

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF METROPOLITAN CHICAGO INC. Doing business as		D Employer identification number 30-0200478
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 333 SOUTH WABASH AVENUE, 30TH FL		E Telephone number 312-906-2350
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60604		G Gross receipts \$ 84,814,826.
	F Name and address of principal officer: RONALD DENARD SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶

J Website: ▶ [HTTPS://LIVEUNITEDCHICAGO.ORG/](https://liveunitedchicago.org/)

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2004** **M** State of legal domicile: **IL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF METROPOLITAN CHICAGO IMPROVES LIVES BY MOBILINZING CARING PEOPLE TO INVEST IN THE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	38
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	115
	6 Total number of volunteers (estimate if necessary)	6	2855
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	36,010.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	19,766.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	93,087,597.	80,128,818.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	485,283.	451,053.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	487,260.	866,532.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	210,324.	272,389.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	94,270,464.	81,718,792.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	56,761,740.	48,105,703.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	7,765,866.	8,642,576.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,813,675.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,408,881.	4,828,691.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	67,936,487.	61,576,970.
19 Revenue less expenses. Subtract line 18 from line 12	26,333,977.	20,141,822.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	48,823,180.	71,078,214.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,300,229.	14,500,531.
		34,522,951.	56,577,683.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	RONALD DENARD, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRIDGET ROCHE	<i>Bridget T. Roche</i>	05/16/2022	<input type="checkbox"/>	P00666837
Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶ 36-605558		
Firm's address ▶ 171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601			Phone no. 312-856-0200		

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 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.

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.

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF METROPOLITAN CHICAGO INC.	Taxpayer identification number (TIN) 30-0200478
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. 333 SOUTH WABASH AVENUE, 30TH FL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60604	

Enter the Return Code for the return that this application is for (file a separate application for each return) 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 16, 2022**, 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, 2020**, and ending **JUN 30, 2021**.

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

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

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

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? [] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 9,932,104. including grants of \$ 8,222,997.) (Revenue \$ 0.)

IMPACT GRANTS FOR NEARLY 90 YEARS, UNITED WAY OF METRO CHICAGO HAS MOBILIZED CARING PEOPLE TO INVEST IN THE COMMUNITIES WHERE RESOURCES ARE NEEDED MOST. IN MAY 2020, UNITED WAY PAUSED THE FY21 - 22 IMPACT GRANT APPLICATION PROCESS THAT WAS IN PROGRESS AND EXTENDED THE EXISTING IMPACT GRANT INVESTMENTS THROUGH FEBRUARY 28, 2021 - CONTINUING UWMC'S FUNDING IN OUR TRADITIONAL INVESTMENT PILLARS OF EDUCATION, FINANCIAL STABILITY/INCOME, HEALTH, AND SAFETY NET SERVICES. IMPACT GRANT RECIPIENTS WHO WERE FUNDED IN FY20 (7/1/20196/30/2020) AND APPLIED FOR THE FY21 GRANT RECEIVED THE FUNDING EXTENSION, AND THOSE FY20 RECIPIENTS WHO DID NOT APPLY FOR THE FY21 GRANT DID NOT RECEIVE THE EXTENSION. (CONTINUED IN SCHEDULE O)

4b (Code:) (Expenses \$ 4,369,278. including grants of \$ 3,617,417.) (Revenue \$ 451,053.)

NEIGHBORHOOD NETWORKS - NEIGHBORHOOD NETWORKS ARE COALITIONS OF COMMUNITY PARTNERS PROVIDING NEIGHBORHOOD-SPECIFIC SOLUTIONS TO UNIQUE LOCAL CHALLENGES. THROUGH THE NEIGHBORHOOD NETWORK INITIATIVE, UWMC WORKS WITH NEARLY 200 AGENCY AND COMMUNITY PARTNERS IN 10 NEIGHBORHOODS. THE GOAL IS TO REBUILD MORE EQUITABLE COMMUNITIES THROUGH COMMUNITY-BASED AND RESIDENT-LED PROGRAMS. IN EACH NEIGHBORHOOD NETWORK, UWMC DELIVERS FUNDING, RESOURCES, TECHNICAL ASSISTANCE, AND KNOWLEDGE TO BRING COMMUNITY-DRIVEN GOALS TO LIFE. DURING FY21, UNITED WAY OF METRO CHICAGO WORKED IN 10 NEIGHBORHOODS: AUBURN GRESHAM, AUSTIN, BLUE ISLAND/ROBBINS, BRIGHTON PARK, BRONZEVILLE, CICERO, EVANSTON, LITTLE VILLAGE, SOUTH CHICAGO, AND WEST CHICAGO. (CONTINUED IN SCHEDULE O)

4c (Code:) (Expenses \$ 16,047,570. including grants of \$ 16,047,570.) (Revenue \$ 0.)

