERS WHENEVER POSSIBLE, AS WELL AS PROVIDING HEALTH EDUCATION FOR YOUTH AND ADULTS TO PROMOTE LIFESTYLE HEALTH AND PREVENTION OF CHRONIC DISEASE.

(CONTINUED IN SCHEDULE O.)

4c (Code:) (Expenses \$ 4,498,697. including grants of \$ 3,917,851.) (Revenue \$)

EDUCATION UWMC FOCUSES ITS EDUCATION WORK ON TWO CRITICAL TRANSITIONS IN A CHILD'S EDUCATIONAL LIFE - STARTING KINDERGARTEN AND BEGINNING HIGH SCHOOL. UWMC PROGRAMS SUPPORT QUALITY EARLY LEARNING THROUGH PRESCHOOL AND HOME VISITS TO ENSURE YOUNG CHILDREN HAVE THE STRONG COGNITIVE, EMOTIONAL, AND BEHAVIORAL FOUNDATIONS TO LEARN. UWMC PROGRAMS ALSO SUPPORT STRUGGLING MIDDLE SCHOOL YOUTH WITH AFTER SCHOOL AND FAMILY SUPPORT PROGRAMS TO ENSURE THEY CAN ENTER HIGH SCHOOL ON TRACK TO GRADUATE.

(CONTINUED IN SCHEDULE O.)

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 9,319,707. including grants of \$ 7,222,569.) (Revenue \$)

4e Total program service expenses 43,383,641.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and organizational transactions.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and Form 990 filings.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (32), 1b (31), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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.
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: JOSEPH VANYO 333 S. WABASH AVE. 30TH FLOOR CHICAGO, IL 60604 312-906-2340

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELLEN COSTELLO (THRU 9/17) CHAIRPERSON	4.00 0.	X		X				0.	0.	0.
(2) DEBORAH L. DEHAAS VICE CHAIRPERSON	2.00 0.	X		X				0.	0.	0.
(3) FREDERICK H. WADDELL VICE CHAIRPERSON	2.00 0.	X		X				0.	0.	0.
(4) JAY L. HENDERSON VICE CHAIRPERSON	2.00 0.	X		X				0.	0.	0.
(5) MARTHA HINCHMAN TREASURER	2.00 1.00	X		X				0.	0.	0.
(6) L. MARIE ASAD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(7) RICHARD MOORE (BEG 1/17) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(8) CARRIE M. BUDDINGH BOARD MEMBER	1.00 0.	X						0.	0.	0.
(9) PATRICK J. CANNING CHAIRPERSON	4.00 0.	X		X				0.	0.	0.
(10) DAVID R. CASPER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(11) TYRONE C. FAHNER (THRU 7/17) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12) W. JAMES FARRELL BOARD MEMBER	1.00 0.	X						0.	0.	0.
(13) CHERYL A. FRANCIS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(14) PAUL M. GALLAGHER (THRU 9/17) BOARD MEMBER	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) CARY GRACE ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
16) DEAN HARRISON ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
17) WILLIAM A. VON HOENE, JR. ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
18) REV. LARRY L. JACKSON ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
19) LISA N. JOHNSON ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
20) TONY W. HUNTER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
21) ANDREW J. MCKENNA, SR. ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
22) MARY JANE FORTIN (BEG 7/17) ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
23) KRISTIE PASKVAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
24) DEBORAH K. PRICE ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
25) JORGE RAMIREZ ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,992,903.	0.	241,599.
d Total (add lines 1b and 1c)								1,992,903.	0.	241,599.

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 **8**

	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
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) E. SCOTT SANTI BOARD MEMBER	1.00 0.	X						0.	0.	0.
(27) PAUL LA SCHIAZZA BOARD MEMBER	1.00 0.	X						0.	0.	0.
(28) ROBERT A. SULLIVAN CAMPAIGN CHAIR	4.00 0.	X						0.	0.	0.
(29) SCOTT SWANSON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(30) WENDY DU BOE PRESIDENT & CEO	37.50 1.00	X		X				404,973.	0.	39,226.
(31) MELVIN D. WILLIAMS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(32) KIMBERLY D. SIMIOS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(33) JAMES P. KOLAR BOARD MEMBER	1.00 0.	X						0.	0.	0.
(34) JOSEPH M. HIGGINS (BEG 9/17) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(35) KELLY R. WELSH (BEG 9/17) BOARD MEMBER	1.00 0.	X						0.	0.	0.
(36) DEBORAH STEVENS CHIEF FINANCIAL OFFICER	37.50 2.00			X				206,008.	0.	14,935.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **8**

	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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) DEBORAH THORNTON EA/SECRETARY	37.50 0.			X				70,722.	0.	17,573.
(38) JOSEPH VANYO COO	37.50 1.00			X				252,634.	0.	20,288.
(39) LEAH RAY-SEID SVP RESOURCE DEVELOPMENT	37.50 0.			X				207,369.	0.	35,719.
(40) JOSE RICO SVP OF COMM INVESTMENT	37.50 0.			X				205,993.	0.	23,153.
(41) KEVIN GRAAN CONTROLLER	37.50 2.00			X				89,855.	0.	17,585.
(42) MARY MARCIA MCMAHON CHIEF PROFESSIONAL OFFICER	37.50 0.					X		88,772.	0.	15,827.
(43) RISA DAVIS VP CORPORATE DEVELOPMENT	37.50 0.					X		166,077.	0.	18,635.
(44) MANDEE POLONSKY SR. DIRECTOR, COMMUNITY IMPACT	37.50 0.					X		114,203.	0.	4,365.
(45) MARILYN JACKSON VP MARKETING & COMMUNICATIONS	37.50 0.					X		186,297.	0.	34,293.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 8

	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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	153,614.					
	b Membership dues	1b						
	c Fundraising events	1c	652,332.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	1,131,776.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	46,780,166.					
	g Noncash contributions included in lines 1a-1f: \$		590,707.					
	h Total. Add lines 1a-1f			48,717,888.				
	Program Service Revenue	Business Code						
2a MANAGEMENT FEES FROM OTHER UW ORGS			561000	142,200.	142,200.			
b DESIGNATION FEES			561000	90,869.	90,869.			
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f			233,069.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			186,718.			186,718.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
	6a Gross rents	(i) Real						
		(ii) Personal						
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)				0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities		387,155.				
		(ii) Other						
	b Less: cost or other basis and sales expenses			225,487.				
	c Gain or (loss)			161,668.				
	d Net gain or (loss)				161,668.		161,668.	
	8a Gross income from fundraising events (not including \$ 652,332. of contributions reported on line 1c). See Part IV, line 18	a		203,275.				
	b Less: direct expenses	b		272,219.				
c Net income or (loss) from fundraising events				-68,944.		-68,944.		
9a Gross income from gaming activities. See Part IV, line 19	a							
b Less: direct expenses	b							
c Net income or (loss) from gaming activities				0.				
10a Gross sales of inventory, less returns and allowances	a							
b Less: cost of goods sold	b							
c Net income or (loss) from sales of inventory				0.				
Miscellaneous Revenue			Business Code					
11a REIMBURSEMENT FROM UW MCCORMICK PARTNER				100,000.			100,000.	
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d				100,000.				
12 Total revenue. See instructions.				49,330,399.	233,069.		379,442.	

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	38,863,342.	38,863,342.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	61,706.	61,706.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,753,950.	723,949.	374,002.	655,999.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	5,180,165.	2,078,117.	1,205,860.	1,896,188.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	191,607.	79,087.	40,857.	71,663.
9 Other employee benefits	585,938.	219,945.	152,201.	213,792.
10 Payroll taxes	335,546.	138,498.	71,550.	125,498.
11 Fees for services (non-employees):				
a Management	18,472.	18,472.		
b Legal	83,470.	29,657.	20,102.	33,711.
c Accounting	165,173.	26,655.	127,598.	10,920.
d Lobbying	7,431.	7,431.		
e Professional fundraising services. See Part IV, line 17.	396,000.			396,000.
f Investment management fees	149,689.	50,290.	38,034.	61,365.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	168,253.	44,663.	88,763.	34,827.
12 Advertising and promotion	309,015.	165,578.	26,463.	116,974.
13 Office expenses	163,470.	33,807.	83,390.	46,273.
14 Information technology	462,343.	164,969.	204,203.	93,171.
15 Royalties	0.			
16 Occupancy	837,438.	249,660.	284,515.	303,263.
17 Travel	108,926.	56,046.	19,432.	33,448.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	30,820.	21,502.	4,481.	4,837.
20 Interest	137,266.	4,424.	127,444.	5,398.
21 Payments to affiliates	513,329.	172,160.	131,093.	210,076.
22 Depreciation, depletion, and amortization	296,866.	99,747.	75,404.	121,715.
23 Insurance	76,528.	29,033.	18,168.	29,327.
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 MEMBERSHIP DUES	198,312.	44,269.		154,043.
b BAD DEBT EXPENSE	48,702.		48,702.	
c _____				
d _____				
e All other expenses _____	3,842.	634.	87.	3,121.
25 Total functional expenses. Add lines 1 through 24e	51,147,599.	43,383,641.	3,142,349.	4,621,609.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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	854.	1	577.	
	2	Savings and temporary cash investments	7,299,792.	2	7,150,320.	
	3	Pledges and grants receivable, net	10,619,923.	3	10,083,378.	
	4	Accounts receivable, net	458,893.	4	792,575.	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.	
	7	Notes and loans receivable, net	0.	7	0.	
	8	Inventories for sale or use	0.	8	0.	
	9	Prepaid expenses and deferred charges	287,030.	9	130,712.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,883,096.		
	b	Less: accumulated depreciation	10b	2,347,414.	10c	1,535,682.
	11	Investments - publicly traded securities	5,903,418.	11	6,774,604.	
	12	Investments - other securities. See Part IV, line 11	0.	12	0.	
	13	Investments - program-related. See Part IV, line 11	0.	13	0.	
	14	Intangible assets	0.	14	0.	
	15	Other assets. See Part IV, line 11	1,814,776.	15	1,266,516.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	28,217,233.	16	27,734,364.		
Liabilities	17	Accounts payable and accrued expenses	4,550,749.	17	6,634,847.	
	18	Grants payable	0.	18	0.	
	19	Deferred revenue	0.	19	0.	
	20	Tax-exempt bond liabilities	0.	20	0.	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.	
	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	0.	22	0.	
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.	
	24	Unsecured notes and loans payable to unrelated third parties	4,800,000.	24	4,000,000.	
	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	4,207,345.	25	3,915,406.	
	26	Total liabilities. Add lines 17 through 25	13,558,094.	26	14,550,253.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	-4,109,855.	27	-4,400,141.	
	28	Temporarily restricted net assets	15,535,006.	28	14,350,264.	
	29	Permanently restricted net assets	3,233,988.	29	3,233,988.	
	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	14,659,139.	33	13,184,111.		
34	Total liabilities and net assets/fund balances	28,217,233.	34	27,734,364.		

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	49,330,399.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,147,599.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,817,200.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,659,139.
5	Net unrealized gains (losses) on investments	5	144,120.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	198,052.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,184,111.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis 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? 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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2017; 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, Value, Percentage. Rows include: 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2016 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Rows include: 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2016 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2017. 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.

19b 33 1/3% support tests - 2016. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

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 (explain in Part VI). **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 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
GROSS INCOME FROM FUNDRAISING		176,350.	727,623.	253,252.	203,275.	1,360,500.
TOTALS		<u>176,350.</u>	<u>727,623.</u>	<u>253,252.</u>	<u>203,275.</u>	<u>1,360,500.</u>

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2017

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
---	--

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **UNITED WAY OF METROPOLITAN CHICAGO INC.**

Employer identification number
30-0200478

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		\$ 4,936,939.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,113,328.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,601,956.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,420,099.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,283,009.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 2,266,935.	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 METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
---	---

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	_____	\$ 2,200,466.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 2,177,893.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____	\$ 1,365,247.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____	\$ 1,106,046.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____	\$ 1,013,222.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____	\$ 1,000,000.	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 METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

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
1	SECURITIES - PUBLICLY TRADED	\$ 218,166.	06/30/2018
2	SECURITIES - PUBLICLY TRADED	\$ 232,893.	06/30/2018
4	SECURITIES - PUBLICLY TRADED	\$ 25,514.	06/30/2018
7	SECURITIES - PUBLICLY TRADED	\$ 25,000.	06/30/2018
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Name of organization UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

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 information once. See instructions.) ▶ \$ _____
 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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of organization (UNITED WAY OF METROPOLITAN CHICAGO INC.) and Employer identification number (30-0200478)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures (see instructions) \$
3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955. \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		4,499.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		2,932.	
c Total lobbying expenditures (add lines 1a and 1b)		7,431.	
d Other exempt purpose expenditures		43,376,210.	
e Total exempt purpose expenditures (add lines 1c and 1d)		43,383,641.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:		The lobbying nontaxable amount is:	
Not over \$500,000		20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000		\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	19,079.	12,039.	8,132.	7,431.	46,681.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	9,369.	8,667.	4,383.	4,499.	26,918.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 rows and 3 columns: Question, Yes, No. Questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 5 rows and 3 columns: Question, Yes, No. Questions about dues, political expenses, and carryover.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information.

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

UNITED WAY OF METROPOLITAN CHICAGO INC.

30-0200478

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2017

JSA 7E1268 2.000

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment 16.7000 %
b Permanent endowment 51.6000 %
c Temporarily restricted endowment 31.7000 %

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:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include (1) Federal income taxes, (2) DEFERRED RENT, (3) OBLIGATION FOR RETIREMENT BENEFITS, (4) ASSET RETIREMENT OBLIGATION, (5) OTHER LONG-TERM LIABILITIES, (6) through (9), and Total.

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 [X]

Part XIII Supplemental Information (continued)

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 5

THE INTENDED USES OF THE UNITED WAY OF METROPOLITAN CHICAGO ENDOWMENT FUNDS INCLUDE FUNDING INNOVATIVE PROGRAMS THAT ADDRESS CRITICAL AND EMERGING NEEDS, ENSURING CURRENT NEEDS ARE MET, AND PROVIDING RESOURCES TO RESPOND QUICKLY AND EFFECTIVELY TO UNEXPECTED CRISES.

