

**UNITED WAY OF  
METROPOLITAN CHICAGO**

Form 990 for the  
Year Ended June 30, 2020

Public Disclosure Copy



**Form 990**  
(Rev. January 2020)  
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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF METROPOLITAN CHICAGO INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>333 SOUTH WABASH AVENUE, 30TH FL</b> City or town, state or province, country, and ZIP or foreign postal code <b>CHICAGO, IL 60604</b> <b>F</b> Name and address of principal officer: <b>RONALD DENARD</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>30-0200478</b> <b>E</b> Telephone number <b>312-906-2350</b> <b>G</b> Gross receipts \$ <b>95,639,797.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>HTTPS://LIVEUNITEDCHICAGO.ORG/</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2004</b> <b>M</b> State of legal domicile: <b>IL</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF METROPOLITAN CHICAGO IMPROVES LIVES BY MOBILINZING CARING PEOPLE TO INVEST IN THE</b>																									
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>29</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>28</b> <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) ..... <b>5</b> <b>114</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>3279</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>22,467.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 39 ..... <b>7b</b> <b>17,367.</b>																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">45,534,458.</td> <td style="text-align: right;">93,087,597.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">390,497.</td> <td style="text-align: right;">485,283.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">427,091.</td> <td style="text-align: right;">487,260.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">87,208.</td> <td style="text-align: right;">210,324.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">46,439,254.</td> <td style="text-align: right;">94,270,464.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	45,534,458.	93,087,597.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	390,497.	485,283.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	427,091.	487,260.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	87,208.	210,324.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	46,439,254.	94,270,464.							
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**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.

<b>Sign Here</b>	Signature of officer <b>RONALD DENARD, CFO</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>BRIDGET ROCHE</b>	Preparer's signature <i>Bridget Roche</i>	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00666837</b>
	Firm's name ▶ <b>GRANT THORNTON LLP</b> Firm's address ▶ <b>171 N. CLARK ST, SUITE 200</b> <b>CHICAGO, IL 60601</b>	Firm's EIN ▶ <b>36-6055558</b>	Phone no. <b>312-856-0200</b>		

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

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>UNITED WAY OF METROPOLITAN CHICAGO INC.</b>	Taxpayer identification number (TIN) <b>30-0200478</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>333 SOUTH WABASH AVENUE, 30TH FL</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHICAGO, IL 60604</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

**RONALD DENARD**

- The books are in the care of ▶ **333 S. WABASH AVE, 30TH FLOOR - CHICAGO, IL 60604**  
Telephone No. ▶ **312-906-2312** Fax No. ▶ **312-876-0199**
- 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

**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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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.

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 ("UWMC") 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? [X] Yes [ ] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [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 \$ 15,134,155. including grants of \$ 13,172,234. ) (Revenue \$ 0. ) COMMUNITY FUND: FOR NEARLY 90 YEARS, UNITED WAY OF METRO CHICAGO HAS MOBILIZED CARING PEOPLE TO INVEST IN THE COMMUNITIES WHERE RESOURCES ARE NEEDED MOST. WE PARTNER WITH COMMUNITY STAKEHOLDERS AND ORGANIZATIONS TO HARNESS RESOURCES TO SUPPORT INDIVIDUALS AND FAMILIES IN FOUR KEY ISSUE AREAS: EDUCATION, FINANCIAL STABILITY, HEALTH, AND SAFETY NET SERVICES, WHICH WE BELIEVE ARE ESSENTIAL TO BUILDING STRONG HOUSEHOLDS AND STRONG NEIGHBORHOODS. MORE THAN \$12 MILLION DOLLARS WAS INVESTED TO SUPPORT THESE STRATEGIES IN THE CHICAGO REGION.

EDUCATION

UWMC INVESTS IN PROGRAMS AND INITIATIVES THAT PREPARE CHILDREN, YOUTH

4b (Code: ) (Expenses \$ 4,928,442. including grants of \$ 3,244,589. ) (Revenue \$ 0. ) NEIGHBORHOOD NETWORKS: NEIGHBORHOOD NETWORKS ARE COALITIONS OF PARTNERS PROVIDING NEIGHBORHOOD-SPECIFIC SOLUTIONS TO UNIQUE LOCAL CHALLENGES. NEIGHBORHOOD NETWORKS ARE AIMED AT CREATING A SINGLE TABLE WHERE NEIGHBORHOOD STRENGTHS AND WEAKNESSES CAN BE EVALUATED, AND DECISIONS MADE REGARDING THE ALLOCATION OF RESOURCES MOST LIKELY TO ADDRESS NEIGHBORHOOD NEEDS AND CREATE SUSTAINABLE FUTURES. IN EACH NEIGHBORHOOD NETWORK, UWMC DELIVERS FUNDING, RESOURCES, TECHNICAL ASSISTANCE, AND KNOWLEDGE TO BRING COMMUNITY-DRIVEN GOALS TO LIFE. UNITED WAY CURRENTLY WORKS IN 10 NEIGHBORHOODS: CICERO, WEST CHICAGO, EVANSTON, BLUE ISLAND/ROBBINS, AUBURN GRESHAM, SOUTH CHICAGO, BRONZEVILLE, LITTLE VILLAGE, BRIGHTON PARK, AUSTIN.

4c (Code: ) (Expenses \$ 18,604,917. including grants of \$ 18,604,917. ) (Revenue \$ 485,283. ) 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 22,427,245. including grants of \$ 21,740,000. ) (Revenue \$ 0. )

4e Total program service expenses 61,094,759.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O

**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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.



**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 29		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 28		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on 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 **▶**  
**RONALD DENARD - 312-906-2312**  
**333 S. WABASH AVE, 30TH FLOOR, CHICAGO, IL 60604**

**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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SEAN GARRETT PRESIDENT & CEO	37.50 0.00	X		X				349,836.	0.	21,906.
(2) JOSEPH VANYO COO (THRU 6/19)	0.00 0.00						X	262,676.	0.	10,031.
(3) ELIZABETH HUGHES ZIMBLER SVP AND CHIEF DEVELOPMENT OFFICER	37.50 0.00			X				210,287.	0.	20,360.
(4) MARILYN JACKSON VP MARKETING & COMMUNICATIONS	37.50 0.00			X				202,370.	0.	38,298.
(5) JOSE RICO SVP OF COMM INVESTMENT	37.50 1.00					X		164,172.	0.	19,109.
(6) JAY ROWELL EXECUTIVE DIRECTOR HIRE360	37.50 0.00					X		128,471.	0.	26,628.
(7) MARY MARCIA MCMAHON CHIEF PROFESSIONAL OFFICER	37.50 0.00					X		123,650.	0.	16,731.
(8) KIMBERLEE GUENTHER CHIEF IMPACT OFFICER	37.50 1.00					X		124,578.	0.	13,326.
(9) TAMIYA AUREL VP HUMAN RESOURCES	37.50 0.00					X		116,153.	0.	19,482.
(10) KEVIN GRAAN CONTROLLER	37.50 1.00			X				117,361.	0.	13,645.
(11) DEBORAH THORNTON EA/SECRETARY	37.50 0.00			X				74,979.	0.	18,356.
(12) RONALD DENARD CFO (BEG 10/19)	37.50 0.00			X				50,417.	0.	2,203.
(13) PATRICK J. CANNING CHAIRPERSON	4.00 0.00	X		X				0.	0.	0.
(14) DEBORAH L. DEHAAS VICE CHAIRPERSON	2.00 0.00	X		X				0.	0.	0.
(15) FREDERICK H. WADDELL VICE CHAIRPERSON	2.00 0.00	X		X				0.	0.	0.
(16) CHERYL A. FRANCIS VICE CHAIRPERSON	1.00 0.00	X		X				0.	0.	0.
(17) KIMBERLY D. SIMIOS TREASURER	2.00 0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEVE BATTREALL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) DAVID R. CASPER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) JEFFREY DEVRON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) JOSEPH DOMINGUEZ BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) MARY JANE FORTIN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) KEVIN GEOGHEGAN BOARD MEMBER (THRU 8/19)	1.00 0.00	X						0.	0.	0.
(24) CARY GRACE BOARD MEMBER (THRU 10/19)	1.00 0.00	X						0.	0.	0.
(25) JOSEPH M. HIGGINS BOARD MEMBER (THRU 9/19)	1.00 0.00	X						0.	0.	0.
(26) TONY W. HUNTER BOARD MEMBER (THRU 3/20)	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,924,950.	0.	220,075.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,924,950.	0.	220,075.

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 **11**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, 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
GRANT THORNTON, 171 N. CLARK STREET, SUITE 200, CHICAGO, IL 60601	AUDIT & CONSULTING	124,675.
UPIC SOLUTIONS, 334 BEECHWOOD ROAD, SUITE 40, FORT MICHELLE, KY 41017	TECHNOLOGY	117,327.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) LISA N. JOHNSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(28) REV. LARRY L. JACKSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(29) CHARLES MATTHEWS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(30) EILEEN MITCHELL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(31) LINDA D. NELSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(32) KRISTIE PASKVAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(33) JORGE RAMIREZ BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(34) ROBERT REITER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(35) E. SCOTT SANTI BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(36) SCOTT SWANSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(37) KELLY R. WELSH BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(38) JOHANNIS WILLIAMS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(39) MELVIN D. WILLIAMS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(40) ROBERT A. SULLIVAN CAMPAIGN CHAIR	4.00 0.00	X						0.	0.	0.
(41) ANDREW DUNN BOARD MEMBER (BEG 10/19)	1.00 0.00	X						0.	0.	0.
(42) EDWARD MCGROGAN BOARD MEMBER (BEG 10/19)	1.00 0.00	X						0.	0.	0.
(43) BRIDGET GAINER BOARD MEMBER (BEG 11/19)	1.00 0.00	X						0.	0.	0.
(44) JAMES P. KOLAR BOARD MEMBER	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	203,215.				
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events	431,430.				
	<b>1 d</b>	Related organizations					
	<b>1 e</b>	Government grants (contributions)	1,498,372.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	90,954,580.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 969,846.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f		93,087,597.			
Program Service Revenue	<b>2 a</b>	MANAGEMENT FEES FROM OTHER UW ORG	561000	422,255.	422,255.		
	<b>2 b</b>	DESIGNATION FEES	561000	63,028.	63,028.		
	<b>2 c</b>						
	<b>2 d</b>						
	<b>2 e</b>						
	<b>2 f</b>	All other program service revenue					
	<b>2 g</b>	<b>Total.</b> Add lines 2a-2f		485,283.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		224,763.		224,763.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real	96,000.			
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses		15,475.			
	<b>6 c</b>	Rental income or (loss)		80,525.			
		Net rental income or (loss)		80,525.	22,467.	58,058.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	1,352,319.			
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses		1,089,822.			
<b>7 c</b>	Gain or (loss)		262,497.				
	Net gain or (loss)		262,497.		262,497.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 431,430. of contributions reported on line 1c). See Part IV, line 18		393,835.				
<b>8 b</b>	Less: direct expenses		264,036.				
	Net income or (loss) from fundraising events		129,799.		129,799.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>						
	<b>11 b</b>						
	<b>11 c</b>						
	<b>11 d</b>	All other revenue					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		94,270,464.	485,283.	22,467.	675,117.	

**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  X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	56,761,740.	56,761,740.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,261,876.	262,993.	464,319.	534,564.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	5,481,023.	2,521,597.	1,419,891.	1,539,535.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	135,967.	40,912.	43,274.	51,781.
<b>9</b> Other employee benefits	531,981.	258,570.	137,547.	135,864.
<b>10</b> Payroll taxes	355,019.	104,787.	114,111.	136,121.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	160,271.	104,418.	9,481.	46,372.
<b>b</b> Legal	505.	385.	120.	
<b>c</b> Accounting	137,269.	600.	136,669.	
<b>d</b> Lobbying	5,067.	5,067.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	162,050.	44,947.	58,393.	58,710.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	278,002.	203,428.	31,158.	43,416.
<b>12</b> Advertising and promotion	378,219.	194,513.	62,489.	121,217.
<b>13</b> Office expenses	142,220.	54,896.	64,602.	22,722.
<b>14</b> Information technology	310,441.	9,883.	259,247.	41,311.
<b>15</b> Royalties				
<b>16</b> Occupancy	820,999.	235,326.	298,859.	286,814.
<b>17</b> Travel	79,639.	33,221.	10,891.	35,527.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	17,590.	9,097.	1,877.	6,616.
<b>20</b> Interest	90,488.	2,100.	85,645.	2,743.
<b>21</b> Payments to affiliates	499,390.	137,181.	183,025.	179,184.
<b>22</b> Depreciation, depletion, and amortization	183,844.	51,289.	65,562.	66,993.
<b>23</b> Insurance	79,672.	30,870.	25,925.	22,877.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEMBERSHIP DUES	57,521.	21,245.	16,958.	19,318.
<b>b</b> MISCELLANEOUS EXPENSE	5,694.	5,694.	0.	0.
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	67,936,487.	61,094,759.	3,490,043.	3,351,685.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	466.	<b>1</b>	1,903.
	<b>2</b> Savings and temporary cash investments .....	5,255,308.	<b>2</b>	13,547,753.
	<b>3</b> Pledges and grants receivable, net .....	8,932,561.	<b>3</b>	22,173,107.
	<b>4</b> Accounts receivable, net .....	543,516.	<b>4</b>	3,555,776.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	0.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges .....	182,422.	<b>9</b>	176,508.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,946,661.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,732,928.		
	<b>11</b> Investments - publicly traded securities .....	1,368,795.	<b>10c</b>	1,213,733.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	8,252,629.	<b>11</b>	7,252,886.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	0.	<b>12</b>	0.
	<b>14</b> Intangible assets .....	0.	<b>13</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 .....	992,874.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	25,528,571.	<b>15</b>	901,514.	
		<b>16</b>	48,823,180.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,328,945.	<b>17</b>	6,984,787.
	<b>18</b> Grants payable .....		<b>18</b>	0.
	<b>19</b> Deferred revenue .....	2,426,750.	<b>19</b>	2,097,248.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	4,000,000.	<b>23</b>	3,200,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,803,224.	<b>25</b>	2,018,194.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	14,558,919.	<b>26</b>	14,300,229.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	-5,864,715.	<b>27</b>	-3,029,623.
	<b>28</b> Net assets with donor restrictions .....	16,834,367.	<b>28</b>	37,552,574.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	10,969,652.	<b>32</b>	34,522,951.
<b>33</b> Total liabilities and net assets/fund balances .....	25,528,571.	<b>33</b>	48,823,180.	

**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	94,270,464.
2	Total expenses (must equal Part IX, column (A), line 25)	2	67,936,487.
3	Revenue less expenses. Subtract line 2 from line 1	3	26,333,977.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,969,652.
5	Net unrealized gains (losses) on investments	5	-430,506.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,350,172.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	34,522,951.

**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 on 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 on Schedule O and describe any steps taken to undergo such audits .....

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



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

**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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	50116534.	50978865.	48216651.	45744953.	93087597.	288144600
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	50116534.	50978865.	48216651.	45744953.	93087597.	288144600
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						4711821.
<b>6 Public support.</b> Subtract line 5 from line 4.						283432779

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	50116534.	50978865.	48216651.	45744953.	93087597.	288144600
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	102,221.	167,809.	186,718.	219,299.	282,821.	958,868.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....					22,467.	22,467.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	727,623.	253,252.	203,275.	297,475.	393,835.	1875460.
<b>11 Total support.</b> Add lines 7 through 10						291001395
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,903,785.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.40 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	98.79 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization  ►

**b 33 1/3% support tests - 2018.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**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.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**GROSS INCOME FROM FUNDRAISING**

2015 AMOUNT: \$ 727,623.

2016 AMOUNT: \$ 253,252.

2017 AMOUNT: \$ 203,275.

2018 AMOUNT: \$ 297,475.

2019 AMOUNT: \$ 393,835.

Multiple horizontal lines for providing additional information.