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 \$ 24,419,865. including grants of \$ 20,217,719.) (Revenue \$ 0.)

4e Total program service expenses 54,768,817.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational reporting requirements.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 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
27 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
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c 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 response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (38), 1b (37), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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) ELIZABETH HUGHES ZIMBLER SVP AND CHIEF DEVELOPMENT OFFICER	37.50 0.00			X			343,124.	0.	39,141.	
(2) SEAN GARRETT PRESIDENT & CEO	37.50 0.00	X		X			355,313.	0.	18,904.	
(3) MARILYN JACKSON VP MARKETING & COMMUNICATIONS	37.50 0.00			X			205,828.	0.	37,761.	
(4) RONALD DENARD CFO	37.50 0.00			X			238,915.	0.	7,471.	
(5) JOSE RICO SVP OF COMM INVESTMENT	37.50 1.00					X	161,245.	0.	22,858.	
(6) JAY ROWELL EXECUTIVE DIRECTOR HIRE360	37.50 0.00					X	145,567.	0.	30,786.	
(7) ANNA EDWARDS VICE PRESIDENT, CORPORATE ENGAGEMENT	37.50 0.00					X	171,924.	0.	4,288.	
(8) KIMBERLEE GUENTHER CHIEF IMPACT OFFICER	37.50 1.00					X	148,345.	0.	12,466.	
(9) TAMIYA AUREL VP HUMAN RESOURCES	37.50 0.00					X	127,140.	0.	19,127.	
(10) KEVIN GRAAN CONTROLLER	37.50 1.00			X			117,213.	0.	13,494.	
(11) DEBORAH THORNTON EA/SECRETARY	37.50 0.00			X			70,424.	0.	18,804.	
(12) PATRICK J. CANNING CHAIRPERSON	4.00 0.00	X		X			0.	0.	0.	
(13) DEBORAH L. DEHAAS EMERITUS BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(14) FEDERICK H. WADDELL EMERITUS BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(15) CHERYL A. FRANCIS VICE CHAIRPERSON	1.00 0.00	X		X			0.	0.	0.	
(16) KIMBERLY D. SIMIOS TREASURER (THRU 09/20)	2.00 0.00	X		X			0.	0.	0.	
(17) ROBERT A. SULLIVAN CAMPAIGN CHAIR	4.00 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEVE BATTREALL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) DAVID R. CASPER BOARD MEMBER (THRU 03/21)	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) ANDREW DUNN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) MARY JANE FORTIN BOARD MEMBER (THRU 07/20)	1.00 0.00	X						0.	0.	0.
(24) BRIDGET GAINER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(25) LISA N. JOHNSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(26) REV. LARRY L. JACKSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
1b Subtotal								2,085,038.	0.	225,100.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,085,038.	0.	225,100.

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 **12**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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	125,270.
BRIAN FABES, 30 WEST MONROE STREET, SUITE 510, CHICAGO, IL 60603	CONSULTING	123,048.
UPIC SOLUTIONS, 334 BEECHWOOD ROAD, SUITE 40, FORT MICHELLE, KY 41017	TECHNOLOGY	117,347.