UNCERTAIN TAX POSITIONS (FIN 48)

SCHEDULE D, PART X, LINE 2

UWMC HAS RECEIVED FAVORABLE DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE ("IRS") STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 ("IRC"), EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. ACCOUNTING GUIDANCE REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WAS TO BE CHALLENGED BY A TAXING AUTHORITY.

MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. ADDITIONALLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THESE FINANCIAL STATEMENTS. THERE IS NO INTEREST OR PENALTIES RECOGNIZED IN THE FINANCIAL STATEMENTS.

SUPPLEMENTAL DESCRIPTION - OTHER

SCHEDULE D, PART XI, LINE 4B

DESIGNATIONS TO OTHER ORGANIZATIONS	\$18,855,000
REIMBURSEMENT FROM OTHER UNITED WAYS FOR SUPPORT SERVICES	\$142,200

Part XIII Supplemental Information (continued)

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	(\$62,919)
RECLASS OF REIMBURSEMENT FROM UW MCCORMICK PARTNERSHIP	100,000

TOTAL	\$19,034,281
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SUPPLEMENTAL DESCRIPTION - OTHER

SCHEDULE D, PART XII, LINE 2D

DESIGNATIONS TO OTHER ORGANIZATIONS	(\$18,855,000)
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REIMBURSEMENT FROM OTHER UNITED WAYS FOR SUPPORT SERVICES	(\$142,200)
---	-------------

DESIGNATION FEES	\$90,869
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RECLASS OF REIMBURSEMENT FROM UW MCCORMICK PARTNERSHIP	(\$100,000)
--	-------------

TOTAL	(\$19,006,331)
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SUPPLEMENTAL DESCRIPTION - OTHER

SCHEDULE D, PART XI, LINE 2D

LOSS ON PRIOR YEAR PLEDGE WRITE-OFFS	(\$48,702)
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SUPPLEMENTAL DESCRIPTION - OTHER

SCHEDULE D, PART XII, LINE 4B

LOSS ON PRIOR YEAR PLEDGE WRITE-OFFS	\$48,702
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**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST	0.	0.	GRANTMAKING		61,706.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					61,706.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					61,706.

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

Schedule F (Form 990) 2017

JSA
7E1274 1.000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	PROGRAM SUPP	61,706.	ACH WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

GRANTMONITORING PROCEDURES

FOR AGENCIES WHICH UWMC ELECTS TO FUND, UWMC MONITORS THE USE OF GRANTS IN FOREIGN COUNTRIES BY REQUIRING AGENCIES TO SUBMIT, NO LESS THAN ANNUALLY, INFORMATION RELATED TO PROGRAMS BEING FUNDED. INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, CLIENT DEMOGRAPHICS, PROGRAM ACTIVITIES, PROGRAM MEASUREMENTS, AND PROGRAM OUTCOMES. UWMC STAFF ALSO CONVENES AND CONVERSES WITH GRANTEES ON A REGULAR BASIS. FOR ALL FUNDING, INCLUDING DONOR-DESIGNATED GRANTS, UWMC VERIFIES CHARITABLE STATUS.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2017

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to www.irs.gov/Form990 for the latest instructions.

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number 30-0200478

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row showing 396,000.

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

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		CELEB EVENT	YLS IGNITE	10.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	614,437.	97,340.	143,830.	855,607.
	2	Less: Contributions	585,772.	66,560.		652,332.
	3	Gross income (line 1 minus line 2)	28,665.	30,780.	143,830.	203,275.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	142,621.	27,566.	37,520.	207,707.
	8	Entertainment				
	9	Other direct expenses	10,632.	4,506.	49,374.	64,512.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				272,219.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-68,944.

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.

		(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 ▶ _____

- 15 a 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 explanation 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).

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
COMMUNITY COUNSELING SERV 155 N. WACKER DRIVE, SUITE 1790 CHICAGO IL 60606	CAMPAIGN CONSULTING		X		396,000.	

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I General Information on Grants and Assistance

- 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
- 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 noncash assistance	(h) Purpose of grant or assistance
(1) MCCORMICK FOUNDATION 205 N. MICHIGAN STE. 4300 CHICAGO, IL 60611	36-3689171	501(C)(3)	2,330,790.				PROGRAM SUPPORT
(2) METROPOLITAN FAMILY SERVICES ONE N. DEARBORN, STE 1000 CHICAGO, IL 60602	36-2167940	501(C)(3)	2,043,287.				PROGRAM SUPPORT
(3) AMERICAN RED CROSS OF GREATER CHICAGO 2200 W. HARRISON ST., CHICAGO, IL 60612	53-0196605	501(C)(3)	1,044,474.				PROGRAM SUPPORT
(4) CATHOLIC CHARITIES ARCHDIOCESE OF CHICAGO 721 NORTH LASALLE STREET CHICAGO, IL 60654	36-2170821	501(C)(3)	1,023,753.				PROGRAM SUPPORT
(5) UNITED WAY-MCCORMICK PARTNERSHIP 333 S.WABASH AVE, 30TH FLR,CHICAGO,IL 60604	82-5478333	501(C)(3)	1,000,000.				PROGRAM SUPPORT
(6) JEWISH FEDERATION OF METROPOLITAN CHICAGO 30 SOUTH WELLS ST CHICAGO, IL 60606-5054	36-2167761	501(C)(3)	814,933.				PROGRAM SUPPORT
(7) BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 S. ARCHER AVE. CHICAGO, IL 60632	36-4229387	501(C)(3)	768,006.				PROGRAM SUPPORT
(8) BRIGHT STAR COMMUNITY OUTREACH 3473 S KING DRIVE CHICAGO, IL 60616	26-2007088	501(C)(3)	486,427.				PROGRAM SUPPORT
(9) AUSTIN COMING TOGETHER 5049 W HARRISON CHICAGO, IL 60644	45-0920919	501(C)(3)	352,272.				PROGRAM SUPPORT
(10) YOUTH CROSSROADS, INC. 3401 S. GUNDERSON AVENUE BERWYN, IL 60402	23-7417420	501(C)(3)	332,676.				PROGRAM SUPPORT
(11) LATINOS PROGRESANDO 3047 W. CERMAK CHICAGO, IL 60623	36-4355072	501(C)(3)	329,172.				PROGRAM SUPPORT
(12) EVANSTON COMMUNITY FOUNDATION 1560 SHERMAN AVE,STE 535,EVANSTON IL 60201	36-3466802	501(C)(3)	266,667.				PROGRAM SUPPORT

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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I General Information on Grants and Assistance

- 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
- 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 noncash assistance	(h) Purpose of grant or assistance
(1) YWCA METROPOLITAN CHICAGO 1 N.LASALLE ST,STE 1150 TINLEY PRK IL 60602	36-2179765	501(C)(3)	256,782.				PROGRAM SUPPORT
(2) YWCA EVANSTON/NORTHSHORE 1215 CHURCH STREET EVANSTON, IL 60201	36-2193618	501(C)(3)	234,171.				PROGRAM SUPPORT
(3) GREATER AUBURN GRESHAM DEVELOPMENT CORP 1159 W 79TH STREET CHICAGO, IL 60620	36-4377387	501(C)(3)	215,258.				PROGRAM SUPPORT
(4) MIDWEST ASIAN HEALTH ASSOCIATION 230 W. CERMAK ROAD, CHICAGO, IL 60616	36-4526722	501(C)(3)	214,770.				PROGRAM SUPPORT
(5) THE CENTER RESOURCES FOR TEACHING AND LEARN 2626 S. CLEARBROOK ARLINGTON HGHTS IL 60005	36-4248651	501(C)(3)	209,927.				PROGRAM SUPPORT
(6) ASSOCIATION HOUSE OF CHICAGO 1116 N KEDZIE AVE CHICAGO, IL 60651	36-2166961	501(C)(3)	195,307.				PROGRAM SUPPORT
(7) OUTREACH COMMUNITY MINISTRIES 122 W LIBERTY DRIVE, CHICAGO, IL 60187	23-7265066	501(C)(3)	180,318.				PROGRAM SUPPORT
(8) CHILDREN'S HOME & AID SOCIETY OF IL 125 S WACKER 14TH FL CHICAGO, IL 60660	36-2167743	501(C)(3)	178,072.				PROGRAM SUPPORT
(9) CORAZON COMMUNITY SERVICES 5116 WEST 14TH STREET CICERO, IL 60804	32-0075474	501(C)(3)	174,260.				PROGRAM SUPPORT
(10) UNITED WAY WORLDWIDE HURRICANE HARVEY RECOV 701 N. FAIRFAX STREET ALEXANDRIA, VA 22314	13-1635294	501(C)(3)	174,158.				PROGRAM SUPPORT
(11) CHICAGO YOUTH CENTERS 218 S. WABASH AVE, STE 600,CHICAGO IL 60604	36-2344429	501(C)(3)	172,091.				PROGRAM SUPPORT
(12) NEAR NORTH HEALTH SERVICE CORPORATION 1276 NORTH CLYBOURN ST., CHICAGO IL 60610	36-3197647	501(C)(3)	170,395.				PROGRAM SUPPORT

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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I General Information on Grants and Assistance

- 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
- 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 noncash assistance	(h) Purpose of grant or assistance
(1) CLARETIAN ASSOCIATES, INC 9108 S BRANDON AVE CHICAGO, IL 60617	36-4087259	501(C)(3)	164,584.				PROGRAM SUPPORT
(2) FORD HEIGHTS COMMUNITY SERVICE ORG., INC 943 E. LINCOLN HWY, FORD HEIGHTS IL 60411	36-2658308	501(C)(3)	160,081.				PROGRAM SUPPORT
(3) SERTOMA CENTRE, INC. 4343 WEST 123RD STREET ALSIP, IL 60803	36-2720586	501(C)(3)	142,168.				PROGRAM SUPPORT
(4) OLD ST. PATRICK'S CHURCH 700 W. ADAMS ST CHICAGO, IL 60661	53-0196617	501(C)(3)	139,498.				PROGRAM SUPPORT
(5) GARY COMER YOUTH CENTER 7200 SOUTH INGLESIDE AVE, CHICAGO IL 60619	45-5399472	501(C)(3)	135,330.				PROGRAM SUPPORT
(6) LAF 111 W. JACKSON BLVD. STE 300, CHICAGO IL 60604	36-2754650	501(C)(3)	129,200.				PROGRAM SUPPORT
(7) BUILD 5100 W. HARRISON STREET CHICAGO, IL 60644	23-7022085	501(C)(3)	124,369.				PROGRAM SUPPORT
(8) SINAI HEALTH SYSTEM 1500 S. FAIRFIELD AVE CHICAGO, IL 60608	36-3166895	501(C)(3)	120,000.				PROGRAM SUPPORT
(9) ENLACE CHICAGO 2756 S. HARDING CHICAGO, IL 60623	36-3727669	501(C)(3)	119,112.				PROGRAM SUPPORT
(10) BRIDGE COMMUNITIES, INC. 505 CRESCENT BOULEVARD GLEN ELLYN, IL 60137	36-3705951	501(C)(3)	111,919.				PROGRAM SUPPORT
(11) PEOPLE'S RESOURCE CENTER 201 SOUTH NAPERVILLE ROAD WHEATON, IL 60187	36-3157600	501(C)(3)	111,458.				PROGRAM SUPPORT
(12) ACCESS LIVING OF METROPOLITAN CHICAGO 115 WEST CHICAGO AVENUE CHICAGO, IL 60654	36-3310774	501(C)(3)	110,960.				PROGRAM SUPPORT

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

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

Schedule I (Form 990) (2017)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... [X] 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.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows include WINGS PROGRAM, INC., CENTER FOR ECONOMIC PROGRESS, LOAVES & FISHES COMMUNITY SERVICES, etc.

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I General Information on Grants and Assistance

- 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
- 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 noncash assistance	(h) Purpose of grant or assistance
(1) PRAIRIE STATE LEGAL SERVICES 303 N. MAIN ST, STE 600, ROCKFORD IL 61101	37-1030764	501(C)(3)	91,250.				PROGRAM SUPPORT
(2) HEARTLAND ALLIANCE INTERNATIONAL 208 S LASALLE ST STE 1300 CHICAGO, IL 60604	30-0739799	501(C)(3)	89,806.				PROGRAM SUPPORT
(3) UNITED CEREBRAL PALSY SEGUIN OF GREATER CHI 3100 S. CENTRAL AVENUE CICERO, IL 60804	36-2894174	501(C)(3)	88,343.				PROGRAM SUPPORT
(4) YOUNG MEN'S EDUCATIONAL NETWORK (YMEN) 1241 S. PULASKI, CHICAGO IL 60623	36-4124098	501(C)(3)	88,003.				PROGRAM SUPPORT
(5) LAWRENCE HALL YOUTH SERVICES 2737 WEST PETERSON AVENUE CHICAGO, IL 60659	36-2167771	501(C)(3)	86,942.				PROGRAM SUPPORT
(6) HEARTLAND HEALTH CENTERS 3048 N WILTON 2ND FLOOR CHICAGO, IL 60657	36-3843377	501(C)(3)	85,575.				PROGRAM SUPPORT
(7) RESTORATION MINISTRIES, INC. 253 EAST 159TH STREET HARVEY, IL 60426	36-3552070	501(C)(3)	83,907.				PROGRAM SUPPORT
(8) JEWISH UNITED FUND 30 SOUTH WELLS CHICAGO, IL 60606	36-2167034	501(C)(3)	82,342.				PROGRAM SUPPORT
(9) TOGETHER WE COPE 17010 S. OAK PRK AVE, TINLEY PRK IL 60477	36-3666952	501(C)(3)	82,324.				PROGRAM SUPPORT
(10) PILLARS COMMUNITY SERVICES (PILLARS) 333 N. LAGRANGE RD, LA GRANGE IL 60526	36-4166490	501(C)(3)	82,109.				PROGRAM SUPPORT
(11) FAMILY SHELTER SERVICE 605 EAST ROOSEVELT ROAD. WHEATON, IL 60187	36-2883552	501(C)(3)	80,592.				PROGRAM SUPPORT
(12) BREMEN YOUTH SERVICES 15350 S. OAK PARK AVE, OAK FOREST IL 60452	36-3502582	501(C)(3)	80,545.				PROGRAM SUPPORT