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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  <b>UNITED WAY OF METROPOLITAN CHICAGO INC.</b>	Employer identification number  <b>30-0200478</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>7,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>2,528,569.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>6,100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>3,467,734.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>2,548,275.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>6,940,801.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF METROPOLITAN CHICAGO INC.</b>	Employer identification number  <b>30-0200478</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>2,452,441.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>2,451,983.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>2,166,815.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF METROPOLITAN CHICAGO INC.</b>	Employer identification number  <b>30-0200478</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	SECURITIES PUBLICLY TRADED _____ _____ _____	\$ <u>638,569.</u>	<u>06/30/20</u>
9	SECURITIES PUBLICLY TRADED _____ _____ _____	\$ <u>20,075.</u>	<u>06/30/20</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>UNITED WAY OF METROPOLITAN CHICAGO INC.</b>	Employer identification number  <b>30-0200478</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

**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.

Name of organization

**UNITED WAY OF METROPOLITAN CHICAGO INC.**

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 ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**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. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2019**

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	2,920.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	2,147.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	5,067.													
<b>d</b>	Other exempt purpose expenditures .....	61,089,692.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	61,094,759.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	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 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	8,132.	7,341.	5,910.	5,067.	26,450.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	4,383.	4,499.	2,355.	2,920.	14,157.

Schedule C (Form 990 or 990-EZ) 2019

**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)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>

**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.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization** UNITED WAY OF METROPOLITAN CHICAGO INC. **Employer identification number** 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.

	(a) Donor advised funds	(b) Funds and other accounts
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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

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.

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

b If the organization elected, as permitted under FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

**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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,261,794.	6,270,876.	5,368,551.	4,730,942.	4,668,510.
b Contributions		974,804.	731,697.	230,840.	113,074.
c Net investment earnings, gains, and losses	329.	302,930.	425,120.	645,625.	-50,642.
d Grants or scholarships					
e Other expenditures for facilities and programs	276,000.	286,816.	254,492.	238,856.	
f Administrative expenses					
g End of year balance	6,986,123.	7,261,794.	6,270,876.	5,368,551.	4,730,942.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  20.40 %
  - b Permanent endowment  52.10 %
  - c Term endowment  27.50 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				0.
c Leasehold improvements		2,265,567.	1,132,663.	1,132,904.
d Equipment		1,681,094.	1,600,265.	80,829.
e Other				0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,213,733.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATION FOR RETIREMENT BENEFITS	1,778,160.
(3) ASSET RETIREMENT OBLIGATION	240,034.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,018,194.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

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

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

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

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE INTENDED USES OF THE UNITED WAY 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.

**PART X, LINE 2:**

UWMC HAS RECEIVED A FAVORABLE DETERMINATION LETTER 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") AS AMENDED, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. ACCOUNTING GUIDANCE REQUIRES TAX EFFECTS FROM UNCERTAIN

**Part XIII** Supplemental Information (continued)

TAX POSITIONS TO BE RECOGNIZED IN THE CONSOLIDATED 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 CONSOLIDATED FINANCIAL STATEMENTS. ADDITIONALLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THESE CONSOLIDATED FINANCIAL STATEMENTS. THERE IS NO INTEREST OR PENALTIES RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**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.

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://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**

**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.
 

<ul style="list-style-type: none"> <li>a <input type="checkbox"/> Mail solicitations</li> <li>b <input type="checkbox"/> Internet and email solicitations</li> <li>c <input type="checkbox"/> Phone solicitations</li> <li>d <input type="checkbox"/> In-person solicitations</li> </ul>	<ul style="list-style-type: none"> <li>e <input type="checkbox"/> Solicitation of non-government grants</li> <li>f <input type="checkbox"/> Solicitation of government grants</li> <li>g <input type="checkbox"/> Special fundraising events</li> </ul>
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- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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
		Yes	No			
<b>Total</b> .....				▶		

- 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.
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**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 (add col. (a) through col. (c))	
		CELEBRATION EVENT (event type)	YLS IGNITE (event type)	8 (total number)		
Revenue	1	Gross receipts	412,050.	64,380.	348,835.	825,265.
	2	Less: Contributions	412,050.	19,380.		431,430.
	3	Gross income (line 1 minus line 2)		45,000.	348,835.	393,835.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages		44,253.		44,253.
	8	Entertainment				
	9	Other direct expenses	55,000.	562.	164,221.	219,783.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				264,036.
11	Net income summary. Subtract line 10 from line 3, column (d)				129,799.	

**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))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

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

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

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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**
- 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
UW-MCCORMICK PARTNERSHIP 205 N. MICHIGAN AVE CHICAGO, IL 60601	36-3689171	501(C)(3)	3,333,833.	0.			PROGRAM SUPPORT
METROPOLITAN FAMILY SERVICES ONE NORTH DEARBORN, SUITE 1000 CHICAGO, IL 60602	36-2167940	501(C)(3)	2,590,097.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES, ARCHDIOCESE OF CHICAGO - 721 NORTH LASALLE STREET - CHICAGO, IL 60654	53-0196617	501(C)(3)	1,732,312.	0.			PROGRAM SUPPORT
BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 SOUTH ARCHER AVENUE CHICAGO, IL 60632	36-4229387	501(C)(3)	1,356,417.	0.			PROGRAM SUPPORT
AUSTIN COMING TOGETHER 5049 W. HARRISON STREET CHICAGO, IL 60644	45-0920919	501(C)(3)	941,806.	0.			PROGRAM SUPPORT
JEWISH FEDERATION OF METROPOLITAN CHICAGO - 30 SOUTH WELLS - CHICAGO, IL 60606	36-2167761	501(C)(3)	878,884.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **513.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER CHICAGO FOOD DEPOSITORY 4100 W. ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501(C)(3)	760,888.	0.			PROGRAM SUPPORT
CHICAGO FEDERATION OF LABOR 2301 S LAKE SHORE DRIVE CHICAGO, IL 60616	36-3977262	501(C)(3)	754,500.	0.			PROGRAM SUPPORT
AMERICAN RED CROSS P.O. BOX 73857 CHICAGO, IL 60673	53-0196605	501(C)(3)	738,169.	0.			PROGRAM SUPPORT
YMCA OF METROPOLITAN CHICAGO 1030 W. VAN BUREN CHICAGO, IL 60607	36-2179782	501(C)(3)	724,814.	0.			PROGRAM SUPPORT
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	36-3203648	501(C)(3)	714,472.	0.			PROGRAM SUPPORT
BRIGHT STAR COMMUNITY OUTREACH 333 EAST 35TH STREET CHICAGO, IL 60616	26-2007088	501(C)(3)	703,987.	0.			PROGRAM SUPPORT
GREATER AUBURN GRESHAM DEVELOPMENT CORPORATION - 1159 WEST 79TH STREET - CHICAGO, IL 60620	36-4377387	501(C)(3)	678,190.	0.			PROGRAM SUPPORT
LAWNDALE CHRISTIAN HEALTH CENTER 3860 W. OGDEN AVENUE CHICAGO, IL 60623	36-3308953	501(C)(3)	616,819.	0.			PROGRAM SUPPORT
YWCA METROPOLITAN CHICAGO 1 N LASALLE SUITE 1150 SUITE 1150 CHICAGO, IL 60602	36-2179765	501(C)(3)	559,042.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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EVANSTON COMMUNITY FOUNDATION 1560 SHERMAN AVE EVANSTON, IL 60201	36-3466802	501(C)(3)	558,375.	0.			PROGRAM SUPPORT
LATINOS PROGRESANDO 3047 WEST CERMAK CHICAGO, IL 60623	36-4355072	501(C)(3)	554,813.	0.			PROGRAM SUPPORT
CHILDREN FIRST FUND 200 W MADISON ST, 2ND FLOOR CHICAGO, IL 60606	36-4094830	501(C)(3)	505,180.	0.			PROGRAM SUPPORT
FAMILY INDEPENDENCE INITIATIVE (FII) - NATIONAL - 663 13TH STREET, STE 200 - OAKLAND, CA 94612-1275	02-0784790	501(C)(3)	500,000.	0.			PROGRAM SUPPORT
THE CHICAGO COMMUNITY FOUNDATION CENTRAL INVESTMENT FUND - 225 NORTH MICHIGAN AVENUE, SUITE 2200 - CHICAGO, IL 60601	36-3432023	501(C)(3)	437,750.	0.			PROGRAM SUPPORT
YOUTH CROSSROADS, INC. 3401 SOUTH GUNDERSON AVENUE BERWYN, IL 60402	23-7417420	501(C)(3)	392,840.	0.			PROGRAM SUPPORT
ALL CHICAGO (CHICAGO ALLIANCE TO ENDHOMELESSNESS) - 651 WEST WASHINGTON BLVD, STE 504 - CHICAGO, IL 60661-2125	36-4272272	501(C)(3)	375,000.	0.			PROGRAM SUPPORT
THE SALVATION ARMY 5040 N PULASKI RD CHICAGO, IL 60630	36-2167910	501(C)(3)	334,878.	0.			PROGRAM SUPPORT
YOUTH & OPPORTUNITY UNITED 1911 CHURCH STREET EVANSSTON, IL 60201	36-2734966	501(C)(3)	307,655.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

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SERTOMA CENTRE, INC. 1500 S. FAIRFIELD AVE CHICAGO, IL 60608	36-3166895	501(C)(3)	306,220.	0.			PROGRAM SUPPORT
THRESHOLDS 4101 N RAVENSWOOD CHICAGO, IL 60613	36-2518901	501(C)(3)	299,600.	0.			PROGRAM SUPPORT
CHILDREN'S HOME & AID SOCIETY OF IL - 125 S. WACKER DRIVE SUITE 1400 - CHICAGO, IL 60660	36-2167743	501(C)(3)	288,675.	0.			PROGRAM SUPPORT
FORD HEIGHTS COMMUNITY SERVICE ORGANIZATION, INC. - 943 EAST LINCOLN HIGHWAY - FORD HEIGHTS, IL 60411	36-2658308	501(C)(3)	283,056.	0.			PROGRAM SUPPORT
CLARETIAN ASSOCIATES, INC 9108 S BRANDON CHICAGO, IL 60617	36-4087259	501(C)(3)	265,000.	0.			PROGRAM SUPPORT
ESPERANZA HEALTH CENTERS 2001 S. CALIFORNIA AVE. SUITE 100 CHICAGO, IL 60608	32-0115907	501(C)(3)	259,665.	0.			PROGRAM SUPPORT
CITY COLLEGES OF CHICAGO FOUNDATION - 180 N WABASH AVE - CHICAGO, IL 60601	36-3157624	501(C)(3)	250,000.	0.			PROGRAM SUPPORT
ACCESS COMMUNITY HEALTH NETWORK 600 W FULTON ST, 2ND FL CHICAGO, IL 60661	36-3317058	501(C)(3)	234,533.	0.			PROGRAM SUPPORT
YWCA EVANSTON/NORTHSHORE 1215 CHURCH ST EVANSTON, IL 60201	36-2193618	501(C)(3)	219,840.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

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CAROLE ROBERTSON CENTER FOR LEARNING - 2020 W. ROOSEVELT RD - CHICAGO, IL 60608	36-2882124	501(C)(3)	209,444.	0.			PROGRAM SUPPORT
GARY COMER YOUTH CENTER 7200 SOUTH INGLESIDE AVENUE CHICAGO, IL 60619	45-5399472	501(C)(3)	207,451.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES, DIOCESE OF JOLIET - 203 N. OTTAWA ST. - JOLIET, IL 60432	36-2170817	501(C)(3)	202,480.	0.			PROGRAM SUPPORT
ALIVIO MEDICAL CENTER 966 WEST 21ST STREET CHICAGO, IL 60608	36-3661051	501(C)(3)	195,995.	0.			PROGRAM SUPPORT
B.U.I.L.D., INC. 6 BEACON STREET SUITE 415 BOSTON, MA 02108	23-7022085	501(C)(3)	194,190.	0.			PROGRAM SUPPORT
HEARTLAND ALLIANCE FOR HUMAN NEEDS & HUMAN RIGHTS - 208 S LASALLE ST, SUITE 1300 - CHICAGO, IL 60604	36-1877640	501(C)(3)	180,208.	0.			PROGRAM SUPPORT
THE RESURRECTION PROJECT 1818 SOUTH PAULINA CHICAGO, IL 60608	36-3576073	501(C)(3)	178,926.	0.			PROGRAM SUPPORT
ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY - 4415 HARRISON STREET - HILLSDALE, IL 60162	20-1880398	501(C)(3)	175,000.	0.			PROGRAM SUPPORT
ENLACE CHICAGO 2756 S. HARDING CHICAGO, IL 60623	36-3727669	501(C)(3)	174,370.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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TOGETHER WE COPE 17010 S. OAK PARK AVE TINLEY PARK, IL 60477	36-3666952	501(C)(3)	167,049.	0.			PROGRAM SUPPORT
HOWARD BROWN HEALTH CENTER 4025 NORTH SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501(C)(3)	165,545.	0.			PROGRAM SUPPORT
ASSOCIATION HOUSE OF CHICAGO 1116 N KEDZIE AVE CHICAGO, IL 60651	36-2166961	501(C)(3)	162,669.	0.			PROGRAM SUPPORT
RESPOND NOW 253 EAST 159TH STREET HARVEY, IL 60426	36-3552070	501(C)(3)	159,153.	0.			PROGRAM SUPPORT
LAKEVIEW PANTRY 3945 N. SHERIDAN RD. CHICAGO, IL 60613	36-2734184	501(C)(3)	157,646.	0.			PROGRAM SUPPORT
RUSH UNIVERSITY MEDICAL CENTER 1201 W. HARRISON STREET, SUITE 300 CHICAGO, IL 60607-3319	36-2174823	501(C)(3)	155,478.	0.			PROGRAM SUPPORT
ERIE NEIGHBORHOOD HOUSE 1701 W. SUPERIOR ST. CHICAGO, IL 60622	36-3043253	501(C)(3)	154,564.	0.			PROGRAM SUPPORT
YOUTH GUIDANCE 1 N. LASALLE STREET, SUITE 900 CHICAGO, IL 60602	36-2167032	501(C)(3)	153,108.	0.			PROGRAM SUPPORT
CORAZON COMMUNITY SERVICES 5339 W 25TH ST CICERO, IL 60804	32-0075474	501(C)(3)	150,706.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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UNITED WAY OF LAKE COUNTY 330 S GREENLEAF GURNEE, IL 60031-3389	36-2167949	501(C)(3)	150,434.	0.			PROGRAM SUPPORT
CHINESE AMERICAN SERVICE LEAGUE 2141 SOUTH TAN COURT CHICAGO, IL 60616	36-2984043	501(C)(3)	147,358.	0.			PROGRAM SUPPORT
OUTREACH COMMUNITY MINISTRIES 122 WEST LIBERTY DRIVE WHEATON, IL 60187	23-7265066	501(C)(3)	146,514.	0.			PROGRAM SUPPORT
OUNCE OF PREVENTION FUND 33 W MONROE, SUITE 2400 CHICAGO, IL 60603	36-3186328	501(C)(3)	145,000.	0.			PROGRAM SUPPORT
LAWRENCE HALL YOUTH SERVICES 2737 WEST PETERSON AVENUE CHICAGO, IL 60659	36-2167771	501(C)(3)	143,503.	0.			PROGRAM SUPPORT
ERIE FAMILY HEALTH CENTER 1701 W. SUPERIOR STREET 3RD FLOOR CHICAGO, IL 60622	36-3088628	501(C)(3)	137,342.	0.			PROGRAM SUPPORT
PLOWS COUNCIL ON AGING 7808 COLLEGE DRIVE 5 EAST PALOS HEIGHTS, IL 60463	36-2882809	501(C)(3)	137,279.	0.			PROGRAM SUPPORT
ACCESS LIVING OF METROPOLITAN CHICAGO - 115 W CHICAGO AVE - CHICAGO, IL 60654	36-3310774	501(C)(3)	135,884.	0.			PROGRAM SUPPORT
MUJERES LATINAS EN ACCION 2124 WEST 21ST PLACE CHICAGO, IL 60608	36-2877520	501(C)(3)	132,811.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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DUPAGE PADS 601 W. LIBERTY WHEATON, IL 60187	36-3675494	501(C)(3)	132,181.	0.			PROGRAM SUPPORT
NEW LIFE CENTERS OF CHICAGOLAND 4101 WEST 51ST STREET CHICAGO, IL 60632	20-2380358	501(C)(3)	131,823.	0.			PROGRAM SUPPORT
WINGS PROGRAM, INC. P.O. BOX 95615 PALATINE, IL 60095	36-3456061	501(C)(3)	131,294.	0.			PROGRAM SUPPORT
YOUNG MEN'S EDUCATIONAL NETWORK (YMEN) - 1241 SOUTH PULASKI PO BOX 23410 - CHICAGO, IL 60623	36-4124098	501(C)(3)	130,461.	0.			PROGRAM SUPPORT
BLUE ISLAND CITIZENS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, INC. - 2155 BROADWAY - BLUE ISLAND, IL 60406	36-2603932	501(C)(3)	127,074.	0.			PROGRAM SUPPORT
CHICAGO COMMONS ASSOCIATION 515 E. 50TH STREET CHICAGO, IL 60615	36-2169136	501(C)(3)	126,553.	0.			PROGRAM SUPPORT
SAFER FOUNDATION 2875 W 19TH ST CHICAGO, IL 60623	51-0217097	501(C)(3)	126,287.	0.			PROGRAM SUPPORT
NORTHWEST SIDE HOUSING CENTER 5233 WEST DIVERSEY AVE CHICAGO, IL 60639-1501	20-1413891	501(C)(3)	125,000.	0.			PROGRAM SUPPORT
SOUTHWEST ORGANIZING PROJECT 2558 W. 63RD STREET CHICAGO, IL 60629	36-4090773	501(C)(3)	124,720.	0.			PROGRAM SUPPORT