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 **3**

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) JAMES P. KOLAR BOARD MEMBER (THRU 06/21)	1.00 0.00	X						0.	0.	0.
(28) CHARLES MATTHEWS BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(29) EDWARD MCGROGAN 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 (THRU 09/20)	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 (THRU 09/20)	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 (THRU 09/20)	1.00 0.00	X						0.	0.	0.
(40) DAVID BLOWERS BOARD MEMBER (BEG 09/20)	1.00 0.00	X						0.	0.	0.
(41) LINDA T. COBERLY BOARD MEMBER (BEG 07/20)	1.00 0.00	X						0.	0.	0.
(42) PAULETTE DODSON BOARD MEMBER (BEG 12/20)	1.00 0.00	X						0.	0.	0.
(43) MANUEL FLORES TREASURER (BEG 02/21)	2.00 0.00	X		X				0.	0.	0.
(44) JOHN OLIVER HUDSON III BOARD MEMBER (BEG 09/20)	1.00 0.00	X						0.	0.	0.
(45) LINDA L. IMONTI BOARD MEMBER (BEG 07/20)	1.00 0.00	X						0.	0.	0.
(46) DARREN JONES BOARD MEMBER (BEG 12/20)	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	1 a	Federated campaigns	167,484.				
	1 b	Membership dues					
	1 c	Fundraising events	674,204.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	5,519,727.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	73,767,403.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 1,064,293.				
	1 h	Total. Add lines 1a-1f		80,128,818.			
Program Service Revenue	2 a	MANAGEMENT FEES FROM OTHER UW ORG	900099	451,053.	451,053.		
	2 b						
	2 c						
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f		451,053.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		214,965.		214,965.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	96,000.			
			(ii) Personal				
	6 b	Less: rental expenses	38,431.				
	6 c	Rental income or (loss)	57,569.				
	6 d	Net rental income or (loss)		57,569.	36,010.	21,559.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	3,512,699.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	2,861,132.				
7 c	Gain or (loss)	651,567.					
7 d	Net gain or (loss)		651,567.		651,567.		
8 a	Gross income from fundraising events (not including \$ 674,204. of contributions reported on line 1c). See Part IV, line 18	411,291.					
8 b	Less: direct expenses	196,471.					
8 c	Net income or (loss) from fundraising events		214,820.		214,820.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a						
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		81,718,792.	451,053.	36,010.	1,102,911.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	48,105,703.	48,105,703.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,541,081.	429,052.	633,283.	478,746.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,946,007.	3,103,001.	1,584,603.	1,258,403.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	146,845.	61,216.	47,038.	38,591.
9 Other employee benefits	583,903.	374,272.	123,764.	85,867.
10 Payroll taxes	424,740.	124,384.	164,993.	135,363.
11 Fees for services (nonemployees):				
a Management	93,290.	88,291.	1,740.	3,259.
b Legal	11,114.	5,556.	5,199.	359.
c Accounting	127,126.	3,801.	115,372.	7,953.
d Lobbying	6,325.	6,325.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	131,167.	36,286.	54,744.	40,137.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	901,081.	727,203.	59,956.	113,922.
12 Advertising and promotion	283,607.	163,408.	55,630.	64,569.
13 Office expenses	112,288.	47,292.	47,070.	17,926.
14 Information technology	274,889.	10,718.	235,522.	28,649.
15 Royalties				
16 Occupancy	876,667.	233,727.	395,064.	247,876.
17 Travel	13,075.	8,202.	3,642.	1,231.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,711.	4,127.	1,459.	1,125.
20 Interest	78,413.	1,663.	74,906.	1,844.
21 Payments to affiliates	648,032.	178,788.	271,059.	198,185.
22 Depreciation, depletion, and amortization	181,411.	50,108.	75,759.	55,544.
23 Insurance	85,380.	42,858.	24,534.	17,988.
24 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.)				
a UNCOLLECTIBLE PLEDGES	915,000.	915,000.		
b MEMBERSHIP DUES	58,368.	23,089.	19,141.	16,138.
c				
d				
e All other expenses	24,747.	24,747.		
25 Total functional expenses. Add lines 1 through 24e	61,576,970.	54,768,817.	3,994,478.	2,813,675.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,903.	1	140.
	2 Savings and temporary cash investments	13,547,753.	2	46,462,097.
	3 Pledges and grants receivable, net	22,173,107.	3	12,799,137.
	4 Accounts receivable, net	3,555,776.	4	735,067.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	176,508.	9	187,193.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,979,749.		
	b Less: accumulated depreciation	10b 2,914,340.	1,213,733.	10c 1,065,409.
	11 Investments - publicly traded securities	7,252,886.	11	8,814,146.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	901,514.	15	1,015,025.
16 Total assets. Add lines 1 through 15 (must equal line 33)	48,823,180.	16	71,078,214.	
Liabilities	17 Accounts payable and accrued expenses	6,984,787.	17	6,445,562.
	18 Grants payable		18	
	19 Deferred revenue	2,097,248.	19	3,878,781.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,200,000.	23	2,800,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,018,194.	25	1,376,188.
	26 Total liabilities. Add lines 17 through 25	14,300,229.	26	14,500,531.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-3,029,623.	27	22,068,408.
	28 Net assets with donor restrictions	37,552,574.	28	34,509,275.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	34,522,951.	32	56,577,683.
	33 Total liabilities and net assets/fund balances	48,823,180.	33	71,078,214.