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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I General Information on Grants and Assistance

- 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
- 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 noncash assistance	(h) Purpose of grant or assistance
(1) DUPAGE PADS 601 W. LIBERTY WHEATON, IL 60187	36-3675494	501(C)(3)	77,965.				PROGRAM SUPPORT
(2) CHICAGO URBAN LEAGUE 4510 SOUTH MICHIGAN CHICAGO, IL 60653	36-2225483	501(C)(3)	77,176.				PROGRAM SUPPORT
(3) SOUTH SUBURBAN COUNCIL ON ALCOHOLISM 1909 CHEKER SQUARE E HAZEL CREST, IL 60429	36-2654921	501(C)(3)	75,280.				PROGRAM SUPPORT
(4) HANDSON SUBURBAN CHICAGO 2121 S. GOEBERT RD, ARLINGTON HTS IL 60005	36-2692866	501(C)(3)	75,093.				PROGRAM SUPPORT
(5) UNITED WAY OF LAKE COUNTY (IL) 330 SOUTH GREENLEAF STREET GURNEE, IL 60031	36-2167949	501(C)(3)	74,676.				PROGRAM SUPPORT
(6) INFANT WELFARE SOCIETY OF EVANSTON, INC. 2200 MAIN STREET EVANSTON, IL 60202	36-2167753	501(C)(3)	72,461.				PROGRAM SUPPORT
(7) ERIE NEIGHBORHOOD HOUSE 1701 WEST SUPERIOR STREET CHICAGO, IL 60622	36-3043253	501(C)(3)	72,248.				PROGRAM SUPPORT
(8) THE CARA PROGRAM 237 S. DESPLAINES CHICAGO, IL 60661	36-4268095	501(C)(3)	72,143.				PROGRAM SUPPORT
(9) APNA GHAR, INC. (OUR HOME) 4350 N BROADWAY 2ND FLOOR CHICAGO, IL 60613	36-3698770	501(C)(3)	71,297.				PROGRAM SUPPORT
(10) MUJERES LATINAS EN ACCION 2124 WEST 21ST PLACE CHICAGO, IL 60608	36-2877520	501(C)(3)	70,716.				PROGRAM SUPPORT
(11) PARTNERS FOR OUR COMMUNITIES 1585 NORTH RAND ROAD PALATINE, IL 60074	36-3881109	501(C)(3)	70,377.				PROGRAM SUPPORT
(12) CTF ILLINOIS 1902 FOX DRIVE, STE B CHAMPAIGN, IL 61820	36-4386948	501(C)(3)	68,778.				PROGRAM SUPPORT

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

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2017

**Open to Public
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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I General Information on Grants and Assistance

- 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
- 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 noncash assistance	(h) Purpose of grant or assistance
(1) EASTER SEALS DUPAGE/FOX VALLEY REGION 830 S. ADDISON AVE VILLA PARK, IL 60181	36-2476388	501(C)(3)	68,655.				PROGRAM SUPPORT
(2) PRIMO CENTER FOR WOMEN AND CHILDREN 4241 W. WASHINGTON BLVD. CHICAGO IL 60624	36-2966006	501(C)(3)	67,098.				PROGRAM SUPPORT
(3) ARAB AMERICAN FAMILY SERVICES 9044 S OCTAVIA BRIDGEVIEW, IL 60455	60-0002593	501(C)(3)	65,656.				PROGRAM SUPPORT
(4) WORLD RELIEF DUPAGE/AURORA 1825 COLLEGE AVENUE WHEATON, IL 60187	23-6393344	501(C)(3)	65,393.				PROGRAM SUPPORT
(5) YOUTH & OPPORTUNITY UNITED 1911 CHURCH STREET EVANSTON, IL 60201	36-2734966	501(C)(3)	64,946.				PROGRAM SUPPORT
(6) CHINESE MUTUAL AID ASSOCIATION 1016 WEST ARGYLE STREET CHICAGO, IL 60640	36-3139799	501(C)(3)	64,932.				PROGRAM SUPPORT
(7) NEW MOMS, INC. 5317 W. CHICAGO AVE. CHICAGO, IL 60651	36-3265804	501(C)(3)	63,541.				PROGRAM SUPPORT
(8) CONNECTIONS FOR ABUSED WOMEN AND CHILDREN 1116 N. KEDZIE AVE. CHICAGO, IL 60651	36-2950380	501(C)(3)	62,585.				PROGRAM SUPPORT
(9) EVANSTON TOWNSHIP HIGH SCHOOL FOUNDATION 1600 DODGE AVENUE EVANSTON, IL 60201	30-0395044	501(C)(3)	62,505.				PROGRAM SUPPORT
(10) NEW STAR, INC. 1624 E 154TH ST. DOLTON, IL 60419	23-7294685	501(C)(3)	61,341.				PROGRAM SUPPORT
(11) AMERICAN CANCER SOCIETY ILLINOIS DIVISION 225 N MICHIGAN AVE CHICAGO, IL 60601	13-1788491	501(C)(3)	61,079.				PROGRAM SUPPORT
(12) UNITED WAY OF GREATER MILWAUKEE & WAUKESHA 225 W VINE ST MILWAUKEE, WI 53212	39-0806190	501(C)(3)	60,765.				PROGRAM SUPPORT

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

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Schedule I (Form 990) (2017)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

2017

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... [X] 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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include organizations like INNER-CITY MUSLIM ACTION NETWORK, CATHOLIC CHARITIES DIOCESE OF JOLIET, etc.

- 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

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I General Information on Grants and Assistance

- 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
- 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 noncash assistance	(h) Purpose of grant or assistance
(1) DEBORAH'S PLACE 2822 W. JACKSON BLVD. CHICAGO, IL 60612	36-3382973	501(C)(3)	52,343.				PROGRAM SUPPORT
(2) RUSH UNIVERSITY MEDICAL CENTER 1725 W HARRISON ST. CHICAGO, IL 60612	36-2174823	501(C)(3)	51,750.				PROGRAM SUPPORT
(3) HOUSING OPTIONS FOR THE MENTALLY ILL 2100 RIDGE AVE STE G320, IL 60201	36-3611260	501(C)(3)	51,394.				PROGRAM SUPPORT
(4) URBAN INITIATIVES 650 W. LAKE, 340 CHICAGO, IL 60661	83-0367521	501(C)(3)	51,166.				PROGRAM SUPPORT
(5) LAWDALE CHRISTIAN HEALTH CENTER 3860 W. OGDEN AVENUE CHICAGO, IL 60623	36-3308953	501(C)(3)	50,420.				PROGRAM SUPPORT
(6) CENTER FOR DISABILITY AND ELDER LAW 205 W. RANDOLPH STE, 1610, CHICAGO IL 60606	36-3203809	501(C)(3)	50,180.				PROGRAM SUPPORT
(7) LAKEVIEW PANTRY 3945 N SHERIDAN CHICAGO, IL 60613	36-2734184	501(C)(3)	49,411.				PROGRAM SUPPORT
(8) HOWARD BROWN HEALTH CENTER 4025 NORTH SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501(C)(3)	48,891.				PROGRAM SUPPORT
(9) SAFER FOUNDATION 571 WEST JACKSON BLVD. CHICAGO, IL 60661	36-2762168	501(C)(3)	48,690.				PROGRAM SUPPORT
(10) BRIDGE YOUTH AND FAMILY SERVICES 721 S. QUENTIN RD., PALATINE IL 60067	23-7093615	501(C)(3)	48,417.				PROGRAM SUPPORT
(11) YEAR UP CHICAGO 223 W.JACKSON BLVD, CHICAGO IL 60606	04-3534407	501(C)(3)	47,000.				PROGRAM SUPPORT
(12) MISERICORDIA HEART OF MERCY CENTER 6300 NORTH RIDGE CHICAGO, IL 60660	36-2170153	501(C)(3)	46,966.				PROGRAM SUPPORT

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- 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
- 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 noncash assistance	(h) Purpose of grant or assistance
(1) FAMILY SERVICE OF LAKE COUNTY 777 CENTRAL AVE. HIGHLAND PARK, IL 60035	36-2167063	501(C)(3)	46,327.				PROGRAM SUPPORT
(2) ERIE FAMILY HEALTH CENTER 1701 W. SUPERIOR ST., CHICAGO IL 60622	36-3088628	501(C)(3)	46,270.				PROGRAM SUPPORT
(3) PLOWS COUNCIL ON AGING 7808 COLLEGE DR. 5 E., PALOS HTS, IL 60463	36-2882809	501(C)(3)	45,501.				PROGRAM SUPPORT
(4) CENTRAL STATES SER - JOBS FOR PROGRESS, INC 3948 WEST 26TH STREET CHICAGO, IL 60623	36-1211270	501(C)(3)	45,449.				PROGRAM SUPPORT
(5) THRESHOLDS 4101 NORTH RAVENSWOOD CHICAGO, IL 60613	36-3071248	501(C)(3)	45,232.				PROGRAM SUPPORT
(6) ILLINOIS SIKH COMMUNITY CENTER 2131 CREEKSIDE DRIVE WHEATON, IL 60189	80-0249107	501(C)(3)	45,000.				PROGRAM SUPPORT
(7) TEEN PARENT CONNECTION 475 TAFT AVE GLEN ELLYN, IL 60137	36-3387034	501(C)(3)	44,415.				PROGRAM SUPPORT
(8) SARAH'S INN 311 HARRISON STREET OAK PARK, IL 60304	36-3084461	501(C)(3)	43,749.				PROGRAM SUPPORT
(9) CHILDSERV 8765 W. HIGGINS RD., CHICAGO IL 60631	36-2171716	501(C)(3)	43,604.				PROGRAM SUPPORT
(10) ACCESS COMMUNITY HEALTH NETWORK 600 W FULTON ST, 2ND FL CHICAGO, IL 60661	36-3317058	501(C)(3)	41,876.				PROGRAM SUPPORT
(11) CHANGING WORLDS 329 W. 18TH ST., STE 506., CHICAGO IL 60616	36-4340874	501(C)(3)	41,867.				PROGRAM SUPPORT
(12) ESPERANZA HEALTH CENTERS 2001 S. CALIFORNIA CHICAGO, IL 60608	32-0115907	501(C)(3)	41,777.				PROGRAM SUPPORT

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**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

Name of the organization

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Employer identification number

30-0200478

Part I General Information on Grants and Assistance

- 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
- 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 noncash assistance	(h) Purpose of grant or assistance
(1) THE RESURRECTION PROJECT 1818 S PAULINA CHICAGO, IL 60608	36-3576073	501(C)(3)	40,479.				PROGRAM SUPPORT
(2) PEER SERVICES INC. 906 DAVIS ST. STE 101, EVANSTON IL 60201	36-2848969	501(C)(3)	40,240.				PROGRAM SUPPORT
(3) CHICAGO COMMUNITY TRUST 225 N MICHIGAN AVE., CHICAGO IL 60601	36-3432023	501(C)(3)	40,000.				PROGRAM SUPPORT
(4) LADDER UP 233 S. WACKER DR., CHICAGO IL 60606	36-4070692	501(C)(3)	39,824.				PROGRAM SUPPORT
(5) CHICAGO COMMONS ASSOCIATION 515 E. 50TH STREET CHICAGO, IL 60615	36-2169136	501(C)(3)	39,304.				PROGRAM SUPPORT
(6) NEW LIFE CENTERS OF CHICAGOLAND 4101 WEST 51ST STREET CHICAGO, IL 60632	20-2380358	501(C)(3)	39,064.				PROGRAM SUPPORT
(7) ST. LEONARD'S MINISTRIES 2100 WEST WARREN BLVD. CHICAGO, IL 60612	36-2378516	501(C)(3)	38,848.				PROGRAM SUPPORT
(8) NATIONAL ABLE NETWORK, INC. 567 W. LAKE STREET CHICAGO, IL 60661	23-7339397	501(C)(3)	38,750.				PROGRAM SUPPORT
(9) INSPIRATION CORPORATION 4554 N BROADWAY ST., CHICAGO IL 60640	36-3673980	501(C)(3)	38,535.				PROGRAM SUPPORT
(10) ACCESS DUPAGE/DUPAGE HEALTH COALITION 511 THORNHILL DR., CAROL STREAM IL 60188	36-4448208	501(C)(3)	38,072.				PROGRAM SUPPORT
(11) CONNECTIONS FOR THE HOMELESS 2121 DEWEY AVENUE EVANSTON, IL 60201	36-3346917	501(C)(3)	35,628.				PROGRAM SUPPORT
(12) CHILDREN'S ADVOCACY CENTER OF COOK COUNTY 640 IL BLVD. HOFFMAN ESTATES, IL 60169	36-3711203	501(C)(3)	35,151.				PROGRAM SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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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 noncash assistance	(h) Purpose of grant or assistance
(1) NAMASTE CHARTER SCHOOL 3737 S. PAULINA ST. CHICAGO, IL 60609	20-0285795	501(C)(3)	35,000.				PROGRAM SUPPORT
(2) TRI-CON CHILD CARE CENTER 425 LAUREL AVE. HIGHLAND PARK, IL 60035	36-2708769	501(C)(3)	35,000.				PROGRAM SUPPORT
(3) CENTERS FOR NEW HORIZONS, INC. 4150 SOUTH KING DRIVE CHICAGO, IL 60653	36-2729721	501(C)(3)	35,000.				PROGRAM SUPPORT
(4) LATINO UNION OF CHICAGO 4811 N. CENTRAL PARK AVE. CHICAGO, IL 60625	61-1403712	501(C)(3)	35,000.				PROGRAM SUPPORT
(5) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	34,946.				PROGRAM SUPPORT
(6) NATIONAL LATINO EDUCATION INSTITUTE 2011 W. PERSHING ROAD CHICAGO, IL 60609	36-2755187	501(C)(3)	34,650.				PROGRAM SUPPORT
(7) CHICAGO ALLIANCE AGAINST SEXUAL EXPLOITATIO 307 N MICHIGAN AVE CHICAGO, IL 60601	26-0220074	501(C)(3)	34,494.				PROGRAM SUPPORT
(8) BETHEL NEW LIFE, INC. 4950 W THOMAS ST CHICAGO, IL 60651	36-3013241	501(C)(3)	33,900.				PROGRAM SUPPORT
(9) THE CHILDREN'S CLINIC 320 LAKE STREET OAK PARK, IL 60302	36-9002074	501(C)(3)	33,243.				PROGRAM SUPPORT
(10) BLUE ISLAND CITIZENS 2155 BROADWAY BLUE ISLAND, IL 60406	36-2603932	501(C)(3)	33,050.				PROGRAM SUPPORT
(11) HEPHZIBAH CHILDREN'S ASSOCIATION 1144 LAKE ST STE 500, OAK PARK, IL 60305	36-2167096	501(C)(3)	32,706.				PROGRAM SUPPORT
(12) THE COMPASS CHURCH 1551 E. HOBSON RD NAPERVILLE, IL 60540	41-0721672	501(C)(3)	32,500.				PROGRAM SUPPORT