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CHANGING WORLDS 329 W. 18TH STREET, SUITE 506 CHICAGO, IL 60616	36-4340874	501(C)(3)	124,538.	0.			PROGRAM SUPPORT
UNITED CEREBRAL PALSY SEGUIN OF GREATER CHICAGO - 3100 SOUTH CENTRAL AVENUE - CICERO, IL 60804	36-2894174	501(C)(3)	123,870.	0.			PROGRAM SUPPORT
AIDS FOUNDATION OF CHICAGO 200 W. JACKSON BOULEVARD SUITE 2100 CHICAGO, IL 60606	36-3412054	501(C)(3)	121,194.	0.			PROGRAM SUPPORT
PEOPLE'S RESOURCE CENTER 201 SOUTH NAPERVILLE ROAD WHEATON, IL 60187	36-3157600	501(C)(3)	120,068.	0.			PROGRAM SUPPORT
THE CARA PROGRAM 1850 WEST ROOSEVELT ROAD CHICAGO, IL 60608	36-2169139	501(C)(3)	119,494.	0.			PROGRAM SUPPORT
INSTITUTE FOR NONVIOLENCE CHICAGO 4926 W CHICAGO AVE CHICAGO, IL 60651	81-1098722	501(C)(3)	115,000.	0.			PROGRAM SUPPORT
BEYOND HUNGER 848 LAKE STREET OAK PARK, IL 60301	27-2018997	501(C)(3)	114,781.	0.			PROGRAM SUPPORT
PILLARS COMMUNITY HEALTH 23 CALENDAR AVENUE LAGRANGE, IL 60525	36-2170869	501(C)(3)	112,324.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF DUNDEE TOWNSHIP - PO BOX 173 - CARPENTERSVILLE, IL 60110	36-4184937	501(C)(3)	111,414.	0.			PROGRAM SUPPORT

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ILLINOIS ACTION FOR CHILDREN 4753 N BROADWAY, SUITE 1200 CHICAGO, IL 60640	36-2712912	501(C)(3)	108,060.	0.			PROGRAM SUPPORT
HEARTLAND HEALTH OUTEACH, INC. 906 S. HOMAN 7TH FLOOR CHICAGO, IL 60624	36-4295189	501(C)(3)	107,751.	0.			PROGRAM SUPPORT
HAROLD COLBERT JONES MEMORIAL COMMUNITY CENTER - 220 E. 15TH STREET - CHICAGO HEIGHTS, IL 60411	36-2182055	501(C)(3)	107,081.	0.			PROGRAM SUPPORT
PRIMO CENTER FOR WOMEN AND CHILDREN - 4241 WEST WASHINGTON BOULEVARD P O BOX 24337 - CHICAGO, IL 60624	36-2966006	501(C)(3)	106,641.	0.			PROGRAM SUPPORT
CABRINI GREEN LEGAL AID CLINIC 740 NORTH MILWAUKEE AVENUE CHICAGO, IL 60642	36-2775706	501(C)(3)	106,505.	0.			PROGRAM SUPPORT
LAF 111 WEST JACKSON BLVD. SUITE 300 CHICAGO, IL 60604	36-2754650	501(C)(3)	105,157.	0.			PROGRAM SUPPORT
LOAVES & FISHES COMMUNITY SERVICES 1871 HIGH GROVE LANE NAPERVILLE, IL 60540	36-3786777	501(C)(3)	104,977.	0.			PROGRAM SUPPORT
THE CENTER RESOURCES FOR TEACHING AND LEARNING - 1447 S. 50TH CT. - CICERO, IL 60804	36-3025963	501(C)(3)	104,961.	0.			PROGRAM SUPPORT
THE NIGHT MINISTRY 4711 N RAVENSWOOD CHICAGO, IL 60640	36-3145764	501(C)(3)	104,404.	0.			PROGRAM SUPPORT

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360 YOUTH SERVICES 1305 W. OSWEGO ROAD NAPERVILLE, IL 60540	36-2936229	501(C)(3)	104,336.	0.			PROGRAM SUPPORT
RESTORATION MINISTRIES, INC. 571 WEST JACKSON BLVD. CHICAGO, IL 60661	36-2762168	501(C)(3)	103,836.	0.			PROGRAM SUPPORT
HEARTLAND HEALTH CENTERS 3048 N WILTON 2ND FLOOR CHICAGO, IL 60657	36-3843377	501(C)(3)	103,486.	0.			PROGRAM SUPPORT
GADS HILL CENTER 1919 W. CULLERTON ST. CHICAGO, IL 60608	36-2167082	501(C)(3)	103,318.	0.			PROGRAM SUPPORT
WORLD RELIEF DUPAGE/AURORA 1825 COLLEGE AVENUE SUITE 230 WHEATON, IL 60187	23-6393344	501(C)(3)	102,546.	0.			PROGRAM SUPPORT
INSTITUTE FOR LATINO PROGRESS 2520 SOUTH WESTERN AVENUE CHICAGO, IL 60608	36-2937375	501(C)(3)	101,624.	0.			PROGRAM SUPPORT
MEALS ON WHEELS CHICAGO 314 WEST SUPERIOR STREET, SUITE 300 CHICAGO, IL 60654	36-3667584	501(C)(3)	100,580.	0.			PROGRAM SUPPORT
MANO A MANO FAMILY RESOURCE CENTER 6 EAST MAIN STREET ROUND LAKE PARK, IL 60073	36-4418084	501(C)(3)	100,143.	0.			PROGRAM SUPPORT
AGEOPTIONS 1048 LAKE STREET OAK PARK, IL 60301	36-2806193	501(C)(3)	100,000.	0.			PROGRAM SUPPORT

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FAMILY CHRISTIAN HEALTH CENTER 31 W 155TH STREET HARVEY, IL 60426	36-4346917	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
FAMILY FOCUS, INC. 310 SOUTH PEORIA STREET, SUITE 310 CHICAGO, IL 60607	36-2884048	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
PCC COMMUNITY WELLNESS CENTER 14 LAKE STREET OAK PARK, IL 60302	36-3828320	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
PRIMECARE COMMUNITY HEALTH INC 2211 N ELSTON AVE, STE 301 CHICAGO, IL 60614	36-3845253	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
CRISIS CENTER FOR SOUTH SUBURBIA P.O. BOX 39 TINLEY PARK, IL 60477	36-3039964	501(C)(3)	99,682.	0.			PROGRAM SUPPORT
SERTOMA CENTRE, INC. 4343 WEST 123RD STREET ALSIP, IL 60803	36-2720586	501(C)(3)	99,214.	0.			PROGRAM SUPPORT
NEOPOLITAN LIGHTHOUSE 864 NORTH CHRISTIANA AVENUE CHICAGO, IL 60651	36-3309888	501(C)(3)	97,296.	0.			PROGRAM SUPPORT
SINAI HEALTH SYSTEM 1909 CHEKER SQUARE SECTION D EAST HAZEL CREST, IL 60429	36-2654921	501(C)(3)	96,481.	0.			PROGRAM SUPPORT
FAMILY SERVICE AND MENTAL HEALTH CENTER OF CICERO - 5341 W. CERMAK ROAD - CICERO, IL 60804	36-2246705	501(C)(3)	96,310.	0.			PROGRAM SUPPORT

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HOUSING FORWARD PO BOX 797 OAK PARK, IL 60303	36-3876660	501(C)(3)	95,680.	0.			PROGRAM SUPPORT
SOUTH SUBURBAN FAMILY SHELTER 2100 WEST WARREN BLVD CHICAGO, IL 60612	36-2378516	501(C)(3)	93,973.	0.			PROGRAM SUPPORT
BRIDGE COMMUNITIES, INC. 505 CRESCENT BOULEVARD GLEN ELLYN, IL 60137	36-3705951	501(C)(3)	88,800.	0.			PROGRAM SUPPORT
FAMILY SERVICE OF LAKE COUNTY 777 CENTRAL AVE. HIGHLAND PARK, IL 60035	36-2167063	501(C)(3)	87,325.	0.			PROGRAM SUPPORT
CENTER FOR ECONOMIC PROGRESS 567 WEST LAKE STREET SUITE 1150 CHICAGO, IL 60661	36-3693728	501(C)(3)	86,194.	0.			PROGRAM SUPPORT
APNA GHAR, INC. (OUR HOME) 4350 N BROADWAY 2ND FLOOR CHICAGO, IL 60613	36-3698770	501(C)(3)	84,959.	0.			PROGRAM SUPPORT
INFANT WELFARE SOCIETY OF EVANSTON 2200 MAIN STREET EVANSTON, IL 60202	36-2167753	501(C)(3)	83,959.	0.			PROGRAM SUPPORT
TEEN PARENT CONNECTION 2626 SOUTH CLEARBROOK DRIVE ARLINGTON HEIGHTS, IL 60005	36-4248651	501(C)(3)	83,227.	0.			PROGRAM SUPPORT
ACCESS DUPAGE/DUPAGE HEALTH COALITION - 511 THORNHILL DRIVE, SUITE E - CAROL STREAM, IL 60188	36-3729319	501(C)(3)	80,340.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT: VISION, INC. 236 W. 22ND PLACE, UNIT 1 CHICAGO, IL 60616	20-0293881	501(C)(3)	79,697.	0.			PROGRAM SUPPORT
ARAB AMERICAN FAMILY SERVICES 9044 S OCTAVIA BRIDGEVIEW, IL 60455	60-0002593	501(C)(3)	79,235.	0.			PROGRAM SUPPORT
CHINESE MUTUAL AID ASSOCIATION 1016 WEST ARGYLE STREET CHICAGO, IL 60640	36-3139799	501(C)(3)	78,699.	0.			PROGRAM SUPPORT
CASA CENTRAL 1343 W CALIFORNIA AVE CHICAGO, IL 60622	36-2728618	501(C)(3)	78,458.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO - LAKE COUNTY - 671 SOUTH LEWIS AVENUE - WAUKEGAN, IL 60085	36-2170821	501(C)(3)	78,356.	0.			PROGRAM SUPPORT
SAINT ANTHONY HOSPITAL 311 HARRISON STREET OAK PARK, IL 60304	36-3084461	501(C)(3)	77,796.	0.			PROGRAM SUPPORT
FAMILY RESCUE P.O. BOX 17528 CHICAGO, IL 60617	36-3170408	501(C)(3)	77,339.	0.			PROGRAM SUPPORT
NEW MOMS, INC. 5317 W. CHICAGO AVE. CHICAGO, IL 60651	36-3265804	501(C)(3)	76,853.	0.			PROGRAM SUPPORT
CONNECTIONS FOR THE HOMELESS 2121 DEWEY AVENUE EVANSTON, IL 60201	36-3346917	501(C)(3)	76,493.	0.			PROGRAM SUPPORT

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SOUTH SUBURBAN PADS 414 WEST LINCOLN HIGHWAY CHICAGO HEIGHTS, IL 60411	36-3744405	501(C)(3)	75,939.	0.			PROGRAM SUPPORT
DUPAGE SENIOR CITIZENS COUNCIL 1990 SPRINGER DRIVE LOMBARD, IL 60148	36-2988023	501(C)(3)	75,435.	0.			PROGRAM SUPPORT
CHRISTOPHER HOUSE 1611 W DIVISION ST. STE 207 CHICAGO, IL 60622	23-7316001	501(C)(3)	75,283.	0.			PROGRAM SUPPORT
ROLE MODEL MOVEMENT, INCMY BLOCK, MY HOOD, MY CITY - 47 W POLK STREET, SUITE 100 - CHICAGO, IL 60605	46-2272700	501(C)(3)	75,100.	0.			PROGRAM SUPPORT
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E CHICAGO AVE. BOX 4 - CHICAGO, IL 60611	36-2170833	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
CHICAGO FAMILY HEALTH CENTER 9119 S EXCHANGE AVENUE CHICAGO, IL 60617	36-2893854	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
EL VALOR CORPORATION 1850 WEST 21ST STREET CHICAGO, IL 60608	23-7294683	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
LATINO POLICY FORUM 180 N MICHIGAN AVE, SUITE 1250 CHICAGO, IL 60601	36-3676873	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
PUERTO RICAN AGENDA 1650 W NORTH AVE CHICAGO, IL 60622-2255	82-2899478	501(C)(3)	75,000.	0.			PROGRAM SUPPORT

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RESIDENT ASSOCIATION OF GREATER ENGLEWOOD - 6623 S UNION AVE, 1ST - CHICAGO, IL 60621	84-3226248	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
RESILIENCE PARTNERS NFP 4455 SOUTH KING DRIVE, SUITE 1B CHICAGO, IL 60653-3310	47-3136024	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
SPANISH COMMUNITY CENTER 309 N EASTERN JOLIET, IL 60432	36-2679658	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
TCA HEALTH INC NFP 1029 E 130TH STREET CHICAGO, IL 60628	36-2743287	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
TEAMWORK ENGLEWOOD 815 WEST 63RD STREET, 2ND FLOOR CHICAGO, IL 60621	74-3102944	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
THE HANA CENTER 4300 N. CALIFORNIA AVE. CHICAGO, IL 60618	36-2746468	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
PRAIRIE STATE LEGAL SERVICES 303 NORTH MAIN STREET, SUITE 600 ROCKFORD, IL 61101	37-1030764	501(C)(3)	74,909.	0.			PROGRAM SUPPORT
HEARTLAND HUMAN CARE SERVICES, INC. - 208 SOUTH LASALLE STREET SUITE 1818 - CHICAGO, IL 60604	36-4053244	501(C)(3)	74,800.	0.			PROGRAM SUPPORT
HEARTLAND ALLIANCE FOR HUMAN NEEDS AND HUMAN RIGHTS - 208 S LASALLE ST STE 1300 - CHICAGO, IL 60604	30-0739799	501(C)(3)	73,807.	0.			PROGRAM SUPPORT

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JOURNEYS - THE ROAD HOME 1140 EAST NORTHWEST HIGHWAY PALATINE, IL 60074	36-3919018	501(C)(3)	73,422.	0.			PROGRAM SUPPORT
BEDS PLUS CARE, INC. P O BOX 2035 LAGRANGE, IL 60525	36-3741040	501(C)(3)	72,961.	0.			PROGRAM SUPPORT
THE JOSSELYN CENTER 405 CENTRAL AVENUE NORTHFIELD, IL 60093	36-2217996	501(C)(3)	72,932.	0.			PROGRAM SUPPORT
JEWISH UNITED FUND 30 SOUTH WELLS CHICAGO, IL 60606	36-2167034	501(C)(3)	72,378.	0.			PROGRAM SUPPORT
NORTHWEST COMPASS, INC. 1300 W NORTHWEST HIGHWAY MT. PROSPECT, IL 60056	36-3382832	501(C)(3)	71,363.	0.			PROGRAM SUPPORT
CHICAGO YOUTH CENTERS 218 SOUTH WABASH SUITE 600 CHICAGO, IL 60604	36-2344429	501(C)(3)	71,153.	0.			PROGRAM SUPPORT
CENTER FOR CHANGING LIVES 1955 N SAINT LOUIS AVE 101 CHICAGO, IL 60647	36-3731388	501(C)(3)	70,505.	0.			PROGRAM SUPPORT
CHILDSERV 8765 W. HIGGINS RD. SUITE 450 CHICAGO, IL 60631	36-2171716	501(C)(3)	69,489.	0.			PROGRAM SUPPORT
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	69,435.	0.			PROGRAM SUPPORT