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	81,718,792.
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,576,970.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,141,822.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34,522,951.
5	Net unrealized gains (losses) on investments	5	998,860.
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	914,050.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	56,577,683.

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		

Form 990 (2020)

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 for instructions and the latest information.

OMB No. 1545-0047

2020

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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	50978865.	48216651.	45744953.	92172597.	80128818.	317241884
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	50978865.	48216651.	45744953.	92172597.	80128818.	317241884
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24588397.
6 Public support. Subtract line 5 from line 4.						292653487

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	50978865.	48216651.	45744953.	92172597.	80128818.	317241884
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	167,809.	186,718.	219,299.	282,821.	274,955.	1131602.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				22,467.	36,010.	58,477.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	253,252.	203,275.	297,475.	393,835.	411,291.	1559128.
11 Total support. Add lines 7 through 10						319991091
12 Gross receipts from related activities, etc. (see instructions)					12	1,598,890.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	91.46 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	97.40 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

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

(Complete only if you checked the box on line 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
b Did the activities described in line 2a, above, 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>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
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>		
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

2016 AMOUNT: \$ 253,252.

2017 AMOUNT: \$ 203,275.

2018 AMOUNT: \$ 297,475.

2019 AMOUNT: \$ 393,835.

2020 AMOUNT: \$ 411,291.

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 for the latest information.

OMB No. 1545-0047

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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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>25,000,000.</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>6,413,034.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>3,431,813.</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>2,552,206.</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>2,150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>2,100,259.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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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>2,050,032.</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>2,006,351.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>1,760,001.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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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
2	SECURITIES PUBLICLY TRADED _____ _____ _____	\$ 753,720.	06/30/21
8	SECURITIES PUBLICLY TRADED _____ _____ _____	\$ 7,003.	06/30/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

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 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
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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) 2020

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	2,818.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	3,507.													
c	Total lobbying expenditures (add lines 1a and 1b)	6,325.													
d	Other exempt purpose expenditures	54,762,492.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	54,768,817.													
f	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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	7,341.	5,910.	5,067.	6,325.	24,643.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	4,499.	2,355.	2,920.	2,818.	12,592.

Schedule C (Form 990 or 990-EZ) 2020

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 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?	4
5 Taxable amount of lobbying and political expenditures (See instructions)	5

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.

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 for instructions and the latest information.**

OMB No. 1545-0047

2020

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) 2020

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	6,986,123.	7,261,794.	6,270,876.	5,368,551.	4,730,942.
b Contributions			974,804.	731,697.	230,840.
c Net investment earnings, gains, and losses	1,797,645.	329.	302,930.	425,120.	645,625.
d Grants or scholarships					
e Other expenditures for facilities and programs	302,000.	276,000.	286,816.	254,492.	238,856.
f Administrative expenses					
g End of year balance	8,481,768.	6,986,123.	7,261,794.	6,270,876.	5,368,551.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 21.1000 %
 - b Permanent endowment 42.9000 %
 - c Term endowment 36.0000 %
- 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				
c Leasehold improvements		2,265,567.	1,283,701.	981,866.
d Equipment		1,714,182.	1,630,639.	83,543.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,065,409.

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)		
Total. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATION FOR RETIREMENT BENEFITS	1,130,133.
(3) ASSET RETIREMENT OBLIGATION	246,055.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,376,188.

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.

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

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

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

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

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 MOR ELIKELY 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.

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)	6 (total number)		
Revenue	1	Gross receipts	638,650.	35,554.	411,291.	1,085,495.
	2	Less: Contributions	638,650.	35,554.		674,204.
	3	Gross income (line 1 minus line 2)			411,291.	411,291.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	114,886.	5,944.	75,641.	196,471.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				196,471.
11	Net income summary. Subtract line 10 from line 3, column (d)				214,820.	

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.

SCHEDULE G, PART II:

DUE TO THE COVID-19 PANDEMIC, ALL OF THE ORGANIZATION'S EVENTS WERE HELD VIRTUALLY IN FISCAL YEAR 2021. AS SUCH DIRECT EVENT EXPENSES INCURRED DECREASED COMPARED TO PREVIOUS PERIODS.