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- 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
- 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 noncash assistance	(h) Purpose of grant or assistance
(1) FAMILY RESCUE P.O. BOX 17528 CHICAGO, IL 60617	36-3170408	501(C)(3)	32,340.				PROGRAM SUPPORT
(2) LIFE SPAN 70 E LAKE ST STE 700, CHICAGO, IL 60601	36-2991281	501(C)(3)	32,130.				PROGRAM SUPPORT
(3) CHICAGO HOUSE AND SOCIAL SERVICE AGENCY 1925 N. CLYBORNE AVE, CHICAGO, IL 60614	36-3376432	501(C)(3)	31,920.				PROGRAM SUPPORT
(4) RESPOND NOW P.O.BOX 215 CHICAGO HEIGHTS, IL 60411	23-7091808	501(C)(3)	31,814.				PROGRAM SUPPORT
(5) CHICAGO CHILDREN'S ADVOCACY CENTER 1240 S. DAMEN AVENUE CHICAGO, IL 60608	36-4251865	501(C)(3)	31,589.				PROGRAM SUPPORT
(6) CRISIS CENTER FOR SOUTH SUBURBIA P.O. BOX 39 TINLEY PARK, IL 60477	36-3039964	501(C)(3)	31,521.				PROGRAM SUPPORT
(7) AGING CARE CONNECTIONS 111 W. HARRIS AVE. LA GRANGE, IL 60525	36-2721289	501(C)(3)	31,519.				PROGRAM SUPPORT
(8) TEEN LIVING PROGRAMS 162 W. HUBBARD, STE 400, CHICAGO, IL 60654	36-2867274	501(C)(3)	31,380.				PROGRAM SUPPORT
(9) LEGAL COUNCIL FOR HEALTH JUSTICE 17 N STATE ST SUITE 900 CHICAGO, IL 60602	36-3563802	501(C)(3)	31,125.				PROGRAM SUPPORT
(10) ECKER CENTER FOR MENTAL HEALTH 1845 GRANDSTAND PLACE ELGIN, IL 60123	36-2312495	501(C)(3)	31,055.				PROGRAM SUPPORT
(11) CENTER FOR INDEPENDENCE THROUGH CONDUCTIVE 100 W. PLAINFIELD RD. COUNTRYSIDE, IL 60525	36-4259162	501(C)(3)	30,895.				PROGRAM SUPPORT
(12) HOUSING OPPORTUNITIES FOR WOMEN 1607 W. HOWARD ST. CHICAGO, IL 60626	36-3263818	501(C)(3)	30,217.				PROGRAM SUPPORT

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

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

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
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(1) SERENITY HOUSE COUNSELING SERVICES, INC. 891 S. ROHLWING ROAD ADDISON, IL 60101	36-3350438	501(C)(3)	30,108.				PROGRAM SUPPORT
(2) PODER 1637 S ALLPORT ST CHICAGO, IL 60608	36-4251880	501(C)(3)	30,050.				PROGRAM SUPPORT
(3) PRESERVATION OF AFFORDABLE HOUSING 6144 S. COTTAGE GRVE AVE. CHICAGO IL 60637	31-1616634	501(C)(3)	30,000.				PROGRAM SUPPORT
(4) THE JOSSELYN CENTER 405 CENTRAL AVENUE NORTHFIELD, IL 60093	36-2217996	501(C)(3)	29,789.				PROGRAM SUPPORT
(5) UIHSS OFFICE OF COMMUNITY ENGAGEMENT 828 S WOLCOTT AVE STE 231 CHICAGO IL 60612	37-6000511	501(C)(3)	29,760.				PROGRAM SUPPORT
(6) BEDS PLUS CARE, INC. P O BOX 2035 LAGRANGE, IL 60525	36-3741040	501(C)(3)	29,181.				PROGRAM SUPPORT
(7) BREAKING FREE 120 GALE STREET AURORA, IL 60506	36-2957395	501(C)(3)	28,842.				PROGRAM SUPPORT
(8) NAMI OF DUPAGE COUNTY, IL 115 N. COUNTY FARM RD WHEATON, IL 60187	36-3412057	501(C)(3)	28,585.				PROGRAM SUPPORT
(9) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	28,273.				PROGRAM SUPPORT
(10) SPECIAL OLYMPICS INC. 1133 19TH ST. NW WASHINGTON, DC 20036	52-0889518	501(C)(3)	27,917.				PROGRAM SUPPORT
(11) OMNI YOUTH SERVICES 1111 W. LAKE COOK RD., IL 60089	36-2777027	501(C)(3)	27,900.				PROGRAM SUPPORT
(12) LAWYERS' COMMITTEE FOR BETTER HOUSING 33 N. LASALLE ST. STE 900, CHICAGO IL 60602	36-3134577	501(C)(3)	27,640.				PROGRAM SUPPORT

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(1) LA CASA NORTE 3533 W. N. AVENUE CHICAGO, IL 60647	36-4041525	501(C)(3)	27,517.				PROGRAM SUPPORT
(2) THE CHILDREN'S CENTER OF CICERO-BERWYN 1447 S. 50TH., COURT CICERO, IL 60804	36-3025963	501(C)(3)	27,489.				PROGRAM SUPPORT
(3) HELPING HAND CENTER 9649 WEST 55TH ST. COUNTRYSIDE, IL 60525	36-2327271	501(C)(3)	27,300.				PROGRAM SUPPORT
(4) ST. PAUL'S BAPTIST CHURCH 1 HAGERTY BLVD WEST CHESTER, PA 19382	23-7384152	501(C)(3)	27,000.				PROGRAM SUPPORT
(5) HAROLD COLBERT JONES MEMORIAL COMMUNITY CEN 220 E. 15TH STREET, CHICAGO HTS IL 60411	36-2182055	501(C)(3)	26,870.				PROGRAM SUPPORT
(6) JOURNEYS - THE ROAD HOME 1140 E. NORTHWEST HWY, PALATINE IL 60074	36-3919018	501(C)(3)	26,527.				PROGRAM SUPPORT
(7) NORTH SIDE HOUSING AND SUPPORTIVE SERVICES 4410 N. RAVENSWOOD AVE. CHICAGO IL 60640	36-3318158	501(C)(3)	26,500.				PROGRAM SUPPORT
(8) NORTHWEST COMPASS, INC. 1300 W NORTHWEST HIGHWAY, IL 60056	36-3382832	501(C)(3)	26,189.				PROGRAM SUPPORT
(9) ASIAN HUMAN SERVICES, INC. 4753 N. BROADWAY STE. 700, CHICAGO IL 60640	36-3005889	501(C)(3)	25,692.				PROGRAM SUPPORT
(10) ARAB AMERICAN ACTION NETWORK 3148 W. 63RD ST. 2ND FLR, CHICAGO IL, 60629	36-4034958	501(C)(3)	25,553.				PROGRAM SUPPORT
(11) COMMON THREADS 3811 BEE CAVES RD STE 108, AUSTIN TX 78746	20-0106847	501(C)(3)	25,410.				PROGRAM SUPPORT
(12) VNA HEALTH CARE 400 N. HIGHLAND AVE. AURORA, IL 60506	36-2182095	501(C)(3)	25,349.				PROGRAM SUPPORT

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Schedule I (Form 990) (2017)

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(Form 990)**

**Grants and Other Assistance to Organizations,
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(1) ALIVIO MEDICAL CENTER 966 W. 21ST ST., CHICAGO, IL 60608	36-3661051	501(C)(3)	25,210.				PROGRAM SUPPORT
(2) LESTER AND ROSALIE ANIXTER CENTER 6610 N. CLARK ST. CHICAGO, IL 60626	36-2244895	501(C)(3)	25,170.				PROGRAM SUPPORT
(3) CENTER FOR CHANGING LIVES 1955 N. ST. LOUIS AVE 101, CHICAGO IL 60647	36-3731388	501(C)(3)	25,100.				PROGRAM SUPPORT
(4) SAINT ANTHONY HOSPITAL 2875 W 19TH ST CHICAGO, IL 60623	51-0217097	501(C)(3)	25,100.				PROGRAM SUPPORT
(5) FAMILY SERV AND MENTAL HEALTH CENT OF CICERO 5341 W. CERMAK ROAD CICERO, IL 60804	36-2246705	501(C)(3)	25,092.				PROGRAM SUPPORT
(6) CENTRO DE INFORMACION 28 N. GROVE AVE. STE. 200, ELGIN IL 60120	36-2776988	501(C)(3)	25,040.				PROGRAM SUPPORT
(7) HAMDARD CENTER FOR HEALTH AND HUMAN SERVICE 228 E. LAKE STREET ADDISON, IL 60101	36-3917885	501(C)(3)	25,013.				PROGRAM SUPPORT
(8) CHICAGO SYMPHONY ORCHESTRA 220 S. MICHIGAN CHICAGO, IL 60604	36-2167823	501(C)(3)	25,000.				PROGRAM SUPPORT
(9) ELMHURST CHRISTIAN REFORMED CHURCH 149 W. BRUSH HILL ELMHURST, IL 60126	36-2521910	501(C)(3)	25,000.				PROGRAM SUPPORT
(10) CENTER FOR CONFLICT RESOLUTION 11 E. ADAMS ST. STE. 500 CHICAGO, IL 60603	36-2997680	501(C)(3)	25,000.				PROGRAM SUPPORT
(11) RENAISSANCE SOCIAL SERVICES, INC 333 N. OAKLEY BLVD., CHICAGO IL 60612	36-3900116	501(C)(3)	25,000.				PROGRAM SUPPORT
(12) THRIVE CHICAGO NFP 211 W. WACKER DRIVE CHICAGO, IL 60606	47-2478889	501(C)(3)	25,000.				PROGRAM SUPPORT

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(1) SAINT CLEMENT CHURCH 642 WEST DEMING PLACE CHICAGO, IL 60614	36-2170826	501(C)(3)	24,341.				PROGRAM SUPPORT
(2) UNIVERSITY OF CHICAGO - LABORATORY SCHOOLS 1362 E. 59TH ST. CHICAGO, IL 60637	36-2177139	501(C)(3)	24,338.				PROGRAM SUPPORT
(3) MAKE-A-WISH FOUNDATION OF AMERICA 1702 E HIGHLAND AVE PHOENIX, AZ 85016	86-0481941	501(C)(3)	23,734.				PROGRAM SUPPORT
(4) FOX VALLEY UNITED WAY 44 EAST GALENA BLVD. AURORA, IL 60505	36-2195467	501(C)(3)	23,298.				PROGRAM SUPPORT
(5) LINCOLN PARK ZOOLOGICAL SOCIETY 2001 N CLARK ST CHICAGO, IL 60614	36-2512404	501(C)(3)	23,284.				PROGRAM SUPPORT
(6) UNITED WAY OF WILL COUNTY 54 N OTTAWA ST, STE 300 JOLIET, IL 60432	36-2515625	501(C)(3)	22,438.				PROGRAM SUPPORT
(7) CHRIST COMMUNITY CHURCH 37 W. 100 BOLCUM RD, ST. CHARLES, IL 60175	36-3346903	501(C)(3)	22,000.				PROGRAM SUPPORT
(8) ADLER PLANETARIUM 1300 S. LAKE SHORE DR, CHICAGO IL 60605	36-6210902	501(C)(3)	21,000.				PROGRAM SUPPORT
(9) CHICAGO BOTANIC GARDEN 1000 LAKE COOK RD, GLENCOE IL 60022	36-2225482	501(C)(3)	20,000.				PROGRAM SUPPORT
(10) MAKE A WISH FOUNDATION OF ILLINOIS 640 N. LASALLE DR., CHICAGO IL 60654	36-3422138	501(C)(3)	19,550.				PROGRAM SUPPORT
(11) ALZHEIMER'S ASSOCIATION, GREATER IL CHAPTER 8430 W BRYN MAWR AVE CHICAGO, IL 60631	13-3039601	501(C)(3)	19,127.				PROGRAM SUPPORT
(12) ST. IGNATIUS COLLEGE PREP 1076 W ROOSEVELT RD. CHICAGO IL 60608	36-2167867	501(C)(3)	18,819.				PROGRAM SUPPORT