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BY THE HAND CLUB FOR KIDSFORMERLY KIDS' CLUB - P.O. BOX 10043 - CHICAGO, IL 60610	20-3144284	501(C)(3)	67,408.	0.			PROGRAM SUPPORT
CHICAGO WOMEN IN TRADES 2444 W 16TH CHICAGO, IL 60608	36-3256699	501(C)(3)	66,521.	0.			PROGRAM SUPPORT
SOUTH SUBURBAN COUNCIL ON ALCOHOLISM AND SUBSTANCE ABUSE, THE - PO BOX 937 - HOMEWOOD, IL 60430	36-3089796	501(C)(3)	65,213.	0.			PROGRAM SUPPORT
FAMILY SHELTER SERVICE 605 E. ROOSEVELT RD. WHEATON, IL 60187	36-2883552	501(C)(3)	64,624.	0.			PROGRAM SUPPORT
CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN - 1116 N. KEDZIE AVE. 5TH FLOOR - CHICAGO, IL 60651	36-2903380	501(C)(3)	63,950.	0.			PROGRAM SUPPORT
CHICAGO BOTANIC GARDENS 1000 LAKE COOK GLENCOE, IL 60022	36-2225482	501(C)(3)	62,830.	0.			PROGRAM SUPPORT
AFTER-SCHOOL ALL-STARS 318 W. ADAMS STREET SUITE 1523 CHICAGO, IL 60606	95-4441208	501(C)(3)	62,256.	0.			PROGRAM SUPPORT
HANDSON SUBURBAN CHICAGO 2121 S. GOEBBERT RD ARLINGTON HEIGHTS, IL 60005	36-2692866	501(C)(3)	61,830.	0.			PROGRAM SUPPORT
INSPIRATION CORPORATION 4554 N BROADWAY ST, SUITE 207 CHICAGO, IL 60640	36-3673980	501(C)(3)	60,264.	0.			PROGRAM SUPPORT

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PILLARS COMMUNITY SERVICES (PILLARS) - 333 N LA GRANGE ROAD, SUITE ONE - LA GRANGE PARK, IL 60526	36-4166490	501(C)(3)	59,370.	0.			PROGRAM SUPPORT
PARTNERS FOR OUR COMMUNITIES 1585 N. RAND ROAD PALATINE, IL 60074	36-3881109	501(C)(3)	58,360.	0.			PROGRAM SUPPORT
EASTER SEALS DUPAGE AND THE FOX VALLEYREGION - 830 SOUTH ADDISON AVENUE - VILLA PARK, IL 60181	36-2476388	501(C)(3)	57,882.	0.			PROGRAM SUPPORT
CTF ILLINOIS 1902 FOX DRIVE, STE B CHAMPAIGN, IL 61820	36-4386948	501(C)(3)	56,136.	0.			PROGRAM SUPPORT
CHICAGO URBAN LEAGUE 4510 SOUTH MICHIGAN CHICAGO, IL 60653	36-2225483	501(C)(3)	55,910.	0.			PROGRAM SUPPORT
LADDER UP 233 SOUTH WACKER DRIVE, SUITE 400 CHICAGO, IL 60606	36-4070692	501(C)(3)	55,774.	0.			PROGRAM SUPPORT
SARAH'S INN 891 S. ROHLWING ROAD ADDISON, IL 60101	36-3350438	501(C)(3)	54,761.	0.			PROGRAM SUPPORT
ECKER CENTER FOR MENTAL HEALTH 1845 GRANDSTAND PLACE ELGIN, IL 60123	36-2312495	501(C)(3)	54,542.	0.			PROGRAM SUPPORT
AGING CARE CONNECTIONS 111 WEST HARRIS AVENUE LA GRANGE, IL 60525	36-2721289	501(C)(3)	54,414.	0.			PROGRAM SUPPORT

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CENTERS FOR NEW HORIZONS, INC. 4150 SOUTH KING DRIVE CHICAGO, IL 60653	36-2729721	501(C)(3)	53,700.	0.			PROGRAM SUPPORT
AUSTIN CHILDCARE PROVIDERS' NETWORK - 5701 W DIVISION ST - CHICAGO, IL 60651	36-4395447	501(C)(3)	51,677.	0.			PROGRAM SUPPORT
DUPAGE HEALTH COALITION 511 THORNHILL DRIVE, SUITE E CAROL STREAM, IL 60188	36-4448208	501(C)(3)	51,496.	0.			PROGRAM SUPPORT
LIFE SPAN 70 EAST LAKE STREET SUITE 700 CHICAGO, IL 60601	36-2991281	501(C)(3)	51,350.	0.			PROGRAM SUPPORT
CHICAGO LAWYER'S COMMITTEE FOR CIVILRIGHTS UNDER LAW - 100 NORTH LASALLE STREET, SUITE 600 - CHICAGO, IL 60602	51-0189264	501(C)(3)	51,346.	0.			PROGRAM SUPPORT
UHLICH CHILDREN'S ADVANTAGE NETWORKUCAN - 3605 W FILLMORE ST - CHICAGO, IL 60624	36-2167937	501(C)(3)	51,148.	0.			PROGRAM SUPPORT
SARAH'S CIRCLE 4838 N SHERIDAN RD CHICAGO, IL 60640	36-3043662	501(C)(3)	51,057.	0.			PROGRAM SUPPORT
PADS LAKE COUNTY, INC. 1800 GRAND AVENUE WAUKEGAN, IL 60085	36-2948857	501(C)(3)	50,963.	0.			PROGRAM SUPPORT
GUARDIAN ANGEL COMMUNITY SERVICES 168 N OTTAWA STREET JOLIET, IL 60432	36-2170860	501(C)(3)	50,439.	0.			PROGRAM SUPPORT

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HEARTLAND ALLIANCE HEALTH 208 S LASALLE ST, SUITE 1300 CHICAGO, IL 60604	36-3775696	501(C)(3)	50,202.	0.			PROGRAM SUPPORT
CRADLES TO CRAYONS 4141 WEST GEORGE STREET CHICAGO, IL 60641	04-3584367	501(C)(3)	50,132.	0.			PROGRAM SUPPORT
GREATER ELGIN FAMILY CARE CENTER 370 SUMMIT ST ELGIN, IL 60120	36-4249586	501(C)(3)	50,104.	0.			PROGRAM SUPPORT
WESTSIDE HEALTH AUTHORITY 5053 W CHICAGO AVENUE CHICAGO, IL 60651	36-3789879	501(C)(3)	50,046.	0.			PROGRAM SUPPORT
ALEXIAN BROTHERS HOUSING AND HEALTH ALLIANCE - 825 WEST WELLINGTON AVENUE - CHICAGO, IL 60657	36-3527899	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
AMERICAN INDIAN CENTER, INC. 3401 W. AINSLIE STREET CHICAGO, IL 60625-5105	36-2382840	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
BAIL PROJECT INC P.O. BOX 750 VENICE, CA 90294	81-4985512	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
CENTRO DE TRABAJADORES UNIDOS UNITED WORKERS CENTER - 10638 S EWING AVE - CHICAGO, IL 60617	27-1492355	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
CENTRO ROMERO 6216 N. CLARK ST CHICAGO, IL 60660	36-3517408	501(C)(3)	50,000.	0.			PROGRAM SUPPORT

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COMMUNITY FOUNDATION OF THE FOX RIVER VALLEY - 111 W DOWNER PL, STE 312 - AURORA, IL 60506-6106	36-6086742	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
COOK COUNTY HEALTH FOUNDATION 1603 ORRINGTON AVE, 5TH FLOOR EVANSTON, IL 60201	45-4607769	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
COOK COUNTY SOUTHLAND JUVENILE JUSTICE COUNCIL - 336 FOREST BLVD., 2ND FLOOR - PARK FOREST, IL 60466	47-5564646	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
EQUITY & TRANSFORMATION (MEN & WOMEN IN PRISON MINISTRIES - 10 W 35TH STREET, SUITE 9C5 - CHICAGO, IL 60616	36-3850240	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
FARM WORKER ADVOCACY PROJECT 33 N LASALLE ST, STE 900 CHICAGO, IL 60602-3419	36-4306362	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
GARFIELD PARK COMMUNITY COUNCIL 300 N CENTRAL PARK AVE CHICAGO, IL 60624	45-4055306	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
GRAND PRAIRIE SERVICES 17746 SOUTH OAK PARK AVENUE TINLEY PARK, IL 60477	36-2362364	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
HEALTHCARE ALTERNATIVE SYSTEMS, INC - 2755 W ARMITAGE AVE - CHICAGO, IL 60647	23-7432930	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
INNER-CITY MUSLIM ACTION NETWORKIMAN - 2744 WEST 63RD STREET - CHICAGO, IL 60629	36-4167433	501(C)(3)	50,000.	0.			PROGRAM SUPPORT

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LORETTO HOSPITAL 645 S CENTRAL AVENUE CHICAGO, IL 60644	36-2200248	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
MEALS ON WHEELS FOUNDATION OF NORTHERN ILLINOIS - 3239 GROVE AVENUE, SUITE 203 - BERWYN, IL 60402	36-4461669	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
MEALS ON WHEELS-NE 1723 SIMPSON EVANSTON, IL 60201-3100	36-2662113	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
OAK PARK REGIONAL HOUSING CENTER 1041 SOUTH BOULEVARD OAK PARK, IL 60302	23-7181388	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
PARTNERSHIP FOR RESILLIENCE 530 E 22ND STREET LOMBARD, IL 60148-6103	37-1837221	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
RESTORE JUSTICE FOUNDATION P.O. BOX 101099 CHICAGO, IL 60610	45-5441381	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
RINCON FAMILY SERVICES 3710 KEDZIE AVENUE CHICAGO, IL 60618	36-2739477	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
ROSALIND FRANKLIN UNIVERSITY HEALTH CLINICS - 3333 GREEN BAY ROAD - NORTH CHICAGO, IL 60064	77-0691998	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
SOUTHSIDERS ORGANIZED FOR UNITY & LIBERATION - 11211 S ST LAWRENCE AVE - CHICAGO, IL 60628	36-4174590	501(C)(3)	50,000.	0.			PROGRAM SUPPORT

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ST. BERNARD HOSPITAL 326 W 64TH ST. CHICAGO, IL 60621	36-2264414	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
TALLER DE JOSE 2831 W 24TH BLVD CHICAGO, IL 60623	27-2966284	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
TASC INC 700 S CLINTON CHICAGO, IL 60607	36-2870923	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
TELPOCHCALLI COMMUNITY EDUCATION PROJECT INC - 2832 W 24TH BLVD - CHICAGO, IL 60623	71-0961074	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
THE MONROE FOUNDATION 1547 SOUTH WOLF ROAD HILLSIDE, IL 60162	36-3787503	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
TRICKSTER ART GALLERY 190 S ROSELLE ROAD SCHAUMBURG, IL 60193	46-1640865	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
UNITY PARENTING AND COUNSELING, INC - 600 W. CERMACK ROAD, SUITE 300 - CHICAGO, IL 60616	36-4029502	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
YWCA OF LAKE COUNTY 1425 TRI STATE PKWY STE 180 GURNEE, IL 60031	36-2222699	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
PODER 1637 S ALLPORT ST CHICAGO, IL 60608	36-4251880	501(C)(3)	49,786.	0.			PROGRAM SUPPORT

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NEW STAR, INC. 1624 E 154TH ST DOLTON, IL 60419	23-7294685	501(C)(3)	49,700.	0.			PROGRAM SUPPORT
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 1737 W POLK STREET - CHICAGO, IL 60612	37-6000511	501(C)(3)	49,580.	0.			PROGRAM SUPPORT
NAMI OF DUPAGE COUNTY, IL 115 N. COUNTY FARM ROAD WHEATON, IL 60187	36-3412057	501(C)(3)	49,209.	0.			PROGRAM SUPPORT
HOUSING OPPORTUNITIES FOR WOMEN 1607 HOWARD ST. THIRD FLOOR CHICAGO, IL 60626	36-3263818	501(C)(3)	48,356.	0.			PROGRAM SUPPORT
OAK PARK AND RIVER FOREST DAY NURSERY - 1139 RANDOLPH ST. - OAK PARK, IL 60302	36-2182082	501(C)(3)	48,050.	0.			PROGRAM SUPPORT
LA CASA NORTE 3533 WEST NORTH AVENUE CHICAGO, IL 60647	36-4041525	501(C)(3)	47,444.	0.			PROGRAM SUPPORT
RENAISSANCE SOCIAL SERVICES, INC P.O.BOX 215 CHICAGO HEIGHTS, IL 60411	23-7091808	501(C)(3)	47,201.	0.			PROGRAM SUPPORT
ARAB AMERICAN ACTION NETWORK 3148 WEST 63RD STREET 2ND FLOOR CHICAGO, IL 60629	36-4034958	501(C)(3)	46,994.	0.			PROGRAM SUPPORT
BREAKTHROUGH URBAN MINISTRIES P.O. BOX 47200 CHICAGO, IL 60647	36-3810926	501(C)(3)	46,184.	0.			PROGRAM SUPPORT

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VNA HEALTH CARE 400 NORTH HIGHLAND AVENUE AURORA, IL 60506	36-2182095	501(C)(3)	46,183.	0.			PROGRAM SUPPORT
FAMILY FOCUS INC. 310 SOUTH PEORIA STREET, SUITE 310 CHICAGO, IL 60607	36-2884042	501(C)(3)	45,739.	0.			PROGRAM SUPPORT
ASIAN HUMAN SERVICES 4753 NORTH BROADWAY SUITE 700 CHICAGO, IL 60640	36-3005889	501(C)(3)	45,714.	0.			PROGRAM SUPPORT
CENTRO DE INFORMACION 28 NORTH GROVE AVENUE, SUITE 200 ELGIN, IL 60120	36-2776988	501(C)(3)	45,613.	0.			PROGRAM SUPPORT
NORTH SIDE HOUSING AND SUPPORTIVE SERVICES - 4410 N. RAVENSWOOD AVE. SUITE 101 - CHICAGO, IL 60640	36-3318158	501(C)(3)	45,500.	0.			PROGRAM SUPPORT
DEBORAH'S PLACE 2822 W. JACKSON BLVD. CHICAGO, IL 60612	36-3382973	501(C)(3)	44,739.	0.			PROGRAM SUPPORT
CENTER FOR DISABILITY & ELDER LAW 205 W. RANDOLPH SUITE 1610 CHICAGO, IL 60606	36-3203809	501(C)(3)	44,687.	0.			PROGRAM SUPPORT
MCGAW YMCA 100 GROVE STREET EVANSTON, IL 60201	36-2169194	501(C)(3)	43,463.	0.			PROGRAM SUPPORT
JANE ADDAMS RESOURCE CORPORATION 4432 NORTH RAVENSWOOD CHICAGO, IL 60640	36-3682559	501(C)(3)	42,810.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHEL NEW LIFE, INC. 4950 WTHOMAS ST CHICAGO, IL 60651	36-3013241	501(C)(3)	42,627.	0.			PROGRAM SUPPORT
HOUSING OPTIONS FOR THE MENTALLY ILL - 2100 RIDGE AVE SUITE G320 - EVANSTON, IL 60201	36-3611260	501(C)(3)	41,907.	0.			PROGRAM SUPPORT
BRIDGE YOUTH AND FAMILY SERVICES 721 SOUTH QUENTIN ROAD SUITE 103 PALATINE, IL 60067	23-7093615	501(C)(3)	39,290.	0.			PROGRAM SUPPORT
CENTRAL STATES SER - JOBS FOR PROGRESS, INC. - 3948 WEST 26TH STREET - CHICAGO, IL 60623	36-1211270	501(C)(3)	37,658.	0.			PROGRAM SUPPORT
YEAR UP CHICAGO 223 W JACKSON BLVD SUITE 400 CHICAGO, IL 60606	04-3534407	501(C)(3)	37,215.	0.			PROGRAM SUPPORT
CHICAGO PUBLIC LIBRARY FOUNDATION 20 N. MICHIGAN AVE, SUITE 520 CHICAGO, IL 60602	36-3480353	501(C)(3)	35,880.	0.			PROGRAM SUPPORT
TEEN LIVING PROGRAMS 237 S. DESPLAINES CHICAGO, IL 60661	36-4268095	501(C)(3)	35,055.	0.			PROGRAM SUPPORT
MISERICORDIA HEART OF MERCY CENTER 6300 RIDGE AVENUE CHICAGO, IL 60660	36-2170153	501(C)(3)	34,767.	0.			PROGRAM SUPPORT
PUBLIC ACTION TO DELIVER SHELTER INC - 659 S RIVER STREET - AURORA, IL 60506	36-3285644	501(C)(3)	33,815.	0.			PROGRAM SUPPORT

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ST. LEONARD'S MINISTRIES 475 TAFT AVE GLEN ELLYN, IL 60137	36-3387034	501(C)(3)	33,409.	0.			PROGRAM SUPPORT
PEER SERVICES INC. 906 DAVIS STREET SUITE 101 EVANSTON, IL 60201	36-2848969	501(C)(3)	32,800.	0.			PROGRAM SUPPORT
ELCA 8765 W. HIGGINS ROAD CHICAGO, IL 60631	41-1568278	501(C)(3)	32,776.	0.			PROGRAM SUPPORT
URBAN INITIATIVES 650 W LAKE ST SUITE 340 CHICAGO, IL 60661	83-0367521	501(C)(3)	31,432.	0.			PROGRAM SUPPORT
NATIONAL ABLE NETWORK, INC. 567 W. LAKE STREET SUITE 1150 CHICAGO, IL 60661	23-7339397	501(C)(3)	31,385.	0.			PROGRAM SUPPORT
ALZHEIMER'S ASSOCIATION NATIONAL OFFICE - 225 NORTH MICHIGAN AVENUE SUITE 1700 - CHICAGO, IL 60601	13-3039601	501(C)(3)	30,722.	0.			PROGRAM SUPPORT
NATIONAL LATINO EDUCATION INSTITUTE - 2011 W. PERSHING ROAD - CHICAGO, IL 60609	36-2755187	501(C)(3)	30,311.	0.			PROGRAM SUPPORT
CIVIC CONSULTING ALLIANCE 21 S CLARK ST, SUITE 3120 CHICAGO, IL 60603	45-0467524	501(C)(3)	30,004.	0.			PROGRAM SUPPORT
ESPERANZA COMMUNITY SERVICES 520 N. MARSHFIELD AVE CHICAGO, IL 60622	36-2678083	501(C)(3)	29,556.	0.			PROGRAM SUPPORT

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FANCONI ANEMIA RESEARCH FUND, INC. 1801 WILLAMETTE STREET SUITE 200 EUGENE, OR 97401	93-0995453	501(C)(3)	29,492.	0.			PROGRAM SUPPORT
TRI-CON CHILD CARE CENTER 425 LAUREL AVENUE SUITE B HIGHLAND PARK, IL 60035	36-2708769	501(C)(3)	29,249.	0.			PROGRAM SUPPORT
RAY GRAHAM ASSOCIATION FOR PEOPLE WITH DISABILITIES - 901 WARRENVILLE ROAD, SUITE 500 - LISLE, IL 60532	36-2411166	501(C)(3)	29,055.	0.			PROGRAM SUPPORT
NAMASTE CHARTER SCHOOL 3737 S. PAULINA ST. CHICAGO, IL 60609	20-0285795	501(C)(3)	28,700.	0.			PROGRAM SUPPORT
TRICITY FAMILY SERVICES 1120 RANDALL COURT GENEVA, IL 60134	23-7310008	501(C)(3)	28,619.	0.			PROGRAM SUPPORT
SUNSHINE GOSPEL MINISTRIES - OUTREACH PROGRAMS - 500 E 61ST ST - CHICAGO, IL 60637	36-2317631	501(C)(3)	27,881.	0.			PROGRAM SUPPORT
ONWARD NEIGHBORHOOD HOUSE 5413 W DIVERSEY AVE CHICAGO, IL 60639	36-2167822	501(C)(3)	27,620.	0.			PROGRAM SUPPORT
HEPHZIBAH CHILDREN'S ASSOCIATION 1144 LAKE STREET, FIFTH FLOOR OAK PARK, IL 60305	36-2167096	501(C)(3)	27,510.	0.			PROGRAM SUPPORT
SHRIVER CENTER ON POVERTY LAW 67 E MADISON ST STE 2000 CHICAGO, IL 60603	36-3151279	501(C)(3)	27,492.	0.			PROGRAM SUPPORT

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UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY - 225 W VINE ST - MILWAUKEE, WI 53212	39-0806190	501(C)(3)	27,469.	0.			PROGRAM SUPPORT
AURORA AREA INTERFAITH FOOD PANTRY P.O. BOX 2606 AURORA, IL 60507	36-3206531	501(C)(3)	27,322.	0.			PROGRAM SUPPORT
LAWNDALE CHRISTIAN LEGAL CENTER 1530 S HAMLIN AVENUE CHICAGO, IL 60623	27-2285007	501(C)(3)	26,928.	0.			PROGRAM SUPPORT
THE CHILDREN'S CLINIC 320 LAKE STREET OAK PARK, IL 60302	36-9002074	501(C)(3)	26,866.	0.			PROGRAM SUPPORT
MUTUAL GROUND, INC. 418 OAK AVENUE AURORA, IL 60506	36-2921680	501(C)(3)	26,833.	0.			PROGRAM SUPPORT
CHICAGO ALLIANCE AGAINSTSEXUAL EXPLOTATION - 307 N MICHIGAN AVE SUITE 1818 - CHICAGO, IL 60601	26-0220074	501(C)(3)	26,542.	0.			PROGRAM SUPPORT
A JUST HARVESTGOOD NEWS COMMUNITY KITCHEN - P.O. BOX 608033 - CHICAGO, IL 60626	36-4381962	501(C)(3)	26,450.	0.			PROGRAM SUPPORT
CHICAGO COALITION FOR THE HOMELESS 70 E LAKE STREET, SUITE 720 CHICAGO, IL 60601	36-3292607	501(C)(3)	26,300.	0.			PROGRAM SUPPORT
FRANCISCAN OUTREACH 717B W 18TH STREET CHICAGO, IL 60616	36-2928835	501(C)(3)	26,108.	0.			PROGRAM SUPPORT

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RESILIENCE 180 NORTH MICHIGAN AVE, SUITE 600 CHICAGO, IL 60601	36-3049386	501(C)(3)	26,024.	0.			PROGRAM SUPPORT
MARYVILLE ACADEMY 1150 NORTH RIVER ROAD DES PLAINES, IL 60016	36-2170873	501(C)(3)	26,004.	0.			PROGRAM SUPPORT
COMMUNITY CRISIS CENTER 17 S GENEVA ST, P.O. BOX 1390 ELGIN, IL 60120	36-2855797	501(C)(3)	25,977.	0.			PROGRAM SUPPORT
CHICAGO HOUSE AND SOCIAL SERVICE AGENCY - 1925 NORTH CLYBORNE AVENUE - CHICAGO, IL 60614	36-3376432	501(C)(3)	25,963.	0.			PROGRAM SUPPORT
VOCEL VIEWING OUR CHILDREN AS EMERGING LEADERS NFP - 5317 W. CHICAGO AVE - CHICAGO, IL 60651	46-2159711	501(C)(3)	25,905.	0.			PROGRAM SUPPORT
A SAFE PLACELAKE COUNTY CRISIS CENTER - 2710 17TH STREET - ZION, IL 60099	36-3032700	501(C)(3)	25,775.	0.			PROGRAM SUPPORT
ROSELAND CHRISTIAN MINISTRIES CENTER - 10858 SOUTH MICHIGAN AVENUE - CHICAGO, IL 60628	36-3094828	501(C)(3)	25,750.	0.			PROGRAM SUPPORT
INDO AMERICAN CENTER 6328 N CALIFORNIA AVE CHICAGO, IL 60659	36-3689665	501(C)(3)	25,692.	0.			PROGRAM SUPPORT
ACCION CHICAGO 135 N KEDZIE AVENUE CHICAGO, IL 60612	36-3966573	501(C)(3)	25,668.	0.			PROGRAM SUPPORT

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ST JOSEPH SERVICES INC 1501 N OAKLEY BLVD CHICAGO, IL 60622	35-2163901	501(C)(3)	25,600.	0.			PROGRAM SUPPORT
NAMI CHICAGO 1801 W WARNER AVENUE, SUITE 202 CHICAGO, IL 60613	36-3075407	501(C)(3)	25,578.	0.			PROGRAM SUPPORT
NAMI METRO SUBURBAN INC 816 HARRISON ST OAK PARK, IL 60304-1101	36-3851968	501(C)(3)	25,546.	0.			PROGRAM SUPPORT
LADIES OF VIRTUE NFP 1245 S MICHIGAN AVE, SUITE 149 CHICAGO, IL 60605	80-0530610	501(C)(3)	25,455.	0.			PROGRAM SUPPORT
A SAFE HAVEN FOUNDATION 2750 W ROOSEVELT RD CHICAGO, IL 60608	36-4444200	501(C)(3)	25,346.	0.			PROGRAM SUPPORT
HOUSE OF THE GOOD SHEPHERD P.O. BOX 13453 CHICAGO, IL 60613	36-2167738	501(C)(3)	25,331.	0.			PROGRAM SUPPORT
LEGAL COUNCIL FOR HEALTH JUSTICE 17 N STATE ST SUITE 900 CHICAGO, IL 60602	36-3563802	501(C)(3)	25,320.	0.			PROGRAM SUPPORT
THE NETWORK ADVOCATING AGAINST DOMESTIC VIOLENCE - 1 EAST WACKER DRIVE - CHICAGO, IL 60601	36-3331605	501(C)(3)	25,308.	0.			PROGRAM SUPPORT
PUI TAK CENTER 2216 S WENTWORTH AVENUE CHICAGO, IL 60616	36-3972943	501(C)(3)	25,308.	0.			PROGRAM SUPPORT

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THE WEST COOK YMCAS, INC. 255 S. MARION ST. OAK PARK, IL 60302	36-2179780	501(C)(3)	25,221.	0.			PROGRAM SUPPORT
PADS OF ELGIN, INC. 1730 BERKLEY STREET ELGIN, IL 60123	36-3895063	501(C)(3)	25,220.	0.			PROGRAM SUPPORT
EXECUTIVE SERVICE CORPS OF CHICAGO 207 E OHIO ST, #212 CHICAGO, IL 60611	36-2984270	501(C)(3)	25,192.	0.			PROGRAM SUPPORT
ICNA RELIEF USA PROGRAMS INC 1793 BLOOMINGDALE ROAD, SUITE 4 GLENDALE HEIGHTS, IL 60139	04-3810161	501(C)(3)	25,185.	0.			PROGRAM SUPPORT
ADA S. MCKINLEY COMMUNITY SERVICES 1359 WEST WASHINGTON BLVD. CHICAGO, IL 60607	36-2144820	501(C)(3)	25,184.	0.			PROGRAM SUPPORT
INNER CITY IMPACT 3327 W FULLERTON AVE CHICAGO, IL 60647-2513	23-7165220	501(C)(3)	25,115.	0.			PROGRAM SUPPORT
NICASA, NFP 31979 N. FISH LAKE ROAD ROUND LAKE, IL 60073-9517	36-2605412	501(C)(3)	25,112.	0.			PROGRAM SUPPORT
CENTER FOR INDEPENDENCE THROUGH CONDUCTIVE EDUCATION, INC. - 100 W. PLAINFIELD RD., STE. 100 - COUNTRYSIDE, IL 60525	36-4259162	501(C)(3)	25,064.	0.			PROGRAM SUPPORT
FAMILY SERVICE ASSOCIATION OF GREATER ELGIN - 22 SOUTH SPRING STREET - ELGIN, IL 60120	36-2169149	501(C)(3)	25,017.	0.			PROGRAM SUPPORT

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WAY BACK INN INC 104 OAK ST MAYWOOD, IL 60153	51-0138232	501(C)(3)	25,010.	0.			PROGRAM SUPPORT
4 KIDS SAKE INC. 684 W BOUGHTON, STE 101 BOLINGBROOK, IL 60490	46-3379182	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ACTION NOW INSTITUTE 1901 W CARROLL, STE 201A CHICAGO, IL 60612	27-1253912	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
AFRICAN AMERICAN CHRISTIAN FOUNDATION - 6707 NORTH AVENUE - OAK PARK, IL 60302	36-3398925	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ALIANZA LEADERSHIP INSTITUTE 9204 S COMMERCIAL, STE 301 CHICAGO, IL 60617	02-0536466	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ARISE CHICAGO 1436 W RANDOLPH ST, STE 202 CHICAGO, IL 60607	20-1072983	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ASI 2619 W ARMITAGE AVE. CHICAGO, IL 60647-4208	36-2930670	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ASIAN AMERICANS ADVANCING JUSTICE 4753 NORTH BROADWAY, STE 502 CHICAGO, IL 60640	36-3844385	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
AUSTIN PEOPLES ACTION CENTER 5125 W CHICAGO AVE CHICAGO, IL 60651	36-3080683	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

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BELLA CUISINE 8228 S MOZART CHICAGO, IL 60652	26-2384800	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
BETWEEN FRIENDS 2301 W HOWARD CHICAGO, IL 60645	36-3460990	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
BICKERDIKE REDEVELOPMENT CORPORATION - 2550 W NORTH AVE - CHICAGO, IL 60647	23-7087890	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CENTRO SAN BONIFACIO INC 2959 N PULASKI ROAD CHICAGO, IL 60641	36-3776185	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CHICAGO COMMUNITY AND WORKER'S RIGHTS - 2801 S HAMLIN - CHICAGO, IL 60623	80-0442573	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CHICAGO COMMUNITY LOAN FUND 29 E MADISON STREET, STE 1700 CHICAGO, IL 60602-4404	36-3762123	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CHICAGO RECOVERING COMMUNITIES COALITION - 1663 S HOMAN #2 - CHICAGO, IL 60623	61-1692051	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CHICAGO VETERANS 5031 W MONTROSE AVE CHICAGO, IL 60641	46-4960662	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CHILDREN'S LEGAL CENTER INC 939 W NORTH AVE, SUITE 750 CHICAGO, IL 60642	83-0994270	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

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COMMUNITIES UNITED 4749 N KEDZIE, 2ND FLOOR CHICAGO, IL 60625	36-4394374	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
COMMUNITY PARTNERS FOR AFFORDABLE HOUSING - 800 S MILWAUKEE AVE, STE 201 - LIBERTYVILLE, IL 60048-3254	36-3096133	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CONCORDIA PLACE 3300 N WHIPPLE ST. CHICAGO, IL 60618-5718	32-0033719	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
COVENANT HOUSE INTERNATIONAL 5 PENN PLZ, 3RD FLOOR NEW YORK, NY 10001	13-2725416	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
EDUCARE OF WEST DUPAGE 851 PEARL ROAD WEST CHICAGO, IL 60185	36-2259307	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
EL HOGAR DEL NINO 1710-18 SOUTH LOOMIS STREET CHICAGO, IL 60608	36-2749858	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ELEVATE ENERGY 333 S GREEN STREET, SUITE 300 CHICAGO, IL 60607	36-4443093	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ENDELEO INSTITUTE INC. 542 W 95TH STREET CHICAGO, IL 60628	45-3209641	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
FACING FORWARD TO END HOMELESSNESS 642 N KEDZIE CHICAGO, IL 60612	36-3397005	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