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(1) UNITED WAY OF GREATER MCHENRY COUNTY 4508 PRIME PARKWAY, MCHENRY IL 60050	36-6147909	501(C)(3)	18,438.				PROGRAM SUPPORT
(2) DANIEL MURPHY SCHOLARSHIP FUND 309 W. WASHINGTON, CHICAGO IL 60606	36-3675466	501(C)(3)	16,900.				PROGRAM SUPPORT
(3) KENILWORTH UNITED FUND, INC. 419 RICHMOND RD KENIL WORTH IL 60043	36-6118414	501(C)(3)	16,082.				PROGRAM SUPPORT
(4) WILLOW CREEK COMMUNITY CHURCH CRYSTAL LAKE 67 ALGONQUIN ROAD S BARRINGTON, IL 60010	51-0164942	501(C)(3)	15,960.				PROGRAM SUPPORT
(5) HEART OF ILLINOIS UNITED WAY 509 W. HIGH STREET PEORIA, IL 61606	37-0661504	501(C)(3)	15,779.				PROGRAM SUPPORT
(6) BREAKTHROUGH URBAN MINISTRIES 402 NORTH ST. LOUIS AVE CHICAGO, IL 60624	36-3810926	501(C)(3)	15,171.				PROGRAM SUPPORT
(7) SALVATION ARMY METROPOLITAN CHICAGO 5040 N. PULASKI RD, CHICAGO IL 60630	36-2167910	501(C)(3)	14,649.				PROGRAM SUPPORT
(8) BOYS AND GIRLS CLUBS OF CHICAGO 550 W VAN BUREN ST., CHICAGO IL 60607	36-2166997	501(C)(3)	14,525.				PROGRAM SUPPORT
(9) PLANNED PARENTHOOD OF ILLINOIS 18 S. MICHIGAN AVE. CHICAGO IL 60603	36-2170901	501(C)(3)	14,135.				PROGRAM SUPPORT
(10) EARTH SHARE 7735 OLD GEORGETOWN RD., MD 20814	52-1601960	501(C)(3)	14,128.				PROGRAM SUPPORT
(11) BERNARD ZELL ANSHE EMET DAY SCHOOL 3751 N BROADWAY ST. CHICAGO IL 60613	36-2166955	501(C)(3)	14,000.				PROGRAM SUPPORT
(12) OAK PARK RIVER FOREST FOOD PANTRY 848 LAKE ST.OAK PARK IL 60301	27-2018997	501(C)(3)	13,970.				PROGRAM SUPPORT

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(1) ACADEMY FOR URBAN SCHOOL LEADERSHIP (AUSL) 3400 N. AUSTIN, CHICAGO IL 60634	36-4447457	501(C)(3)	13,900.				PROGRAM SUPPORT
(2) HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET AMERICUS, GA 31709	91-1914868	501(C)(3)	13,873.				PROGRAM SUPPORT
(3) CITY YEAR CHICAGO 36 S WABASH, SUITE 1300 CHICAGO, IL 60603	22-2882549	501(C)(3)	13,707.				PROGRAM SUPPORT
(4) LASALLE STREET CHURCH - CAPITAL CAMPAIGN 1111 N WELLS ST STE. 500, CHICAGO IL 60610	36-2601051	501(C)(3)	13,500.				PROGRAM SUPPORT
(5) WASHINGTON UNIVERSITY IN ST. LOUIS ONE BROOKINGS DR. ST. LOUIS, MO 63130	43-0653611	501(C)(3)	13,300.				PROGRAM SUPPORT
(6) COMMUNITY HEALTH CHARITIES 1199 N. FAIRFAX ST, ALEXANDRIA VA 22314	13-6167225	501(C)(3)	13,245.				PROGRAM SUPPORT
(7) GLEN ELLYN FOOD PANTRY 493 FOREST AVENUE, GLEN ELLYN IL 60137	36-3423123	501(C)(3)	13,050.				PROGRAM SUPPORT
(8) SHELTER, INC. 1616 N. ARLINGTON HTS RD., IL 60004	23-7399596	501(C)(3)	12,910.				PROGRAM SUPPORT
(9) JDRF INTERNATIONAL ILLINOIS CHAPTER 1 N. LASALLE ST. STE. 1200 CHICAGO IL 60602	23-1907729	501(C)(3)	12,757.				PROGRAM SUPPORT
(10) ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL 225 E. CHICAGO AVE CHICAGO, IL 60611	36-3357006	501(C)(3)	12,380.				PROGRAM SUPPORT
(11) HABITAT FOR HUMANITY LAKE COUNTY, IL 315 N MLK JR. AVE WAUKEGAN, IL 60085	36-3659288	501(C)(3)	12,334.				PROGRAM SUPPORT
(12) MOUNT PISGAH CHRISTIAN SCHOOL 9820 NESBIT FERRY RD JOHNS CREEK GA 30022	20-0085243	501(C)(3)	12,000.				PROGRAM SUPPORT

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(1) ARC OF HOPE UGANDA 9435 SPRINGFIELD AVE. EVANSTON, IL 60203	32-0301689	501(C)(3)	12,000.				PROGRAM SUPPORT
(2) EVANGELICAL COVENANT CHURCH OF HINSDALE 412 S. GARFIELD RD HINSDALE IL 60521	36-2167730	501(C)(3)	12,000.				PROGRAM SUPPORT
(3) MUSEUM OF SCIENCE AND INDUSTRY 5700 S. LAKESHORE DR. CHICAGO IL 60637	36-2167797	501(C)(3)	12,000.				PROGRAM SUPPORT
(4) HABITAT FOR HUMANITY CHICAGO 100 W CERMAK ROAD 404 CHICAGO IL 60608	46-0494889	501(C)(3)	11,920.				PROGRAM SUPPORT
(5) EVANS SCHOLARS FOUNDATION ONE BRIAR ROAD GOLF, IL 60029	36-2518129	501(C)(3)	11,840.				PROGRAM SUPPORT
(6) UNITED WAY OF GREATER ST. LOUIS 910 N. 11TH ST. SAINT LOUIS MO 63101	43-0714167	501(C)(3)	11,631.				PROGRAM SUPPORT
(7) UNIVERSITY OF ILLINOIS MEDICAL CENTER 1747 W ROSEVELT RD CHICAGO, IL 60608	37-6006007	501(C)(3)	11,249.				PROGRAM SUPPORT
(8) YOGI DIVINE SOCIETY 2437 N YEOMAN ST WAUKEGAN IL 60087	36-2918080	501(C)(3)	11,000.				PROGRAM SUPPORT
(9) HABILITATIVE SYSTEMS 415 S. KILPATRICK CHICAGO, IL 60644	36-2969062	501(C)(3)	11,000.				PROGRAM SUPPORT
(10) DUKE UNIVERSITY TRINITY COLLEGE ALUMNI & DEVPT BOX 90581 DURHAM NC 27708	56-0532129	501(C)(3)	11,000.				PROGRAM SUPPORT
(11) UNITED WAY OF NEW YORK CITY 205 E. 42ND ST. NEW YORK NY 10017	13-2617681	501(C)(3)	10,960.				PROGRAM SUPPORT
(12) LOYOLA ACADEMY 1100 LARAMIE AVE, WILMETTE IL 60091	36-2367981	501(C)(3)	10,850.				PROGRAM SUPPORT

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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I General Information on Grants and Assistance

- 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
- 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 noncash assistance	(h) Purpose of grant or assistance
(1) SIERRA CLUB, IL CHAPTER, SUMMIT CIRCLE 70 E LAKE ST., SUITE 1500 CHICAGO, IL 60601	94-6069890	501(C)(3)	10,810.				PROGRAM SUPPORT
(2) NORTHWESTERN SETTLEMENT 1400 W AUGUSTA BLVD, CHICAGO IL 60642	36-2167818	501(C)(3)	10,537.				PROGRAM SUPPORT
(3) TRUSTEES OF TUFTS COLLEGE P.O. BOX 3306 BOSTON, MA 02241	04-2103634	501(C)(3)	10,500.				PROGRAM SUPPORT
(4) ARRUEPE COLLEGE OF LOYOLA UNIVERSITY 1 E PEARSON ST. CHICAGO IL 60611	36-1408475	501(C)(3)	10,500.				PROGRAM SUPPORT
(5) PADS INC DBA HESED HOUSE 659 S RIVER ST. AURORA IL 60506	36-3285644	501(C)(3)	10,430.				PROGRAM SUPPORT
(6) THE COVE SCHOOL, INC. 350 LEE ROAD NORTHBROOK, IL 60062	39-0930993	501(C)(3)	10,360.				PROGRAM SUPPORT
(7) CHICAGO PUBLIC LIBRARY FOUNDATION 20 N. MICHIGAN AVE., CHICAGO IL 60602	36-3480353	501(C)(3)	10,300.				PROGRAM SUPPORT
(8) SOS CHILDREN'S VILLAGES ILLINOIS, INC. 216 W JACKSON BLVD., CHICAGO IL 60606	36-3599110	501(C)(3)	10,300.				PROGRAM SUPPORT
(9) NORTHWESTERN MEMORIAL FOUNDATION 251 ST. GALTER PAVILION., CHICAGO IL 60611	36-3155315	501(C)(3)	10,250.				PROGRAM SUPPORT
(10) RAVINIA FESTIVAL ASSOCIATION 418 SHERIDAN ROAD HIGHLAND PARK IL 60035	36-6002273	501(C)(3)	10,132.				PROGRAM SUPPORT
(11) BIG SHOULDERS FUND 212 W. VAN BUREN, STE. 900 CHICAGO IL 60607	36-3490557	501(C)(3)	10,075.				PROGRAM SUPPORT
(12) OUNCE OF PREVENTION FUND 33 W. MONROE STE. 2400, CHICAGO IL 60603	36-3186328	501(C)(3)	10,025.				PROGRAM SUPPORT

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(1) UNITED WAY OF THE GREATER CHIPPEWA VALLEY, 3603 N. HASTINGS MAY, EAU CLAIRE WI 54703	39-1077901	501(C)(3)	10,000.				PROGRAM SUPPORT
(2) STADIA PO BOX 699 UNIONTOWN OH 44685	05-0556267	501(C)(3)	10,000.				PROGRAM SUPPORT
(3) ART INSTITUTE OF CHICAGO 111 S. MICHIGAN AVE. CHICAGO IL 60603	36-2167725	501(C)(3)	10,000.				PROGRAM SUPPORT
(4) HORIZONS FOR YOUTH 703 W MONROE ST.CHICAGO IL 60661	36-3796784	501(C)(3)	10,000.				PROGRAM SUPPORT
(5) EPIC 1913 W. TOWLINE RD. PEORIA, IL 61615	37-0794792	501(C)(3)	10,000.				PROGRAM SUPPORT
(6) WILLIAM PENN UNIVERSITY 201 TRUEBLOOD AVE.OSKALOOSA IA 52577	42-0707120	501(C)(3)	10,000.				PROGRAM SUPPORT
(7) UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	9,620.				PROGRAM SUPPORT
(8) UNITED WAY OF ELGIN 1750 GRANDSTAND PLACE 5, ELGIN IL 60123	36-2167052	501(C)(3)	9,344.				PROGRAM SUPPORT
(9) BIG BROTHERS BIG SISTERS OF METRO CHICAGO 560 W. LAKE ST. 5TH FLR, CHICAGO IL 60661	36-2681212	501(C)(3)	9,320.				PROGRAM SUPPORT
(10) YOUTH GUIDANCE 1 N LASALLE ST., STE. 900 CHICAGO IL 60602	36-2167032	501(C)(3)	9,247.				PROGRAM SUPPORT
(11) CENTER ON HALSTED 3656 N HALSTED ST.CHICAGO IL 60613	51-0178807	501(C)(3)	9,222.				PROGRAM SUPPORT
(12) BY THE HAND CLUB FOR KIDS P.O. BOX 10043 CHICAGO IL 60610	20-3144284	501(C)(3)	9,200.				PROGRAM SUPPORT

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Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I General Information on Grants and Assistance

- 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
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(1) MERCY HOME FOR BOYS & GIRLS 1140 W. JACKSON BLVD.CHICAGO IL 60607	36-2171726	501(C)(3)	9,180.				PROGRAM SUPPORT
(2) LITTLE BROTHERS - FRIENDS OF THE ELDERLY 355 N. ASHLAND AVE.CHICAGO IL 60607	36-2651505	501(C)(3)	9,120.				PROGRAM SUPPORT
(3) ONE HOPE UNITED 333 SOUTH WABASH AVE. CHICAGO, IL 60604	36-2181967	501(C)(3)	9,001.				PROGRAM SUPPORT
(4) THE REGENTS OF THE UNIV OF MI LAW SCHOOL 3003 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	8,730.				PROGRAM SUPPORT
(5) BOYS AND GIRLS CLUB OF WEST COOK COUNTY 4000 ST. PAUL AVENUE, BELLWOOD IL 60104	36-2374421	501(C)(3)	8,618.				PROGRAM SUPPORT
(6) FONDOS UNIDOS DE PUERTO RICO PO BOX 191914 SAN JUAN, PR 00919	66-0269222	501(C)(3)	8,424.				PROGRAM SUPPORT
(7) COVENANT UNITED CHURCH OF CHRIST 1130 E. 154TH ST.S. HOLLAND IL 60473	13-1957221	501(C)(3)	8,325.				PROGRAM SUPPORT
(8) UNITED WAY OF MASSACHUSETTS BAY 51 SLEEPER STREET BOSTON, MA 02210	04-2382233	501(C)(3)	8,198.				PROGRAM SUPPORT
(9) NORTHWESTERN UNIVERSITY ALUMNI REL & DEVPT 120, EVANSTON IL 60208	36-2167817	501(C)(3)	8,135.				PROGRAM SUPPORT
(10) NORTHWESTERN COLLEGE 101 7TH ST. S.W.ORANGE CITY IA 51041	42-0698196	501(C)(3)	8,000.				PROGRAM SUPPORT
(11) GADS HILL CENTER 1919 W. CULLERTON ST.CHICAGO IL 60608	36-2167082	501(C)(3)	7,899.				PROGRAM SUPPORT
(12) BARRINGTON AREA UNITED WAY 200 JAMES SREET BARRINGTON, IL 60010	23-7123024	501(C)(3)	7,824.				PROGRAM SUPPORT

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Schedule I (Form 990) (2017)

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**Grants and Other Assistance to Organizations,
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Name of the organization

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Employer identification number