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FAMILY HEALTH PARTNERSHIP CLINIC 401 E CONGRESS PARKWAY CRYSTAL LAKE, IL 60014	36-4277029	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
FRIEND FAMILY HEALTH CENTER INC. 800 EAST 55TH STREET CHICAGO, IL 60615	36-4161801	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
GREATER SOUTHWEST DEVELOPMENT CORPORATION - 2601 W 63RD STREET - CHICAGO, IL 60629	36-2858304	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
GROW GREATER ENGLEWOOD 6620 S UNION AVE CHICAGO, IL 60621	47-2755538	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
HANUL FAMILY ALLIANCE 5008 NORTH KEDZIE AVE CHICAGO, IL 60625	36-3519498	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
HCP OF ILLINOIS 401 S LASALLE STREET, STE 1101 CHICAGO, IL 60605	36-4016158	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
HIGH JUMP 59 W NORTH BOULEVARD CHICAGO, IL 60610-1403	36-4470186	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
HIGHLAND PARK-HIGHWOOD LEGAL AID CLINIC - 491 LAUREL AVE - HIGHLAND PARK, IL 60035-2652	47-2859426	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
HISPANIC AMERICAN COMMUNITY EDUCATION & SERVICES INC - 820 W GREENWOOD AVE - WAUKEGAN, IL 60087-5034	38-3725489	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

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HOPE CENTER FOUNDATION 10909 S COTTAGE GROVE AVE CHICAGO, IL 60628	47-3874040	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY - 1419 W CARROLL AVE, FLOOR 2 - CHICAGO, IL 60607	36-3172591	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
HOWARD AREA COMMUNITY CENTER 7648 NORTH PAULINA STREET CHICAGO, IL 60626	36-3008606	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
HUMANITARIAN SERVICE PROJECT 465 RANDY ROAD CAROL STREAM, IL 60188	36-3187979	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
I GROW CHICAGO NFP 6402 S HONORE ST CHICAGO, IL 60636	46-1200279	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ILLINOIS COALITION FOR IMMIGRANT & REFUGEE RIGHTS - 222 S WABASH AVE, SUITE 800 - CHICAGO, IL 60604	36-3783551	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
INDIA AMERICAN MEDICAL ASSOCIATION ILLINOIS CHARITABLE FOUNDATION INC - 2645 W PETERSON AVE - CHICAGO, IL 60659	36-3910201	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
KAN-WIN 1440 RENAISSANCE DR., SUITE 460 PARK RIDGE, IL 60068	36-3752338	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
KENWOOD-OAKLAND COMMUNITY ORGANIZATION - 4242 S COTTAGE GROVE AVE - CHICAGO, IL 60653-2908	36-2598637	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

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LATIN UNITED COMMUNITY HOUSING ASSOCIATION - 3541 W NORTH AVE - CHICAGO, IL 60647	36-3213453	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
LATINO RESOURCE INSTITUTE OF 8910 S COMMERCIAL AVE CHICAGO, IL 60617	36-2592416	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
LATINO UNION 4811 N CENTRAL PARK AVE CHICAGO, IL 60625	61-1403712	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
LAWNDALE CHRISTIAN DEVELOPMENT CORPORATION - 3843 W OGDEN AVE - CHICAGO, IL 60623	36-3573036	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
LIFT INC 200 W MADISON ST, FLOOR 3 CHICAGO, IL 60606	52-2168409	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
LITTLE VILLAGE COMMUNITY FOUNDATION CORP - 3610 W 26TH STREET, 2ND FL - CHICAGO, IL 60623	83-1667740	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
LIVE FREE CHICAGO 4445 S KING DRIVE CHICAGO, IL 60653	81-5487128	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
LOGAN SQUARE NEIGHBORHOOD ASSOCIATION - 2840 N MILWAUKEE AVENUE - CHICAGO, IL 60618	36-2638491	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
MANUFACTURING RENAISSANCE 3411 W DIVERSEY AVE, SUITE 10 CHICAGO, IL 60647	36-3197648	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATTHEW HOUSE (CHICAGO) 3722 SOUTH INDIANA CHICAGO, IL 60653	36-3838286	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
MIDDLE EASTERN IMMIGRANT & REFUGEE ALLIANCE - 6420 N CALIFORNIA AVENUE, UPPR 1 - CHICAGO, IL 60645-5256	26-4325931	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
MUSLIM COMMUNITY CENTER INCORPORATE - 4380 N ELSTON AVENUE - CHICAGO, IL 60641	23-7060038	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
NEIGHBORHOOD HOUSING SERVICES OF CHICAGO - 1279 NORTH MILWAUKEE AVE, 4TH FLOOR - CHICAGO, IL 60622	23-7443009	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
NTDSE-ED FOUNDATION 5825 WASHINGTON STREET MORTON GROVE, IL 60053	32-0393662	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
OAI INC. 180 N WABASH AVE, SUITE 750 CHICAGO, IL 60601-3600	36-4385280	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
OPEN COMMUNITIES 927 GREY EVANSTON, IL 60202	36-2934709	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ORGANIZING NEIGHBORHOODS FOR EQUALITY NORTHSIDE - 4648 N RACINE AVE - CHICAGO, IL 60640	51-0137583	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
PEOPLE FOR COMMUNITY RECOVERY 13330 S CORLISS AVENUE CHICAGO, IL 60827	36-3415767	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

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PILSEN ALLIANCE 1744 WEST 18TH STREET CHICAGO, IL 60608	36-4486055	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
PRECIOUS BLOOD MINISTRY OF RECONCILIATION NFP - P O BOX 9379 - CHICAGO, IL 60609	37-1447869	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
PRESENCE CHICAGO HOSPITALS NETWORK 200 SOUTH WACKER DR CHICAGO, IL 60606-5829	36-2235165	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
PROACTIVE COMMUNITY SERVICES 19740 GOVERNORS HIGHWAY, SUITE 118 FLOSSMOOR, IL 60422	87-0743740	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
PROJECT HOOD COMMUNITIES 6330 SOUTH KING DRIVE CHICAGO, IL 60637	45-3964886	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO - 180 NORTH MICHIGAN AVE, SUITE 1200 - CHICAGO, IL 60601-7480	36-3959353	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
QUAD COUNTY URBAN LEAGUE 1685 N FARNSWORTH AVENUE AURORA, IL 60505	36-2882693	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
REAL MEN CHARITIES INC 7417 BENNETT AVE. CHICAGO, IL 60649-3617	30-0052728	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
SGA YOUTH & FAMILY SERVICES 11 EAST ADAMS STREET SUITE 1500 CHICAGO, IL 60603	36-2167916	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

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SIRAT CHICAGO 4572 S LAKE PARK AVE CHICAGO, IL 60653	47-4847984	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
SOUTH SUBURBAN MAYORS & MANAGERS ASSOCIATION - 1904 W 174TH STREET - EAST HAZEL CREST, IL 60429	36-2981932	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
SPANISH COALITION FOR HOUSING 1922 N PULASKI RD CHICAGO, IL 60639	23-7230578	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ST THOMAS OF CANTERBURY PARISH & SCHOOL - 4827 N KENMORE AVE - CHICAGO, IL 60640	36-2240480	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ST. JAMES PARISH 2907 S WABASH AVE CHICAGO, IL 60616	36-3171023	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
SWEDISH COVENANT HOSPITAL 5140 N CALIFORNIA AVE CHICAGO, IL 60625	36-2179813	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
SYRIAN COMMUNITY NETWORK 138 CIRCLE RIDGE DRIVE WILLOWBROOK, IL 60527	47-3105667	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
THE BEACON PLACE NFP 1000 S RIDGELAND AVE OAK PARK, IL 60304	46-1578189	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
THE LATINO ALZHEIMERS AND MEMORY DISORDERS ALLIANCE - 4327 N OTTAWA AVE. - NORRIDGE, IL 60706	35-2288467	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

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THE TROTTER LEGACY 902 SOUTH RANDALL ROAD SUITE C#334 SAINT CHARLES, IL 60174	47-1315007	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
THRIVE COUNSELING CENTER 120 SOUTH MARION STREET OAK PARK, IL 60302	36-2179793	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
TRI-TOWN YOUNG MENS CHRISTIAN ASSOCIATION - 105 W MAPLE ST - LOMBARD, IL 60148	36-2643097	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
UNITED AFRICAN ORGANIZATION INC. 4910 S KING DRIVE CHICAGO, IL 60615	01-0897461	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
URBAN GROWERS COLLECTIVE INC. 1200 W 35TH ST, STE 118 CHICAGO, IL 60609	82-3336616	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
WHITE CRANE WELLNESS CENTER 1657 W. FOSTER AVE. CHICAGO, IL 60640	36-3719545	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
WORKING FAMILY SIOLIDARITY 1857 W 19TH STREET CHICAGO, IL 60608	82-0652673	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CHILDREN'S ADVOCACY CENTER OF NORTH AND NORTHWEST COOK COUNTY - 640 ILLINOIS BLVD. - HOFFMAN ESTATES, IL 60169	36-3711203	501(C)(3)	24,728.	0.			PROGRAM SUPPORT
PRESERVATION OF AFFORDABLE HOUSING 6144 S. COTTAGE GROVE AVE. CHICAGO, IL 60637	31-1616634	501(C)(3)	24,675.	0.			PROGRAM SUPPORT

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BREAKING FREE 120 GALE STREET AURORA, IL 60506	36-2957395	501(C)(3)	24,453.	0.			PROGRAM SUPPORT
AMERICAN CANCER SOCIETY, ILLINOIS DIV - 225 NORTH MICHIGAN AVE SUITE 1200 - CHICAGO, IL 60601	13-1788491	501(C)(3)	24,157.	0.			PROGRAM SUPPORT
OMNI YOUTH SERVICES 1111 W. LAKE COOK ROAD BUFFALO GROVE, IL 60089	36-2777027	501(C)(3)	23,217.	0.			PROGRAM SUPPORT
HELPING HAND CENTER 9649 WEST 55TH STREET COUNTRYSIDE, IL 60525	36-2327271	501(C)(3)	23,056.	0.			PROGRAM SUPPORT
MCHENRY COUNTY GOVERNMENT 2200 SEMINARY AVE WOODSTOCK, IL 60098	36-6006623	501(C)(3)	22,879.	0.			PROGRAM SUPPORT
RYAN BANKS ACADEMY 6620 S KING DR CHICAGO, IL 60637	47-3666107	501(C)(3)	22,413.	0.			PROGRAM SUPPORT
LAWYERS' COMMITTEE FOR BETTER HOUSING - 33 N. LASALLE ST., SUITE 900 - CHICAGO, IL 60602	36-3134577	501(C)(3)	22,240.	0.			PROGRAM SUPPORT
HAMDARD CENTER FOR HEALTH AND HUMAN SERVICES - 228 E. LAKE STREET - ADDISON, IL 60101	36-3917885	501(C)(3)	22,223.	0.			PROGRAM SUPPORT
THE COMPASS CHURCH 1551 E HOBSON RD NAPERVILLE, IL 60540	41-0721672	501(C)(3)	22,105.	0.			PROGRAM SUPPORT

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NATIONAL JEWISH HEALTH 1400 JACKSON ST DENVER, CO 80206	74-2044647	501(C)(3)	21,827.	0.			PROGRAM SUPPORT
CHICAGO CHILDREN'S ADVOCACY CENTER 1240 S. DAMEN AVENUE CHICAGO, IL 60608	36-4251865	501(C)(3)	21,520.	0.			PROGRAM SUPPORT
THE CHILDREN'S PLACE ASSOCIATION 700 N. SACRAMENTO BLVD, STE 300 CHICAGO, IL 60612	36-3641017	501(C)(3)	21,022.	0.			PROGRAM SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	20,932.	0.			PROGRAM SUPPORT
LESTER AND ROSALIE ANIXTER CENTER 6610 N. CLARK ST. CHICAGO, IL 60626	36-2244895	501(C)(3)	20,773.	0.			PROGRAM SUPPORT
LOYOLA ACADEMY 1100 LARAMIE AVENUE WILMETTE, IL 60091	36-2367981	501(C)(3)	20,628.	0.			PROGRAM SUPPORT
COMMON THREADS 3811 BEE CAVES ROAD SUITE 108 AUSTIN, TX 78746	20-0106847	501(C)(3)	20,560.	0.			PROGRAM SUPPORT
NEAR NORTH HEALTH SERVICE CORPORATION - 1276 NORTH CLYBOURN STREET - CHICAGO, IL 60610	36-3197647	501(C)(3)	20,550.	0.			PROGRAM SUPPORT
CENTER FOR COMMUNITY ARTS PARTNERSHIPS AT COLUMBIA COLLEGE CHICAGO - 600 S. MICHIGAN AVENUE - CHICAGO, IL 60605	36-6112087	501(C)(3)	20,500.	0.			PROGRAM SUPPORT

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CENTER FOR CONFLICT RESOLUTION 11 E. ADAMS ST. SUITE 500 CHICAGO, IL 60603	36-2997680	501(C)(3)	20,500.	0.			PROGRAM SUPPORT
KIDS FIRST CHICAGO 21 S CLARK ST, STE 4301 CHICAGO, IL 60603	83-0399727	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
THE LYNN SAGE FOUNDATION 226 W KINZIE 2ND FLOOR CHICAGO, IL 60654	30-0176955	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
HOMELESS SOLUTIONS INC. 6 DUMONT PLACE, 3RD FLOOR MORRISTOWN, NJ 07960	22-2491675	501(C)(3)	19,779.	0.			PROGRAM SUPPORT
HABILITATIVE SYSTEMS 415 S KILPATRICK AVE CHICAGO, IL 60644	36-2969062	501(C)(3)	19,750.	0.			PROGRAM SUPPORT
ANN & ROBERT LURIE CHILDREN'S HOSPITAL - 225 EAST CHICAGO AVENUE - CHICAGO, IL 60611	36-3357006	501(C)(3)	18,968.	0.			PROGRAM SUPPORT
RAVINIA FESTIVAL ASSOCIATION 418 SHERIDAN RD HIGHLAND PARK, IL 60035	36-6002273	501(C)(3)	18,750.	0.			PROGRAM SUPPORT
FOREFRONT 208 S LASALLE CHICAGO, IL 60604	23-7376023	501(C)(3)	18,000.	0.			PROGRAM SUPPORT
ELMHURST CHRISTIAN REFORMED CHURCH 149 WEST BRUSH HILL ROAD ELMHURST, IL 60126	36-2521910	501(C)(3)	17,960.	0.			PROGRAM SUPPORT

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BREMEN YOUTH SERVICES 15350 OAK PARK AVE. OAK FOREST, IL 60452	36-3502582	501(C)(3)	16,788.	0.			PROGRAM SUPPORT
FOX VALLEY UNITED WAY 44 E GALENA BLVD AURORA, IL 60505	36-2195467	501(C)(3)	15,398.	0.			PROGRAM SUPPORT
LIVINGWELL CANCER RESOURCE CENTER 442 WILLIAMSBURG AVENUE GENEVA, IL 60134	36-3155315	501(C)(3)	15,302.	0.			PROGRAM SUPPORT
GASTRO-INTESTINAL RESEARCH FOUNDATION - 20 W. KINZIE - CHICAGO, IL 60654	36-6108156	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
HABITAT FOR HUMANITY CHICAGO 6040 N. PULASKI CHICAGO, IL 60646	46-0494889	501(C)(3)	14,885.	0.			PROGRAM SUPPORT
ADLER PLANETARIUM 1300 SOUTH LAKESHORE DRIVE CHICAGO, IL 60605	36-6210902	501(C)(3)	14,869.	0.			PROGRAM SUPPORT
HABITAT FOR HUMANITY LAKE COUNTY, IL - 315 N MARTIN LUTHER KING JR. AVE - WAUKEGAN, IL 60085	36-3659288	501(C)(3)	14,750.	0.			PROGRAM SUPPORT
BOYS AND GIRLS CLUBS OF CHICAGO 2102 W. MONROE STREET CHICAGO, IL 60612	36-2166997	501(C)(3)	14,619.	0.			PROGRAM SUPPORT
UNITED WAY OF WILL COUNTY 54 N OTTAWA ST, STE 300 JOLIET, IL 60432	36-2515625	501(C)(3)	13,503.	0.			PROGRAM SUPPORT