30-0200478

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- 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
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(1) ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PKWY., DOWNERS GROVE IL 60515	36-3297360	501(C)(3)	7,820.				PROGRAM SUPPORT
(2) UNITED WAY OF THE QUAD CITIES AREA, INC. 852 MIDDLE ROAD., BETTENDORF IA 52722	36-2725960	501(C)(3)	7,625.				PROGRAM SUPPORT
(3) BOYS HOPE GIRLS HOPE OF ILLINOIS 1100 LARAMIE AVENUE WILMETTE, IL 60091	51-0248353	501(C)(3)	7,608.				PROGRAM SUPPORT
(4) BOY SCOUTS PATHWAY TO ADVENTURE COUNCIL 8751 CALUMET AVE. MUNSTER IN 46321	35-0867962	501(C)(3)	7,566.				PROGRAM SUPPORT
(5) ANSHE EMET SYNAGOGUE (SUSTAINING FUND) 3751 N. BROADWAY CHICAGO IL 60613	36-0739900	501(C)(3)	7,500.				PROGRAM SUPPORT
(6) ROGERS PARK MONTESSORI SCHOOL KIM ROMAIN 1800 W BALMORAL AVE. CHICAGO IL 60640	36-2597822	501(C)(3)	7,500.				PROGRAM SUPPORT
(7) FRIENDS OF PAYTON ASSOCIATION 1034 N WELLS ST. CHICAGO IL 60610	36-4409659	501(C)(3)	7,500.				PROGRAM SUPPORT
(8) TULANE A.B. FREEMAN SCHOOL OF BUSINESS 7 MCALISTER DR. NEW ORLEANS LA 70118	72-0423889	501(C)(3)	7,500.				PROGRAM SUPPORT
(9) YELLOWSTONE TO YUKON CONSERVATION P.O. BOX 157 BOZEMAN MT 59771	81-0535303	501(C)(3)	7,500.				PROGRAM SUPPORT
(10) JUNIOR ACHIEVEMENT (CHICAGO) 651 W WASHINGTON BLVD CHICAGO, IL 60661	84-1267604	501(C)(3)	7,500.				PROGRAM SUPPORT
(11) CHICAGO CHILD CARE SOCIETY 5467 S. UNIVERSITY AVE. CHICAGO IL 60615	36-2166998	501(C)(3)	7,340.				PROGRAM SUPPORT
(12) NAPERVILLE CHRISTIAN ACADEMY 1451 RAYMOND DR., NAPERVILLE IL 60563	36-4383292	501(C)(3)	7,200.				PROGRAM SUPPORT

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Internal Revenue Service

Name of the organization

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(1) PAWS CHICAGO 1997 N. CLYBOURN AVE. CHICAGO IL 60614	36-4219778	501(C)(3)	7,153.				PROGRAM SUPPORT
(2) BATAVIA UNITED WAY P. O. BOX 372 BATAVIA, IL 60510	36-3208945	501(C)(3)	7,077.				PROGRAM SUPPORT
(3) FIRST BAPTIST CHURCH OF UNIVERSITY PARK 450 UNIV PARKWAY UNIVERSITY PARK, IL 60484	37-0755264	501(C)(3)	6,950.				PROGRAM SUPPORT
(4) LAKE AREA UNITED WAY 221 W. RIDGE ROAD GRIFFITH IN 46319	23-7170019	501(C)(3)	6,938.				PROGRAM SUPPORT
(5) CANCER SUPPORT CENTER 19657 S LA GRANGE RD MOKENA IL 60448	36-3880404	501(C)(3)	6,750.				PROGRAM SUPPORT
(6) JOFFREY BALLET OF CHICAGO 10 E RANDOLPH CHICAGO IL 60601	36-4009741	501(C)(3)	6,750.				PROGRAM SUPPORT
(7) CAREER TRANSITIONS CENTER OF CHICAGO 703 W. MONROE ST.CHICAGO IL 60661	36-4084309	501(C)(3)	6,643.				PROGRAM SUPPORT
(8) TEMPLE JEREMIAH 937 HAPP ROAD NORTHFIELD, IL 60093	13-1663143	501(C)(3)	6,550.				PROGRAM SUPPORT
(9) WNY HEROS 8205 MAIN ST., WILLIAMSVILLE NY 14221	61-1561829	501(C)(3)	6,504.				PROGRAM SUPPORT
(10) UNITED WAY OF ROCK RIVER VALLEY 612 N MAIN ST STE 300, ROCKFORD IL 61103	36-2167843	501(C)(3)	6,457.				PROGRAM SUPPORT
(11) RAY GRAHAM ASSN FOR PEOPLE WITH DISABILITIE 901 WARRENVILLE RD. STE 500 LISLE, IL 60532	36-2411166	501(C)(3)	6,436.				PROGRAM SUPPORT
(12) LAKE COUNTY HAVEN 117 MCKINLEY AVE LIBERTY VILLE IL 60048	36-3846099	501(C)(3)	6,414.				PROGRAM SUPPORT

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**Grants and Other Assistance to Organizations,
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(1) WORKING IN THE SCHOOLS (WITS) 641 W. LAKE ST. STE. 200 CHICAGO IL 60661	36-3891846	501(C)(3)	6,380.				PROGRAM SUPPORT
(2) FEED MY STARVING CHILDREN - COON RAPIDS MN 401 93RD AVE NW COON RAPIDS, MN 55433	41-1601449	501(C)(3)	6,321.				PROGRAM SUPPORT
(3) THE COMMUNITY HOUSE 415 W. EIGHTH ST.HINSDALE IL 60521	36-2167735	501(C)(3)	6,252.				PROGRAM SUPPORT
(4) DOCTORS WITHOUT BORDERS USA 333 SEVENTH AVE. 2ND FL NEW YORK, NY 10001	13-3433452	501(C)(3)	6,224.				PROGRAM SUPPORT
(5) HFS CHICAGO SCHOLARS HFS SCHOLARSHIP FUND 1074 W TAYLOR ST. 201 CHICAGO IL 60607	36-3922345	501(C)(3)	6,160.				PROGRAM SUPPORT
(6) TRICITY FAMILY SERVICES 1120 RANDALL COURT GENEVA, IL 60134	23-7310008	501(C)(3)	6,070.				PROGRAM SUPPORT
(7) LAZARUS HOUSE 214 WALNUT ST.ST. CHARLES IL 60174	36-4187609	501(C)(3)	6,070.				PROGRAM SUPPORT
(8) ONE ACRE FUND 80 BROAD ST., NEW YORK NY 10004	20-3668110	501(C)(3)	6,000.				PROGRAM SUPPORT
(9) AMERICAN INDIAN CENTER, INC. 3401 W AINSLIE ST. CHICAGO, IL 60625	36-2382840	501(C)(3)	6,000.				PROGRAM SUPPORT
(10) URBAN VILLAGE CHURCH P.O. BOX A3882 CHICAGO IL 60690	36-2899329	501(C)(3)	6,000.				PROGRAM SUPPORT
(11) STRATFORD SHAKESPEAREAN FESTIVAL OF AMER 660 WOODWARD AVE., DETROIT MI 48226	38-2420887	501(C)(3)	6,000.				PROGRAM SUPPORT
(12) CASA CENTRAL 1343 N. CALIFORNIA AVE. CHICAGO IL 60622	36-2728618	501(C)(3)	5,797.				PROGRAM SUPPORT

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(1) SHARE OUR SPARE 935 W CHESTNUT LL 13CHICAGO IL 60642	45-2773364	501(C)(3)	5,565.				PROGRAM SUPPORT
(2) BRIGHT HOPE INTERNATIONAL 2060 STONINGTON HOFFMAN ESTATES, IL 60169	23-7004991	501(C)(3)	5,507.				PROGRAM SUPPORT
(3) ST. MARY'S EPISCOPAL CHURCH 306 S. PROSPECT PARK RIDGE IL 60068	23-7075487	501(C)(3)	5,250.				PROGRAM SUPPORT
(4) PARK COMMUNITY CHURCH 1001 N. CROSBY ST.CHICAGO IL 60610	36-3514586	501(C)(3)	5,250.				PROGRAM SUPPORT
(5) BOY SCOUTS, THREE FIRES COUNCIL 415 N. 2ND ST.ST. CHARLES IL 60174	36-3831877	501(C)(3)	5,217.				PROGRAM SUPPORT
(6) ST. PETER CATHOLIC CHURCH 1891 KANEVILLE RD. GENEVA IL 60134	36-2481174	501(C)(3)	5,200.				PROGRAM SUPPORT
(7) BREAST CANCER RESEARCH FOUNDATION 28 W 44TH ST STE. 609 NEW YORK NY 10036	13-3727250	501(C)(3)	5,170.				PROGRAM SUPPORT
(8) EPILEPSY FOUNDATION OF GREATER CHICAGO 17 N. STATE ST., STE. 650 CHICAGO IL 60602	36-2317619	501(C)(3)	5,143.				PROGRAM SUPPORT
(9) FOUND FOR ANGELMAN SYNDROME THERAPEUTICS 1918 SWEETBRIAR LANE DARIEN, IL 60561	26-3160079	501(C)(3)	5,123.				PROGRAM SUPPORT
(10) OSCAR MAYER MAGNET SCHOOL 2250 N CLIFTON CHICAGO, IL 60614	36-3094477	501(C)(3)	5,100.				PROGRAM SUPPORT
(11) UNITED WAY OF COLLIER COUNTY, INC. 9015 STRADA STELL COURT, NAPLES FL 34109	59-1026096	501(C)(3)	5,100.				PROGRAM SUPPORT
(12) ANTI-DEFAMATION LEAGUE GREATER CHICAGO 120 S. LASALLE ST., CHICAGO, IL 60603	13-1818723	501(C)(3)	5,150.				PROGRAM SUPPORT

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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I General Information on Grants and Assistance

- 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
- 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 noncash assistance	(h) Purpose of grant or assistance
(1) FOURTH PRESBYTERIAN CHURCH OF CHICAGO 126 E. CHESTNUT ST. CHICAGO, IL 60611	23-6393377	501(C)(3)	6,837.				PROGRAM SUPPORT
(2) SAINT ATHANASIOS GREEK ORTHODOX CHURCH 1855 E. FIFTH AVE AURORA, IL 60504	20-4208942	501(C)(3)	5,790.				PROGRAM SUPPORT
(3) NORTHERN ILLINOIS FOODBANK BACKPACK PROGRAM 273 DEARBORN COURT, GENEVA, IL 60134	36-3203648	501(C)(3)	5,267.				PROGRAM SUPPORT
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 327.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

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
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

GRANTMONITORING PROCEDURES

FOR AGENCIES WHICH UWMC ELECTS TO FUND, UWMC MONITORS THE USE OF GRANTS IN THE UNITED STATES BY REQUIRING AGENCIES TO SUBMIT, NO LESS THAN ANNUALLY, INFORMATION RELATED TO PROGRAMS BEING FUNDED. INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, CLIENT DEMOGRAPHICS, PROGRAM ACTIVITIES, PROGRAM MEASUREMENTS AND PROGRAM OUTCOMES. UWMC STAFF ALSO CONVENES AND CONVERSES WITH GRANTEEES ON A REGULAR BASIS. FOR ALL FUNDING, INCLUDING DONOR-DESIGNATED GRANTS, UWMC VERIFIES 501(C)(3) CHARITABLE STATUS, COMPLIANCE WITH THE PATRIOT ACT, AND THAT AGENCIES ARE BASED IN THE

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
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

UNITED STATES.

SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel, Travel for companions, Tax indemnification and gross-up payments, Discretionary spending account, Housing allowance or residence for personal use, Payments for business use of personal residence, Health or social club dues or initiation fees, Personal services (such as, maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
b Any related organization?

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
b Any related organization?

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Table with 3 columns: Question ID, Yes, No. Rows 1a-9.

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WENDY DU BOE PRESIDENT & CEO	(i)	362,538.	15,000.	27,435.	8,100.	31,126.	444,199.	18,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DEBORAH STEVENS CHIEF FINANCIAL OFFICER	(i)	203,195.	0.	2,813.	6,124.	8,811.	220,943.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JOSEPH VANYO COO	(i)	233,599.	0.	19,035.	7,669.	12,619.	272,922.	18,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LEAH RAY-SEID SVP RESOURCE DEVELOPMENT	(i)	206,981.	0.	388.	6,424.	29,295.	243,088.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JOSE RICO SVP OF COMM INVESTMENT	(i)	205,323.	0.	670.	0.	23,153.	229,146.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 RISA DAVIS VP CORPORATE DEVELOPMENT	(i)	163,790.	0.	2,287.	5,073.	13,562.	184,712.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 MARILYN JACKSON VP MARKETING & COMMUNICATIONS	(i)	185,371.	0.	926.	4,833.	29,460.	220,590.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

BONUS PAYMENTS

SCHEDULE J, PART I, LINE 7

BONUS PAYMENTS ARE DISCRETIONARY IN NATURE, AND ARE BASED ON INDIVIDUALS' PERFORMANCE AGAINST PREDETERMINED GOALS AND/OR A RECRUITMENT INCENTIVE. THE PRESIDENT AND CEO'S BONUS IS BASED ON BENCHMARKS FROM OTHER UNITED WAYS AND CHICAGO-AREA NOT FOR PROFIT ORGANIZATIONS; IT IS RECOMMENDED BY THE CHAIR OF THE BOARD OF DIRECTORS AND APPROVED BY THE FULL BOARD OF DIRECTORS. TOTAL COMPENSATION FOR SENIOR MANAGEMENT, INCLUDING ANY BONUS PAYMENTS, IS APPROVED BY THE COMPENSATION AND HUMAN RESOURCE COMMITTEE OF THE BOARD OF DIRECTORS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	15 .	590,707 .	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) (2017)

JSA

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

METHOD OF REPORTING

UWMC IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2017

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

UNITED WAY OF METROPOLITAN CHICAGO INC.

30-0200478

GENERAL INFORMATION

UNITED WAY OF METROPOLITAN CHICAGO, INC. ("UWMC") IS AN ILLINOIS
NON-PROFIT PHILANTHROPIC CORPORATION WHOSE MISSION IS TO IMPROVE LIVES IN
THE METROPOLITAN CHICAGO AREA BY MOBILIZING CARING PEOPLE TO INVEST IN
THE COMMUNITY WHERE THEIR RESOURCES ARE NEEDED MOST.