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WASHINGTON UNIVERSITY IN ST. LOUIS ONE BROOKINGS DRIVE CAMPUS BOX 1228 SAINT LOUIS, MO 63130	43-0653611	501(C)(3)	13,300.	0.			PROGRAM SUPPORT
THE FIELD MUSEUM 1400 SOUTH LAKE SHORE DRIVE CHICAGO, IL 60605	36-2167011	501(C)(3)	13,279.	0.			PROGRAM SUPPORT
HABITAT FOR HUMANITY INTERNATIONAL 322 W LAMAR ST AMERICUS, GA 31709	91-1914868	501(C)(3)	13,219.	0.			PROGRAM SUPPORT
ST. IGNATIUS COLLEGE PREP 1076 W ROOSEVELT/ DEVELOPMENT OFFIC CHICAGO, IL 60608	36-2167867	501(C)(3)	13,075.	0.			PROGRAM SUPPORT
UNITED WAY OF GREATER MCHENRY COUNTY - 4508 PRIME PARKWAY - MCHENRY, IL 60050	36-6147909	501(C)(3)	12,841.	0.			PROGRAM SUPPORT
COMMUNITY CHRISTIAN CHURCH 1635 EMERSON LANE NAPERVILLE, IL 60540	36-3848018	501(C)(3)	12,760.	0.			PROGRAM SUPPORT
LOYOLA UNIVERSITY SCHOOL OF EDUCATION - 1032 WEST SHERIDAN ROAD DAMEN STUDENT CENTER, ROOM 216 - CHICAGO, IL 60660	36-1408475	501(C)(3)	12,236.	0.			PROGRAM SUPPORT
NORTH PARK ELEMENTARY SCHOOL ASSOC 2017 W. MONTROSE CHICAGO, IL 60618	36-3087255	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
ARC OF HOPE UGANDA 9435 SPRINGFIELD AVENUE NONE EVANSTON, IL 60203	32-0301689	501(C)(3)	12,000.	0.			PROGRAM SUPPORT

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EVANS SCHOLARS FOUNDATION 2501 PATRIOT BLVD GLENVIEW, IL 60026	36-2518129	501(C)(3)	11,922.	0.			PROGRAM SUPPORT
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	36-2167725	501(C)(3)	11,704.	0.			PROGRAM SUPPORT
CONNECTIONS FOR ABUSED WOMENAND THEIR CHILDREN - P.O. BOX 477916 - CHICAGO, IL 60647	36-2950380	501(C)(3)	11,694.	0.			PROGRAM SUPPORT
GLEN ELLYN FOOD PANTRY 493 FOREST AVE GLEN ELLYN, IL 60137	36-3423123	501(C)(3)	11,390.	0.			PROGRAM SUPPORT
JUNIOR ACHIEVEMENT (CHICAGO) 651 WEST WASHINGTON BLVD SUITE 404 CHICAGO, IL 60661	84-1267604	501(C)(3)	11,385.	0.			PROGRAM SUPPORT
MARQUETTE UNIVERSITY 1250 W WISCONSIN AVE MILWAUKEE, WI 53233	39-0806251	501(C)(3)	11,300.	0.			PROGRAM SUPPORT
PLANNED PARENTHOOD OF ILLINOIS 18 SOUTH MICHIGAN AVE. 6TH FLOOR CHICAGO, IL 60603	36-2170901	501(C)(3)	11,248.	0.			PROGRAM SUPPORT
FIRST BAPTIST CHURCH OF UNIVERSITY PARK - 450 UNIVERSITY PARKWAY - UNIVERSITY PARK, IL 60484	37-0755264	501(C)(3)	11,005.	0.			PROGRAM SUPPORT
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN STREET URBANA, IL 61801	37-6006007	501(C)(3)	10,932.	0.			PROGRAM SUPPORT

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THE COMMUNITY HOUSE 415 WEST EIGHTH STREET HINSDALE, IL 60521	36-2167735	501(C)(3)	10,449.	0.			PROGRAM SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY 954 W WASHINGTON BLVD STE 305 CHICAGO, IL 60607	13-5644916	501(C)(3)	10,423.	0.			PROGRAM SUPPORT
HEBREW IMMIGRANT AID SOCIETY OF CHICAGO - 216 W. JACKSON ST, SUITE 700 - CHICAGO, IL 60606	36-2167757	501(C)(3)	10,320.	0.			PROGRAM SUPPORT
CHRISTEL HOUSE 10 WEST MARKET STREET STE 1990 INDIANAPOLIS, IN 46204	35-2051932	501(C)(3)	10,200.	0.			PROGRAM SUPPORT
UNITED WAY OF THE GREATER CHIPPEVAVALLEY, INC. - 3603 N. HASTINGS WAY, SUITE 200 - EAU CLAIRE, WI 54703	39-1077901	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ANSHE EMET SYNAGOGUE (SUSTAINING FUND) - 3751 NORTH BROADWAY - CHICAGO, IL 60613	36-0739900	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
CHICAGO CLUB PRESERVATION FUND 81 E VAN BUREN ST CHICAGO, IL 60605	37-1539642	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
FRIENDS OF PAYTON ASSOCIATION 1034 N. WELLS STREET CHICAGO, IL 60610	36-4409659	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
TUFTS UNIVERSITY 419 BOSTON AVENUE MEDFORD, MA 02155	04-2103634	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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TULANE UNIVERSITY A.B. FREEMAN SCHOOL OF BUSINESS - 7 MCALISTER DRIVE - NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
UNITED WAY OF AIKEN COUNTY INC. PO BOX 699 AIKEN, SC 29802	57-0360086	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
BOY SCOUTS OF AMERICA CHICAGO AREACOUNCIL - 1218 W ADAMS - CHICAGO, IL 60706	47-5066720	501(C)(3)	9,914.	0.			PROGRAM SUPPORT
MARKET STREET MISSION 9 MARKET STREET MORRISTOWN, NJ 07960	22-6047486	501(C)(3)	9,889.	0.			PROGRAM SUPPORT
PAWS CHICAGO 1997 N CLYBORN AVENUE CHICAGO, IL 60614	36-4219778	501(C)(3)	9,870.	0.			PROGRAM SUPPORT
CHURCH IN THE SQUARE 2020 NORTH CALIFORNIA AVE SUITE #7, CHICAGO, IL 60647	83-0742990	501(C)(3)	9,436.	0.			PROGRAM SUPPORT
EPIC 1913 W. TOWNLINE ROAD PEORIA, IL 61615	37-0794792	501(C)(3)	9,231.	0.			PROGRAM SUPPORT
WILLIAM PENN UNIVERSITY 201 TRUEBLOOD AVE OSKALOOSA, IA 52577	42-0707120	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION, MIDWESTAFFILIATE - 208 SOUTH LASALLE STREET, STE 1500 - CHICAGO, IL 60604	13-5613797	501(C)(3)	8,914.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPERVILLE CHRISTIAN ACADEMY 1451 RAYMOND DRIVE SUITE 200 NAPERVILLE, IL 60563	36-4383292	501(C)(3)	8,714.	0.			PROGRAM SUPPORT
NORTHWESTERN UNIVERSITY OFFICE OF ALUMNI RELATIONS & DEVELOPMENT 1201 DAVIS ST. - EVANSTON, IL 60208	36-2167817	501(C)(3)	8,635.	0.			PROGRAM SUPPORT
BRIGHT HOPE INTERNATIONAL 2060 STONINGTON AVE HOFFMAN ESTATES, IL 60169	23-7004991	501(C)(3)	8,355.	0.			PROGRAM SUPPORT
NORTHWESTERN COLLEGE ADVANCEMENT OFFICE 101 7TH STREET S ORANGE CITY, IA 51041	42-0698196	501(C)(3)	8,110.	0.			PROGRAM SUPPORT
LAKE AREA UNITED WAY 221 WEST RIDGE ROAD GRIFFITH, IN 46319	23-7170019	501(C)(3)	8,053.	0.			PROGRAM SUPPORT
TRINITY UNITED CHURCH OF CHRISTACCOUNTING DEPARTMENT - 400 WEST 95TH STREET - CHICAGO, IL 60628	13-1957221	501(C)(3)	7,874.	0.			PROGRAM SUPPORT
FOURTH PRESBYTERIAN CHURCH OF CHICAGO - 126 EAST CHESTNUT STREET - CHICAGO, IL 60611	23-6393377	501(C)(3)	7,564.	0.			PROGRAM SUPPORT
MAKE-A-WISH FOUNDATION OF AMERICA 1702 E HIGHLAND AVE STE 400 PHOENIX, AZ 85016	86-0481941	501(C)(3)	7,536.	0.			PROGRAM SUPPORT
JOFFREY BALLET OF CHICAGO 10 E RANDOLPH CHICAGO, IL 60601	36-4009741	501(C)(3)	7,525.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANIEL MURPHY SCHOLARSHIP FUND 309 W. WASHINGTON SUITE 700 CHICAGO, IL 60606	36-3675466	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
ROGERS PARK MONTESSORI SCHOOLKIM ROMAIN - 1800 W BALMORAL AVE - CHICAGO, IL 60640	36-2597822	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
THE COVE SCHOOL, INC. 350 LEE ROAD NORTHBROOK, IL 60062	39-0930993	501(C)(3)	7,310.	0.			PROGRAM SUPPORT
UNITED WAY OF KNOX COUNTY, INC. 311 E. MAIN STREET, SUITE 511 PO BO GALESBURG, IL 61402	37-0844009	501(C)(3)	7,247.	0.			PROGRAM SUPPORT
CLEVELAND AVENUE FOUNDATION FOREDUCATION - 222 N CANAL ST FLOOR 3 - CHICAGO, IL 60606	46-3851243	501(C)(3)	7,120.	0.			PROGRAM SUPPORT
WILLOW CREEK COMMUNITY CHURCH - SOUTHBARRINGTON - 67 EAST ALGONQUIN ROAD - SOUTH BARRINGTON, IL 60010	51-0164942	501(C)(3)	6,936.	0.			PROGRAM SUPPORT
HORIZONS FOR YOUTH 703 WEST MONROE STREET CHICAGO, IL 60661	36-3796784	501(C)(3)	6,866.	0.			PROGRAM SUPPORT
JDRF INTERNATIONAL ILLINOIS CHAPTER 1 N LASALLE ST STE 1200 CHICAGO, IL 60602	23-1907729	501(C)(3)	6,783.	0.			PROGRAM SUPPORT
AMERICAN BRAIN TUMOR ASSOCIATION 8550 WEST BRYN MAWR AVENUE STE 550 CHICAGO, IL 60631	23-7286648	501(C)(3)	6,723.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOUNDED WARRIOR PROJECT- JACKSONVILLE - 4899 BELFORT RD SUITE 300 - JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	6,702.	0.			PROGRAM SUPPORT
CHICAGO CHURCH OF CHRIST 755 IL ROUTE 83, SUITE 209 BENSENVILLE, IL 60106	36-3188417	501(C)(3)	6,667.	0.			PROGRAM SUPPORT
CAREER TRANSITIONS CENTER OF CHICAGO - 703 WEST MONROE STREET - CHICAGO, IL 60661	36-4084309	501(C)(3)	6,654.	0.			PROGRAM SUPPORT
UNITED WAY OF ROCK RIVER VALLEY 612 N MAIN ST STE 300 ROCKFORD, IL 61103	36-2167843	501(C)(3)	6,612.	0.			PROGRAM SUPPORT
STEP UP WOMEN'S NETWORK - LOS ANGELES - PO BOX 20179 - NEW YORK, NY 10001	95-4701468	501(C)(3)	6,610.	0.			PROGRAM SUPPORT
LATIN SCHOOL OF CHICAGO SCHOLARSHIP FUND - 59 WEST NORTH BLVD - CHICAGO, IL 60610	36-2258525	501(C)(3)	6,583.	0.			PROGRAM SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER ILLINOIS - 525 W MONROE ST SUITE 1510 - CHICAGO, IL 60661	13-5661935	501(C)(3)	6,571.	0.			PROGRAM SUPPORT
BERNARD ZELL ANSHE EMET DAY SCHOOL 3751 NORTH BROADWAY STREET CHICAGO, IL 60613	36-2166955	501(C)(3)	6,470.	0.			PROGRAM SUPPORT
POINT OF CHANGE CHURCH OF THE NAZARENE - 2407 BEICH RD - BLOOMINGTON, IL 61705	45-4560577	501(C)(3)	6,417.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER, INC. 1616 N ARLINGTON HEIGHTS RD ARLINGTON HEIGHTS, IL 60004	23-7399596	501(C)(3)	6,264.	0.			PROGRAM SUPPORT
GIFT OF ADOPTION FUND 2001 WAUKEGAN ROAD PO BOX 567 TECHNY, IL 60082	39-1863217	501(C)(3)	6,206.	0.			PROGRAM SUPPORT
BOYS HOPE GIRLS HOPE OF ILLINOIS 1100 N LARAMIE WILMETTE, IL 60091	51-0248353	501(C)(3)	6,180.	0.			PROGRAM SUPPORT
GOOD SHEPHERD LUTHERAN CHURCH 1310 SHEPHERD DR NAPERVILLE, IL 60565	36-2944356	501(C)(3)	5,869.	0.			PROGRAM SUPPORT
HOLY TAXIARHAI SAINT HARALAMBOSGREEK ORTHODOX CHURCH - 7373 CALDWELL AVENUE - NILES, IL 60714	13-1632516	501(C)(3)	5,820.	0.			PROGRAM SUPPORT
POPULATION CONNECTION 2120 L STREET NW, SUITE 500 WASHINGTON, DC 20037	94-1703155	501(C)(3)	5,769.	0.			PROGRAM SUPPORT
BIG BROTHERS BIG SISTERS OF METROPOLITANCHICAGO - 560 WEST LAKE STREET, 5TH FLOOR - CHICAGO, IL 60661	36-2681212	501(C)(3)	5,735.	0.			PROGRAM SUPPORT
BATAVIA UNITED WAY P. O. BOX 372 BATAVIA, IL 60510	36-3208945	501(C)(3)	5,668.	0.			PROGRAM SUPPORT
ST. MARY'S EPISCOPAL CHURCH 306 SOUTH PROSPECT PARK RIDGE, IL 60068	23-7075487	501(C)(3)	5,548.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCATE CHARITABLE FOUNDATION- YOUNG HEARTS FOR LIFE - 3075 HIGHLAND PARKWAY, SUITE 600 - DOWNERS GROVE, IL 60515	36-3297360	501(C)(3)	5,514.	0.			PROGRAM SUPPORT
TRINITY HEALTH FOUNDATIONLAUREL HAUM SCHOLARSHIP - 2701 17TH STREET - ROCK ISLAND, IL 61201	36-3321751	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
SOS CHILDREN'S VILLAGES ILLINOIS, INC. - 216 W JACKSON BLVD SUITE 925 - CHICAGO, IL 60606	36-3599110	501(C)(3)	5,400.	0.			PROGRAM SUPPORT
LAZARUS HOUSE 214 WALNUT STREET ST. CHARLES, IL 60174	36-4187609	501(C)(3)	5,391.	0.			PROGRAM SUPPORT
CHICAGO HISTORY MUSEUMCHICAGO HISTORICAL SOCIETY - 1601 N CLARK ST - CHICAGO, IL 60614	36-2167004	501(C)(3)	5,280.	0.			PROGRAM SUPPORT
CENTER ON HALSTED 3656 N HALSTED ST CHICAGO, IL 60613	51-0178807	501(C)(3)	5,270.	0.			PROGRAM SUPPORT
CHICAGO FOUNDATION FOR WOMEN 140 SOUTH DEARBORN ST SUITE 400 CHICAGO, IL 60603	36-3348160	501(C)(3)	5,250.	0.			PROGRAM SUPPORT
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501(C)(3)	5,250.	0.			PROGRAM SUPPORT
MERCY HOME FOR BOYS & GIRLS 1140 WEST JACKSON BOULEVARD CHICAGO, IL 60607	36-2171726	501(C)(3)	5,248.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF DUPAGE COUNTY, INC. 505 NORTH COUNTY FARM ROAD 3RD FLOOR WHEATON, IL 60187	36-3875807	501(C)(3)	5,231.	0.			PROGRAM SUPPORT
PARK COMMUNITY CHURCH 1001 NORTH CROSBY STREET CHICAGO, IL 60610	36-3514586	501(C)(3)	5,225.	0.			PROGRAM SUPPORT
GOLDEN APPLE FOUNDATION 8 SOUTH MICHIGAN AVENUE SUITE 700 CHICAGO, IL 60603	36-3392992	501(C)(3)	5,219.	0.			PROGRAM SUPPORT
WORKING IN THE SCHOOLS (WITS) 641 WEST LAKE STREET SUITE 200 CHICAGO, IL 60661	36-3891846	501(C)(3)	5,188.	0.			PROGRAM SUPPORT
FORDHAM UNIVERSITY 45 COLUMBUS AVENUE 8TH FLOOR JOSEPH A. MARTINO HALL - NEW YORK, NY 10023	13-1740451	501(C)(3)	5,104.	0.			PROGRAM SUPPORT
LAMPSTAND MINISTRIESWORK PROJECTSSOUP KITCHENOUTREACH - P.O. BOX 5611 - VILLA PARK, IL 60181	31-1624270	501(C)(3)	5,070.	0.			PROGRAM SUPPORT
STRATFORD SHAKESPEAREAN FESTIVAL OF AMER - 2290 FIRST NATIONAL BUILDING 660 WOODWARD AVE - DETROIT, MI 48226	38-2420887	501(C)(3)	5,047.	0.			PROGRAM SUPPORT
MOUNT OLIVET ROLLING ACRES 18986 LAKE DRIVE EAST CHANHASSEN, MN 55317	41-0907046	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
REDEMPTION CHURCH BELVIDERE PO BOX 828 BELVIDERE, IL 61008	46-5119896	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE JEREMIAH 937 HAPP ROAD NORTHFIELD, IL 60093	13-1663143	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - LIBRARY ADVANCEMENT - 3420 WALNUT STREET, RM 2014 - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
YELLOWSTONE TO YUKON CONSERVATIONINITIATIVE - P.O. BOX 157 - BOZEMAN, MT 59771	81-0535303	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