UNITED WAY OF METRO CHICAGO FIGHTS FOR THE HEALTH, EDUCATION, FINANCIAL
STABILITY AND SAFETY OF EVERY PERSON IN EVERY NEIGHBORHOOD ACROSS THE
REGION. WE ADVANCE THE COMMON GOOD ON BOTH A REGIONAL AND NEIGHBORHOOD
LEVEL BY FOCUSING ON THE BUILDING BLOCKS FOR THRIVING PEOPLE AND
COMMUNITIES: ACCESS TO QUALITY HEALTH CARE, A GOOD EDUCATION, FINANCIAL
STABILITY AND ENSURING BASIC NEEDS ARE MET. UNITED WAY'S NEIGHBORHOOD
NETWORK INITIATIVE SUPPORTS AND COORDINATES INVESTMENT AND PROGRAMMING IN
10 CITY AND SUBURBAN COMMUNITIES TO ADDRESS COMMUNITY CHALLENGES AND
IMPROVE THE LIVES OF RESIDENTS.

OUR NEW IMPACT PLAN, STRONGER NEIGHBORHOODS FOR A STRONGER CHICAGO REGION
SHIFTS OUR STRATEGY FROM WORKING WITH INDIVIDUALS IN SILOS TO WORKING
WITH FAMILIES AS PART OF A NEIGHBORHOOD. UNITED WAY OF METRO CHICAGO HAS
LONG WORKED TO ENSURE PEOPLE HAVE THE RESOURCES THEY NEED TO IMPROVE
THEIR LIVES AND REACH THEIR HIGHEST POTENTIAL. THROUGH THAT WORK, UNITED
WAY SAW THE OPPORTUNITY TO LEVERAGE ITS GREATEST ASSETS-FINANCIAL
INVESTMENT, CONVENING AND COORDINATING POWER, AND TREMENDOUS PARTNERS AND
VOLUNTEERS- ON BEHALF OF NOT JUST INDIVIDUAL AND FAMILY SUCCESS, BUT TO

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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STRENGTHEN ENTIRE NEIGHBORHOODS.

UNITED WAY OF METRO CHICAGO SUPPORTS 175 AGENCIES WORKING IN 60 COMMUNITIES FUNDING SERVICES AND STRATEGIES MOST NEEDED IN THOSE COMMUNITIES. HOWEVER, TO FURTHER ADDRESS THE COMPLEX CHALLENGES IN HIGH-NEED COMMUNITIES THROUGHOUT THE REGION, UNITED WAY OF METRO CHICAGO DEVELOPED THE UNITED WAY NEIGHBORHOOD NETWORK INITIATIVE. THE INITIATIVE UTILIZES A COLLECTIVE IMPACT MODEL TO WORK WITH COMMUNITY COALITIONS TO GUIDE STRATEGIES WITH PARTNERS, COORDINATE RESOURCES AND PROGRAMMING, AND COLLABORATE ON MEASUREMENT - ALL AIMING TOWARDS ACHIEVING A COMMON COMMUNITY GOAL.

AS OF THIS REPORTING PERIOD, UNITED WAY OF METROPOLITAN CHICAGO IS WORKING IN TEN UNDER-RESOURCED COMMUNITIES IN THE CITY AND SUBURBS: AUBURN GRESHAM, AUSTIN, BRIGHTON PARK, BRONZEVILLE, CICERO, EVANSTON, LITTLE VILLAGE, ROBBINS/BLUE ISLAND, SOUTH CHICAGO AND WEST CHICAGO.

EACH COMMUNITY IS IN A DIFFERENT STAGE OF IMPLEMENTATION BASED ON PLANNING AND ROLLOUT. HOWEVER, UNITED WAY STAFF WORK WITH, AND IN EACH NEIGHBORHOOD, IDENTIFYING A BOLD COMMUNITY GOAL TO TACKLE, ALIGNING RESOURCES AND STRATEGIES IN THE NEIGHBORHOOD TOWARD THAT GOAL AND BRINGING ADDITIONAL PARTNERS AND RESOURCES TO THE TABLE AS WELL AS ACCOUNTABILITY TO ACHIEVE RESULTS. UNITED WAY IS MEASURING EDUCATION, FINANCIAL STABILITY, HEALTH AND SAFETY METRICS IN ALL NEIGHBORHOOD NETWORK COMMUNITIES THROUGH A COMMON FRAMEWORK TO AGGREGATE RESULTS

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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TOWARD GOALS AS WELL AS GENERAL COMMUNITY WELLNESS INDICATORS.

NUMBER OF VOLUNTEERS

FORM 990, PART I, LINE 6

BOARD/POLICY MAKING VOLUNTEERS - 109

ACTIVE CAMPAIGN LEADERS - 820

COMMUNITY IMPACT VOLUNTEERS - 4,186

TOTAL VOLUNTEERS - 5,115

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

(CONTINUED FROM PART III)

ADDITIONALLY, UWMC ADDRESSES SAFETY NET ISSUES - BASIC NEEDS AND CRISIS SUPPORT - THROUGH AGENCY PARTNERS, WHO PROVIDE FOOD, SHELTER AND SAFETY FROM VIOLENCE.

FOR THE YEAR ENDING JUNE 2018, UWMC HELPED CONNECT 101,829 INDIVIDUALS TO A PRIMARY CARE PHYSICIAN AND ANOTHER 78,364 INDIVIDUALS TO MENTAL HEALTH CARE.

3,832 INDIVIDUALS INCREASED THEIR INTAKE OF FRUITS AND VEGETABLES, AND 6,146 INDIVIDUALS INCREASED THE AMOUNT OF PHYSICAL ACTIVITY IN WHICH THEY ENGAGED.

AS THE RECIPIENT OF A FEDERAL GRANT, UWMC HAS ASSISTED IN HEALTH INSURANCE ENROLLMENT FOR THE PAST FOUR YEARS. ASSISTERS PROVIDE FREE IN-PERSON HELP TO INDIVIDUALS IN FAMILIES TO ENROLL IN HEALTH COVERAGE IN

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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THE PREVIOUS YEAR, PARTNER ORGANIZATIONS AND THEIR ASSISTERS HELPED FACILITATE 17,000 ENROLLMENTS.

TOTAL EXPENSES: \$4,995,942; TOTAL GRANTS: \$4,008,205.

SAFETY NET SERVICES

FOR THE YEAR ENDING JUNE 2018, UWMC SERVED A TOTAL OF 952,443 PEOPLE, INCLUDING 23,214 PEOPLE WHO RECEIVED SAFETY SERVICES RELATED TO DOMESTIC ABUSE.

TOTAL EXPENSES: \$5,805,164; TOTAL GRANTS: \$5,012,292.

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

(CONTINUED FROM PART III)

OUR WORK FOR THE YEAR ENDING JUNE 2018 ENSURED THAT 6,227 CHILDREN IMPROVED THEIR SCREENING SCORES FOR KINDERGARTEN READINESS, AND THAT 6,923 PREVIOUSLY STRUGGLING MIDDLE SCHOOL STUDENTS WERE PROMOTED TO THE NEXT GRADE LEVEL ON TRACK FOR GRADUATION.

TOTAL EXPENSES: \$4,498,697; TOTAL GRANTS: \$3,917,851.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

FINANCIAL STABILITY-INCOME

SECURING THE FINANCIAL STABILITY OF MORE HOUSEHOLDS IS ONE OF THE KEY STRATEGIES TOWARD UWMC'S EFFORTS TO IMPROVE LIVES IN GREATER CHICAGO. EMPLOYMENT, FINANCIAL LITERACY, AND INCOME SUPPORTS ARE THE THREE PILLARS OF THIS WORK. FOR THE YEAR ENDING JUNE 30, 2018, UWMC'S PROGRAMS PLACED 5,739 PEOPLE IN JOBS.

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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ADDITIONALLY, 7,550 INDIVIDUALS GAINED FINANCIAL KNOWLEDGE THROUGH PROGRAMS AND CLASSES. 6,315 PEOPLE IMPROVED THEIR FINANCIAL POSITION, MOVING TOWARDS GREATER FINANCIAL STABILITY.

TOTAL EXPENSES: \$3,569,230; TOTAL GRANTS: \$3,108,958.

NEIGHBORHOOD NETWORKS

TO ADDRESS THE COMPLEX CHALLENGES IN HIGH NEED COMMUNITIES THROUGHOUT THE REGION, UNITED WAY OF METROPOLITAN CHICAGO DEVELOPED THE UNITED WAY NEIGHBORHOOD NETWORK INITIATIVE.

TOTAL EXPENSES: \$5,750,477; TOTAL GRANTS: \$4,113,611.

IN ADDITION TO GRANTS TO NEIGHBORHOOD AGENCIES WHO PROVIDE DIRECT, COORDINATED SERVICES THROUGH THE NEIGHBORHOOD NETWORK MODEL, UNITED WAY OF METROPOLITAN CHICAGO PROVIDES THE NEIGHBORHOOD NETWORKS WITH TECHNICAL ASSISTANCE FOR PLANNING, COORDINATION, CAPACITY BUILDING AND MEASUREMENT GATHERING AND ANALYSIS.

THE NEIGHBORHOOD NETWORK MODEL WAS RECOGNIZED AS A PROMISING MODEL OF COORDINATED NEIGHBORHOOD RESPONSES BY THE BOSTON CONSULTING GROUP, WHICH RELEASED A WHITE PAPER ON THE ISSUES CHICAGO FACES AND HOW TO SPECIFICALLY ADDRESS THE NEIGHBORHOOD ISSUES. IN THEIR REPORT, THE FOUR IMPERATIVES FOR BOOSTING WELL-BEING IN CHICAGO, THE REPORT STATES THAT COMMUNITY INTERVENTIONS SHOULD:

-FUND BEYOND SPECIFIC PROGRAMS AND CREATE INTEGRATED PROGRAMS

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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-BUILD SUSTAINABLE SYSTEMS

-GO BEYOND INDIVIDUAL OUTCOMES AND FOCUS ON LARGE POPULATION GROUPS

-FOCUS ON METRICS AND CONVEY MEASURABLE PROGRESS

AT UNITED WAY OF METRO CHICAGO, WE LEVERAGE THE FOLLOWING THEORY OF CHANGE IN OUR INVESTMENT STRATEGIES:

-COMMUNITY LEADERS AND RESIDENTS DEVELOP A SHARED SOLUTION

-THE COMMUNITY MUST ADOPT A COORDINATED APPROACH THAT SUPPORTS INCREASED ACCESS TO SERVICES AND OPPORTUNITIES FOR RESIDENTS

-THE APPROACH MUST LEVERAGE VARIED STAKEHOLDERS TO CONTRIBUTE TO DRIVING THE SOLUTION

-ALL STAKEHOLDERS MUST ADOPT A SHARED MEASUREMENT SYSTEM THAT MEASURES PROGRESS AND REINFORCES ALIGNMENT

UWMC HAS 10 FULLY OPERATIONAL NEIGHBORHOOD NETWORKS WITH:

-AN ON THE GROUND NETWORK COORDINATOR

-DEDICATED UNITED WAY STAFF FOR TECHNICAL ASSISTANCE

-BOLD GOALS

-TWO YEARS OF OPERATING PLANS

-THREE-YEAR STRATEGIC PLANS

-COMMITTED FUNDING FOR CAPACITY BUILDING AND TRAININGS

-A MEASUREMENT FRAMEWORK AND PERFORMANCE METRICS

EACH OF THE 10 NEIGHBORHOODS NETWORKS SET AGGRESSIVE BOLD GOALS:

-BRIGHTON PARK: INCREASE HIGH SCHOOL GRADUATION RATE FROM 78% TO 90% AT

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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KELLY HIGH SCHOOL

-WEST CHICAGO: BY 2025, 90% OF K-8 STUDENTS WILL MEET PROJECTED IMPROVEMENTS IN READING AND MATH AND THE OBESITY RATE AMONG YOUTH WILL DECREASE BY 6%

-EVANSTON: INCREASE OVERALL KINDERGARTEN READINESS FROM 54% TO 85% BY 2025 WHILE SIGNIFICANTLY INCREASING PARITY FOR AFRICAN AMERICAN AND LATINO CHILDREN

-AUSTIN: ENSURE 3,900 CHILDREN HAVE ACCESS TO QUALITY EARLY LEARNING PROGRAMS BY 2025. LIFT 2,775 FAMILIES WITH YOUNG CHILDREN OUT OF POVERTY BY 2025

-LITTLE VILLAGE: INCREASE THE PERCENTAGE OF HEALTHY WEIGHT CHILDREN FROM 51% TO 60% BY 2020

-CICERO: BY 2027, 10,000 CICERO CHILDREN WILL SUCCESSFULLY MEET DEVELOPMENTAL AND ACADEMIC BENCHMARKS

-AUBURN-GRESHAM: 80% OF 3RD GRADE STUDENTS READ AT OR ABOVE GRADE LEVEL BY 2027

-BLUE ISLAND ROBBINS: REDUCE FOOD INSECURITY FOR 15% OF FAMILIES SERVED BY THE BLUE ISLAND-ROBBINS NEIGHBORHOOD NETWORK BY 2027

-BRONZEVILLE: CONNECT 5000 GREATER BRONZEVILLE RESIDENTS AGES 16-55 WITH HOUSEHOLD SUSTAINING JOBS BY 2027

-SOUTH CHICAGO: REDUCE TRAUMA-RELATED CRIMES INVOLVING YOUTH BY 5% BY 2027

THE PROCESS FOR DRIVING COMMUNITY CHANGE HAS 3 PHASES:

-PHASE 1: CONNECTING STAKEHOLDERS, CREATING ALIGNMENT, & DEVELOPING

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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EFFICIENCIES

- PHASE 2: BUILDING NEIGHBORHOOD SYSTEMS
- PHASE 3: DRIVING RESULTS TOWARDS POPULATION CHANGE

THE NEIGHBORHOOD NETWORKS WERE LAUNCHED IN 3 SUCCESSIVE COHORTS:

CREATING EFFICIENCIES: THIS COHORT MADE UP OF BRONZEVILLE, BLUE ISLAND/ROBBINS, AUBURN-GRESHAM AND SOUTH CHICAGO ARE NEW COALITIONS IN THEIR FIRST YEAR OF IMPLEMENTATION AND HAVE COMPLETED THE PLANNING PHASE WHICH DRIVES ALIGNMENTS AND EFFICIENCIES BY:

- DEVELOPING A COMMITTEE STRUCTURE
- COMPLETING A STRATEGIC AND OPERATIONAL PLAN
- ESTABLISHING DIVERSE ORGANIZATIONAL PARTNERSHIPS