**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 noncash assistance

**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

GRANT MONITORING 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

**Part IV** Supplemental Information

ACT, AND THAT AGENCIES ARE BASED IN THE UNITED STATES.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

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](http://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 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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 ..... **1b**

**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? ..... **2**

**3** Indicate which, if any, of the following the 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**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? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**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? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**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 ..... **7**

**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 ..... **8**

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	<input checked="" type="checkbox"/>	
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2019

**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) SEAN GARRETT PRESIDENT & CEO	(i)	349,431.	0.	405.	8,400.	13,506.	371,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSEPH VANYO COO (THRU 6/19)	(i)	123,432.	0.	139,244.	3,984.	6,047.	272,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELIZABETH HUGHES ZIMBLER SVP AND CHIEF DEVELOPMENT OFFICER	(i)	208,997.	0.	1,290.	6,397.	13,963.	230,647.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARILYN JACKSON VP MARKETING & COMMUNICATIONS	(i)	200,442.	0.	1,928.	6,427.	31,871.	240,668.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOSE RICO SVP OF COMM INVESTMENT	(i)	164,088.	0.	84.	5,044.	14,065.	183,281.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAY ROWELL EXECUTIVE DIRECTOR HIRE360	(i)	128,081.	0.	390.	3,490.	23,138.	155,099.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

## SCHEDULE J, PART I, LINE 4A

## SEVERENCE PAYMENT

JOSEPH VANYO, CHIEF OPERATING OFFICER, RECEIVED A SEVERENCE PAYMENT OF \$131,183 PER THE TERMS OF HIS EMPLOYMENT CONTRACT. THE AMOUNT IS INCLUDED AS TAXABLE COMPENSATION IN HIS W-2.

## 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. IN CALENDAR YEAR 2019, THERE WERE NO PAYOUTS RELATED TO THE CEO BONUS PLAN.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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](http://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**

**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	24	969,846.	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**

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? **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? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2019

**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.

SCHEDULE M, PART I, COLUMN (B):

UWMC IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

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

COMMUNITY WHERE THEIR RESOURCES ARE NEEDED MOST.

**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.

AT UNITED WAY, WE ARE ALWAYS HERE FOR OUR NEIGHBORS IN THEIR TIME OF  
NEED. BUT MORE IMPORTANTLY, WE ARE WORKING TO REDUCE AND ELIMINATE THE  
ROOT CAUSES OF THESE NEEDS. OUR IMPACT PLAN, STRONGER NEIGHBORHOODS  
FOR A STRONGER CHICAGO REGION SHIFTS OUR STRATEGY FROM WORKING WITH  
INDIVIDUALS IN SERVICE 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 STRENGTHEN ENTIRE  
NEIGHBORHOODS. 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. WE CALL THIS THE NEIGHBORHOOD NETWORK INITIATIVE.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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WE BELIEVE THE SOLUTION IS TO TRANSFORM NEIGHBORHOODS FROM THE INSIDE OUT BY WORKING ALONGSIDE LOCAL NEIGHBORHOOD LEADERS TO HELP IDENTIFY COMMUNITY PRIORITIES AND CREATE A RESIDENT-DRIVEN NEIGHBORHOOD STRATEGY. THIS PLACE-BASED APPROACH IS LED BY THE COMMUNITY QUARTERBACK, A ROLE THAT HELPS BRING TO THE TABLE ALL OF THE PEOPLE, RESOURCES, AND IDEAS NEEDED TO EXECUTE COMMUNITY PLANS. THIS "INSIDE-OUT" NEIGHBORHOOD-LED TRANSFORMATION IS THE KEY TO MAINTAINING THE HISTORY AND CULTURE OF NEIGHBORHOODS WHILE ACCELERATING A REGIONAL RECOVERY STRATEGY THAT BUILDS EQUAL OPPORTUNITIES AND ACCESS REGARDLESS OF ZIP CODE.

UNITED WAY IS CURRENTLY 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.

FORM 990, PART I, LINE 6

NUMBER OF VOLUNTEERS:

BOARD/POLICY MAKING VOLUNTEERS - 113

ACTIVE CAMPAIGN LEADERS - 550

COMMUNITY IMPACT VOLUNTEERS - 2,616

TOTAL VOLUNTEERS - 3,279

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

CHICAGO COMMUNITY COVID RELIEF FUND. SEE FULL PROGRAM SERVICE DESCRIPTION ON FORM 990, PART III, LINE 4D.

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

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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AND THEIR FAMILIES TO MAKE TWO CRUCIAL TRANSITIONS SUCCESSFUL: THE EARLY YEARS OF A CHILD'S LIFE, BEFORE AND LEADING UP TO FORMAL SCHOOLING; AND THE MIDDLE SCHOOL YEARS, IN PREPARATION FOR ENTERING THE CRITICAL YEARS OF HIGH SCHOOL.

O SOME MAJOR OUTCOMES:

#1 5,197 INFANTS/TODDLERS/CHILDREN SHOWING GROWTH ACROSS DEVELOPMENTAL DOMAINS;

#2 6,003 PARENTS/CAREGIVERS REPORT MORE POSITIVE INTERACTIONS WITH THEIR INFANTS/TODDLERS;

#3 10,288 MIDDLE SCHOOL STUDENTS PROMOTED TO THE NEXT GRADE ON-TIME

FINANCIAL STABILITY INCOME

UWMC INVESTS IN PROGRAMS THAT HELP UNEMPLOYED AND INCUMBENT WORKERS ACCESS QUALITY TRAINING AND EMPLOYMENT PATHWAYS; EDUCATE CLIENTS ON HOW TO EFFECTIVELY MANAGE DEBT OR CREDIT, INCREASE SAVINGS OR ASSETS, AND IMPROVE FINANCIAL RESILIENCE; AND PROVIDE NO-COST TAX PREPARATION SERVICES TO LOW-INCOME HOUSEHOLDS.

O SOME MAJOR OUTCOMES:

#1 4,606 INDIVIDUALS PLACED IN JOBS;

#2 3,248 PARTICIPANTS IMPROVING FINANCIAL POSITION;

#3 \$25,842,005 OF TAX REFUNDS RECEIVED BY FREE TAX PREP RECIPIENTS

HEALTH & WELLNESS

UWMC INVESTS IN PROVIDERS OF MENTAL AND BEHAVIORAL HEALTH SERVICES THAT WORK WITH CLIENTS ACROSS THE LIFESPAN; SUPPORT HEALTHY LIVING INITIATIVES ACROSS THE LIFESPAN IN MULTIPLE VENUES (SCHOOLS, COMMUNITY CENTERS, PLACES OF WORSHIP) THAT INCREASE PHYSICAL ACTIVITY AND FRUIT AND VEGETABLE CONSUMPTION IN YOUTH AND FAMILIES; AND SUPPORT PROGRAMS

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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THAT ENHANCE HEALTH ACCESS AND LITERACY; AND CONNECT THOSE WHO MAY NOT BE ELIGIBLE FOR INSURANCE TO AVAILABLE HEALTH CARE.

O SOME MAJOR OUTCOMES:

#1 76,023 BEHAVIORAL AND MENTAL HEALTH SCREENINGS/REFERRALS TO TREATMENT;

#2 3,071 YOUTH CONSUMED MORE SERVINGS OF FRUITS & VEGETABLES PER DAY;

#3 49,765 PEOPLE CONNECTED TO A HEALTH PROVIDER/PRIMARY CARE PHYSICIAN/REGULAR CARE

SAFETY NET SERVICES

UWMC SUPPORTS PROGRAMS THAT PROVIDE FOR ONE'S MOST INNATE NEEDS - HOUSING, FOOD, SAFETY - AND HELP THEIR CLIENTS ON TO A PATH WHICH PREVENTS FUTURE CRISIS.

O SOME MAJOR OUTCOMES:

#1 14,295 PEOPLE RECEIVED HOUSING ASSISTANCE;

#2 24,038 INDIVIDUALS ACCESSED SAFETY FROM ABUSE SERVICES;

#3 12,578 PEOPLE RECEIVED EXTENDED LEGAL REPRESENTATION

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

O SOME MAJOR OUTCOMES:

#1 AUBURN GRESHAM WINS THE 2020 PRITZKER TRAUBERT FOUNDATION CHICAGO PRIZE AND WAS AWARDED A \$10 MILLION GRANT TO SUPPORT COMMUNITY-LED, INVESTMENT-READY INITIATIVES THAT WILL CREATE A BETTER ECONOMIC FUTURE FOR LOCAL RESIDENTS.

#2 SEVERAL NETWORKS LAUNCHED COVID-19 RAPID RESPONSE COMMUNITY HUB, PROVIDING IMMEDIATE AND DIRECT RELIEF VIA CASH ASSISTANCE, FOOD DISTRIBUTION, AND PPE SUPPLIES.

#3 FOUR NEIGHBORHOOD NETWORKS WERE SELECTED AS PART OF MAYOR

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LIGHTFOOT'S INVEST SOUTH/WEST INITIATIVE, AN UNPRECEDENTED COMMUNITY IMPROVEMENT INITIATIVE THAT MARSHALS RESOURCES OF MULTIPLE CITY DEPARTMENTS, COMMUNITY ORGANIZATIONS AND CORPORATE AND PHILANTHROPIC PARTNERS

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

CHICAGO COMMUNITY COVID RELIEF FUND

IN RESPONSE TO THE COVID-19 PANDEMIC, THE CHICAGO COMMUNITY TRUST AND UNITED WAY OF METRO CHICAGO ESTABLISHED THE CHICAGO COMMUNITY COVID-19 RESPONSE FUND (CCCRF). IN PARTNERSHIP WITH THE CITY OF CHICAGO, CHICAGO PHILANTHROPY, BUSINESS LEADERS, AND GENEROUS DONORS, THE FUND WILL RAPIDLY DEPLOY RESOURCES TO LOCAL NONPROFIT ORGANIZATIONS SERVING OUR MOST VULNERABLE RESIDENTS IN THE CHICAGO REGION AS A RESULT OF THE PUBLIC HEALTH, SOCIAL AND ECONOMIC CONSEQUENCES OF COVID-19. CCCRF WILL PROVIDE FLEXIBLE RESOURCES TO LOCAL NONPROFIT ORGANIZATIONS ACROSS METROPOLITAN CHICAGO TO SUPPLY ESSENTIAL RESOURCES TO THE INDIVIDUALS AND HOUSEHOLDS WHO ARE MOST IMPACTED BY THE EPIDEMIC. THOSE RESOURCES CURRENTLY INCLUDE ACCESS TO EMERGENCY FOOD AND BASIC SUPPLIES, RENT AND MORTGAGE ASSISTANCE AND UTILITY ASSISTANCE. THE FUND WILL BE DESIGNED TO BE FLEXIBLE SO IT CAN DEPLOY RESOURCES TO ADDRESS POSSIBLE ADDITIONAL AREAS OF COMMUNITY NEED AS THEY DEVELOP. THE FUND WAS STARTED IN MARCH 2020 AND BY FISCAL EOY, \$21,740,000 WAS DISTRIBUTED.

SOME MAJOR OUTCOMES:

- #1 MORE THAN 300 UNIQUE ORGANIZATIONS WERE AWARDED GRANTS;
- #2 \$4.5M INVESTED IN HEALTHCARE ACCESS SERVICES, \$4.9M INVESTED IN HOUSING AND SHELTER SERVICES,
- #3 30 MILLION MEALS SERVED.

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EXPENSES \$ 22,427,245. INCLUDING GRANTS OF \$ 21,740,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

EXECUTIVE COMMITTEE:

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, PART VI, SECTION A, LINE 2:

BUSINESS RELATIONSHIPS:

KEVIN GRAAN, KIMBERLEE GUENTHER, AND JOSE RICO HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER AS EMPLOYEES AT A RELATED ORGANIZATION, UNITED WAY - MCCORMICK PARTNERSHIP FOR STRONG NEIGHBORHOODS, INC.

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

FORM 990 REVIEW PROCESS:

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 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.

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

WRITTEN CONFLICT OF INTEREST POLICY:

THE ORGANIZATION HAS A FORMALIZED BUSINESS ETHICS POLICY, APPLICABLE TO ALL



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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, PRESIDENT & CEO, AND/OR VP, HUMAN RESOURCES AS APPROPRIATE. RETALIATION OF ANY KIND IS EXPRESSLY PROHIBITED BY THE ORGANIZATION.

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

PROCESS FOR DETERMINING COMPENSATION:

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

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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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, 2020.

FORM 990, PART VI, SECTION C, LINE 18:

HOW FORMS ARE MADE AVAILABLE TO THE PUBLIC:

UWMC'S FORM 1023, APPLICATION FOR RECOGNITION OF EXEMPTION, IS AVAILABLE ON UWMC'S WEBSITE AT [HTTPS://LIVEUNITEDCHICAGO.ORG/](https://liveunitedchicago.org/). UWMC MAKES ITS FORM 990 AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC:

UWMC MAKES ITS GOVERNING DOCUMENTS, THE BYLAWS AND ARTICLES OF INCORPORATION, THE MOST RECENT AUDITED FINANCIAL STATEMENTS AND A LINK TO ETHICS POINT AVAILABLE ON THE UWMC WEBSITE [HTTPS://LIVEUNITEDCHICAGO.ORG/](https://liveunitedchicago.org/).

FORM 990, PART IX

FUNCTIONAL EXPENSES:

UWMC CALCULATES ITS 2019 TAX YEAR (FISCAL YEAR ENDED JUNE 30, 2020) OVERHEAD RATE USING THE SUM OF MANAGEMENT AND GENERAL TOTAL EXPENSES AND FUNDRAISING TOTAL EXPENSES REPORTED IN PART IX (STATEMENT OF

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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FUNCTIONAL EXPENSES) DIVIDED BY THE TOTAL REVENUE REPORTED IN PART  
 VIII, LINE 12, OF COLUMN A. THIS UWMC OVERHEAD RATE FOR 2019 IS 7.2%.  
 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.

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

PENSION RELATED	-498,825.
TRANSFER OF NET ASSETS	49,776.
PROVISION FOR UNCOLLECTED PLEDGES	-1,845,000.
DESIGNATION FEES	-63,028.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT	6,905.
TOTAL TO FORM 990, PART XI, LINE 9	-2,350,172.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

**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
UNITED WAY - MCCORMICK PARTNERSHIP - 82-5478333, 333 S. WABASH AVENUE, CHICAGO, IL 60604	NEIGHBORHOOD	ILLINOIS	501(C)(3)	LINE 7	UWMC	X	



**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.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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) UNITED WAY - MCCORMICK PARTNERSHIPS	Q	276,500.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII Supplemental Information**

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

UNITED WAY - MCCORMICK PARTNERSHIP

EIN: 82-5478333

333 S. WABASH AVENUE

CHICAGO, IL 60604

PRIMARY ACTIVITY: NEIGHBORHOOD

DIRECT CONTROLLING ENTITY: UWMC