FOR THE FIRST TIME RESIDENTS HAVE A COORDINATED PLAN, SHARED METRICS AND RESOURCES AND THEIR PROGRAMS FOCUS ON:

- WORKFORCE DEVELOPMENT
- FOOD SECURITY
- ELEMENTARY SCHOOL READING
- RESILIENCE AGAINST TRAUMA

THESE COALITIONS HAVE ACHIEVED THE FOLLOWING OUTCOMES:

- 1,644 BEHAVIORAL AND MENTAL HEALTH SESSIONS PROVIDED
- 1,988 RESIDENTS PLACED IN JOBS
- 314 CLIENTS SERVED BY FINANCIAL STABILITY PROGRAMS

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-78 MIDDLE SCHOOL STUDENTS PROMOTED TO THE NEXT GRADE ON TIME

BUILDING SYSTEMS: THIS COHORT MADE UP OF EVANSTON, CICERO, LITTLE VILLAGE AND AUSTIN IS IN ITS THIRD AND FOURTH YEARS OF IMPLEMENTATION AND THEY ARE FOCUSING ON BUILDING CAPACITY FOR LONG-TERM SYSTEM CHANGE. THEY HAVE IDENTIFIED THEIR POPULATION CHANGE WITH FORMAL PLANS WITH SHARED METRICS AND RESOURCES AND A FORMALIZED COMMUNICATION AND COMMITTEE STRUCTURE; THEY ARE ROLLING OUT THE FOLLOWING PROGRAMS:

- PARENT MENTORS AND PARENT TRAINING WORKSHOPS
- HEALTH PROMOTERS
- HIGH-QUALITY EARLY LEARNING PROVIDERS
- EQUITY TRAINING
- WORKFORCE DEVELOPMENT

THESE COALITIONS HAVE ACHIEVED THE FOLLOWING OUTCOMES:

- 6,721 PEOPLE CONNECTED TO A HEALTH PROVIDER/PRIMARY CARE PHYSICIAN
- 4,785 INDIVIDUALS RECEIVED MENTAL AND BEHAVIORAL HEALTH SERVICES
- 486 MIDDLE SCHOOL STUDENTS PROMOTED TO THE NEXT GRADE ON TIME
- 156 INFANTS/TODDLERS SHOWING GROWTH ACROSS DEVELOPMENTAL DOMAINS
- 191 INDIVIDUALS IMPROVING FINANCIAL POSITION

DRIVING POPULATION CHANGE: THIS COHORT MADE UP OF WEST CHICAGO AND BRIGHTON PARK ARE IN THEIR FOURTH AND FIFTH YEAR OF IMPLEMENTATION RESPECTIVELY, AND ARE EXPERIENCING SIGNIFICANT MEASURABLE RESULTS.

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THE FIRST NEIGHBORHOOD NETWORK, BRIGHTON PARK, WAS LAUNCHED IN MARCH 2013 AND HAS DELIVERED SIGNIFICANT RESULTS ACROSS ALL DIMENSIONS INCLUDING IN THE BOLD GOAL OF IMPROVING THE PERCENTAGE OF YOUNG PEOPLE WHO GRADUATE FROM HIGH SCHOOL:

-FRESHMEN ON TRACK AT THE NEIGHBORHOOD HIGH SCHOOL HAS GROWN BY 8.6 PERCENTAGE POINTS FROM 73.2% IN 2015 TO 81.8% IN 2018; AND THE GRADUATION RATE AT THE LOCAL HIGH SCHOOL HAS INCREASED BY 12.9% FROM 64.9% IN 2012 TO 78.0% IN 2018.

THE FOLLOWING TACTICS AND INTERVENTIONS HAVE CONTRIBUTED TO THE RESULTS:

- 54 PARENT MENTORS ARE ENGAGED IN MIDDLE SCHOOLS THAT FEED THE LOCAL HIGH SCHOOL
- 1,322 STUDENTS PARTICIPATED IN AFTER SCHOOL PROGRAMS
- \$1,294,250 IN TAX REFUNDS WERE GENERATED FOR LOW-INCOME FAMILIES
- 483 INDIVIDUALS WERE NEWLY ENROLLED IN HEALTH INSURANCE BENEFITS
- 9,749 BEHAVIORAL AND MENTAL HEALTH SESSIONS WERE PROVIDED

THE SECOND NEIGHBORHOOD NETWORK, WEST CHICAGO WAS LAUNCHED IN AUGUST 2014 AND THE FOLLOWING RESULTS HAVE BEEN ACHIEVED TO DATE:

- ON-TRACK READING/MATH GROWTH RATES HAVE MOVED 6 POINTS FROM 46%-52% AND THE COMMUNITY IS ADDRESSING OBESITY RATES BY DISTRIBUTING HEALTHY FOOD AND INCORPORATING MOVEMENT INTO THEIR SCHOOL PROGRAMS.

THE FOLLOWING TACTICS AND INTERVENTIONS HAVE CONTRIBUTED TO THE RESULTS:

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-100% OF THE 46 STUDENTS SERVED IN AFTER SCHOOL PROGRAMS WERE PROMOTED TO THE NEXT GRADE ON TIME.

-4.5 MENTAL HEALTH CLINICIANS SERVED CLIENTS THROUGHOUT THE WEST CHICAGO NEIGHBORHOOD NETWORK, WITH 83% OF CLIENTS CLOSING CASES COMPLETING AT LEAST ONE TREATMENT GOAL.

-1,294 PEOPLE WERE CONNECTED TO A HEALTH PROVIDER/PRIMARY CARE PHYSICIAN

-THE MIDDLE SCHOOL PANTRY CONTINUES TO SERVE NEW FAMILIES, WITH APPROXIMATELY 111 HOUSEHOLDS SERVED EACH MONTH.

-VOLUNTEER TAX ASSISTANCE PROVIDED IN THE COMMUNITY GENERATED \$912,939 IN STATE AND FEDERAL REFUNDS FOR LOW-INCOME FAMILIES.

EXECUTIVE COMMITTEE

FORM 990, PART VI, LINE 1A

THE EXECUTIVE COMMITTEE CONSISTS OF NOT LESS THAN FIVE MEMBERS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE MEETS BETWEEN BOARD MEETINGS WHERE THE COMMITTEE EXERCISES THE POWERS OF THE BOARD OF DIRECTORS. ALL SUCH ACTIONS BY THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD OF DIRECTORS AT THE NEXT MEETING OF THE BOARD.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

THE FORM 990 WAS PREPARED BY A NATIONAL INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S INTERNAL FINANCE DEPARTMENT. A REVIEW OF THE FORM 990 WAS CONDUCTED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO THE FILING. FOLLOWING THE REVIEW AND APPROVAL OF THE

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AUDIT COMMITTEE, THE FORM 990 WAS PROVIDED BY EMAIL TO EACH OF THE OTHER VOTING MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO THE FILING.

WRITTEN CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

THE ORGANIZATION HAS A FORMALIZED BUSINESS ETHICS POLICY, APPLICABLE TO ALL EMPLOYEES, DIRECTORS OF UWMC, VOLUNTEER COMMITTEE MEMBERS, THEIR SPOUSES AND CLOSE FAMILY MEMBERS. THE AFOREMENTIONED INDIVIDUALS ARE REQUIRED TO COMPLETE AN ANNUAL COMPLIANCE QUESTIONNAIRE DISCLOSING CLOSE RELATIONSHIPS BETWEEN THE INDIVIDUAL AND THIRD PARTIES WHO MAY HAVE A RELATIONSHIP TO THE ORGANIZATION. THE RESULTS OF THE QUESTIONNAIRE ARE REPORTED TO THE AUDIT COMMITTEE ANNUALLY.

THE POLICY COVERS COMPLIANCE WITH LAWS, POLICIES, RULES AND REGULATIONS; CONFLICTS OF INTEREST; BRIBES AND KICKBACKS; MISAPPROPRIATION OR DISREGARD OF DONOR, EMPLOYEE, OR VOLUNTEER DATA; ACCOUNTING PRACTICES; PROVIDING OR RECEIVING GIFTS, ENTERTAINMENT OR PRIZES AND POLITICAL ACTIVITY IN CONNECTION WITH UWMC OTHER THAN PUBLIC POLICY ADVOCACY. THE POLICY PROHIBITS PARTICIPATION IN OUTSIDE BUSINESS VENTURES FOR FINANCIAL GAIN WHICH CONFLICTS WITH THE ORGANIZATION'S ACTIVITIES.

THE ORGANIZATION ALSO HAS A WHISTLEBLOWER POLICY COVERING ALL EMPLOYEES, DIRECTORS OF UWMC, VOLUNTEER COMMITTEE MEMBERS, DONORS AND FUNDED AGENCIES. INDIVIDUALS MAY MAKE ANONYMOUS REPORTS TO A THIRD-PARTY PROVIDER, WHICH WILL BE INVESTIGATED BY THE STAFF ETHICS OFFICER,

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PRESIDENT & CEO, AND/OR CHIEF OPERATING OFFICER AS APPROPRIATE.

RETALIATION OF ANY KIND IS EXPRESSLY PROHIBITED BY THE ORGANIZATION.

PROCESS FOR DETERMINING COMPENSATION
FORM 990, PART VI, LINES 15A AND 15B

THE COMPENSATION AND HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS ("CHRC") REVIEWS THE PERFORMANCE AND COMPENSATION OF THE PRESIDENT AND CEO, AND OTHER SENIOR MANAGEMENT. THE CHRC CONSIDERS INFORMATION FROM (1) UNITED WAY WORLDWIDE SALARY DATA FOR EQUIVALENT POSITIONS AT OTHER SIMILAR UNITED WAY ORGANIZATIONS IN TERMS OF MARKET SIZE AND REVENUE SIZE AND (2) CHICAGO MARKET DATA FOR OTHER COMPARABLE HUMAN SERVICE ORGANIZATIONS. DELIBERATIONS AND DECISIONS OF THE CHRC ARE CONTEMPORANEOUSLY DOCUMENTED IN MEETING MINUTES.

PERFORMANCE EVALUATIONS ARE COMPLETED FOR ALL EMPLOYEES, INCLUDING THE PRESIDENT & CEO AS WELL AS SENIOR MANAGEMENT AT THE CONCLUSION OF EACH FISCAL YEAR. THE CHAIRPERSON OF THE BOARD OF DIRECTORS SEMIANNUALLY SOLICITS INPUT FROM BOARD MEMBERS ON THE PRESIDENT & CEO'S PERFORMANCE. THE PERFORMANCE REVIEW IS PROVIDED TO THE CHRC FOR ITS APPROVAL AND FOR REPORTING TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. ONCE REVIEWED BY THE EXECUTIVE COMMITTEE, ANY ACTION OF THE EXECUTIVE COMMITTEE IS REPORTED TO THE BOARD OF DIRECTORS AT ITS NEXT MEETING. THIS REVIEW OF THE PRESIDENT & CEO'S PERFORMANCE AND SALARY WAS MOST RECENTLY PERFORMED FOR THE FISCAL YEAR ENDED JUNE 30, 2018.

HOW FORMS ARE MADE AVAILABLE TO THE PUBLIC
FORM 990, PART VI, LINE 18

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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UWMC'S FORM 1023, APPLICATION FOR RECOGNITION OF EXEMPTION, IS AVAILABLE ON UWMC'S WEBSITE AT WWW.UW-MC.ORG. UWMC MAKES ITS FORM 990 AVAILABLE UPON REQUEST.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC
FORM 990, PART VI, LINE 19
UWMC MAKES ITS GOVERNING DOCUMENTS, THE BYLAWS AND ARTICLES OF INCORPORATION, THE MOST RECENT AUDITED FINANCIAL STATEMENTS AND A LINK TO ETHICSPPOINT AVAILABLE ON THE UWMC WEBSITE (WWW.UW-MC.ORG).

FUNCTIONAL EXPENSES
FORM 990, PART IX
UWMC CALCULATES ITS 2017 TAX YEAR (FISCAL YEAR ENDED JUNE 30, 2018) OVERHEAD RATE USING THE SUM OF MANAGEMENT AND GENERAL TOTAL EXPENSES AND FUNDRAISING TOTAL EXPENSES REPORTED IN PART IX (STATEMENT OF FUNCTIONAL EXPENSES) DIVIDED BY THE TOTAL REVENUE REPORTED IN PART VIII, LINE 12, OF COLUMN A. THIS UWMC OVERHEAD RATE FOR 2017 IS 15.7%. TOTAL EXPENSES INCURRED BY UWMC REFLECT THE PRIMARY ROLE OF STAFF KNOWLEDGE IN FUNDRAISING, COMMUNITY ENGAGEMENT, VOLUNTEERISM, ADVOCACY, AND COALITION BUILDING NECESSARY FOR AN ORGANIZATION THAT LEVERAGES EXPERTISE, CONNECTIONS, AND RESOURCES TOWARD SOLVING COMMUNITY PROBLEMS AND IMPROVING LIVES ON A LARGE SCALE.

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

PENSION RELATED 226,002

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DESIGNATION FEES	(\$90,869)
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT	\$62,919

TOTAL	\$198,052

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ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
FINANCIAL STABILITY & NEIGHBORHOOD NETWORKS	7,222,569.	9,319,707.	
TOTALS	<u>7,222,569.</u>	<u>9,319,707.</u>	

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COMMUNITY COUNSELING SERVICES CO. P.O. BOX 824885 PHILADELPHIA, PA 19182-4885	CAMPAIGN CONSULTING	349,000.
GRANT THORNTON 171 N. CLARK STREET, SUITE 200 CHICAGO, IL 60601	AUDIT & CONSULTING	176,974.
UPIC SOLUTIONS 334 BEECHWOOD ROAD, SUITE 40 FORT MICHELLE, KY 41017	TECHNOLOGY	124,579.
TRUIST 75 REMITTANCE DR. DEPT 1065 CHICAGO, IL 60675	TECHNOLOGY	124,067.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNITED WAY - MCCORMICK PARTNERSHIP 333 S. WABASH AVENUE CHICAGO, IL 60604 82-5478333	NEIGHBORHOOD	IL	501(C)(3)	7	UWMC		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