**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 for the latest information.**

OMB No. 1545-0047

2020

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
360 YOUTH SERVICES 1305 OSWEGO ROAD NAPERVILLE, IL 60540	36-2936229	501(C)(3)	57,317.	0.			PROGRAM SUPPORT
A BETTER CHICAGO 200 W MADISON 3RD FLOOR CHICAGO, IL 60606	27-4499625	501(C)(3)	201,000.	0.			PROGRAM SUPPORT
A SAFE HAVEN FOUNDATION 2750 W ROOSEVELT ROAD CHICAGO, IL 60608	36-4444200	501(C)(3)	75,038.	0.			PROGRAM SUPPORT
ABC-PILSEN 1929 W 23RD STREET CHICAGO, IL 60608	46-2454231	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ABOUT FACE THEATRE COLLECTIVE 5252 N. BROADWAY, 2ND FLOOR CHICAGO, IL 60640	36-4067995	501(C)(3)	10,386.	0.			PROGRAM SUPPORT
ACCESS COMMUNITY HEALTH NETWORK 600 W FULTON ST, 2ND FL CHICAGO, IL 60661	36-3317058	501(C)(3)	40,998.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **428.**
- 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) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ACCESS DUPAGE/DUPAGE HEALTH COALITION - 511 THORNHILL DRIVE SUITE E - CAROL STREAM, IL 60188	36-4448208	501(C)(3)	77,418.	0.			PROGRAM SUPPORT
ACCESS LIVING OF METROPOLITAN CHICAGO - 115 WEST CHICAGO AVENUE - CHICAGO, IL 60654	36-3310774	501(C)(3)	63,587.	0.			PROGRAM SUPPORT
ACCLIVUS INC 1640 W ROOSEVELT RD STE 608 CHICAGO, IL 60608	27-3108215	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ADA S MCKINLEY COMMUNITY SERVICES INC - 1359 WEST WASHINGTON BLVD. - CHICAGO, IL 60607	36-2144820	501(C)(3)	11,768.	0.			PROGRAM SUPPORT
ADLER PLANETARIUM 1300 SOUTH LAKESHORE DRIVE CHICAGO, IL 60605	36-6210902	501(C)(3)	10,500.	0.			PROGRAM SUPPORT
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515	36-3297360	501(C)(3)	80,371.	0.			PROGRAM SUPPORT
AFTER SCHOOL MATTERS 66 EAST RANDOLPH STREET CHICAGO, IL 60601	36-4409182	501(C)(3)	6,030.	0.			PROGRAM SUPPORT
AGING CARE CONNECTIONS 111 WEST HARRIS AVENUE LAGRANGE, IL 60525	36-2721289	501(C)(3)	14,224.	0.			PROGRAM SUPPORT
AIDS FOUNDATION OF CHICAGO 200 WEST JACKSON BOULEVARD STE 2100 CHICAGO, IL 60606	36-3412054	501(C)(3)	32,275.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ALBANY PARK THEATER PROJECT P.O. BOX 25072 CHICAGO, IL 60625	36-4125560	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ALIGNMENT COLLOBORATIVE FOR EDUCATION - 1750 GRANDSTAND PLACE, #5 - ELGIN, IL 60123	47-4377813	501(C)(3)	5,840.	0.			PROGRAM SUPPORT
ALIVIO MEDICAL CENTER 966 WEST 21ST STREET CHICAGO, IL 60608	36-3661051	501(C)(3)	9,782.	0.			PROGRAM SUPPORT
ALLIANCE OF FILIPINOS FOR IMMIGRANT RIGHTS - 4300 N CALIFORNIA AVE FL 2 - CHICAGO, IL 60618	26-3305351	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ALLIANCE OF LOCAL SERVICE ORGANIZATIONS - 2401 W NORTH AVE - CHICAGO, IL 60640	36-4207887	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ALS ASSOCIATION, GREATER CHICAGO CHAPTER - 939 W RANDOLPH 2W - CHICAGO, IL 60607	54-2126575	501(C)(3)	5,369.	0.			PROGRAM SUPPORT
ALTERNATIVES INCORPORATED 4730 N SHERIDAN RD #629 CHICAGO, IL 60640	36-2720602	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
AMERICAN CANCER SOCIETY NATIONAL HEADQUARTERS - 250 WILLIAMS STREET, STE. 600 - ATLANTA, GA 30303	13-1788491	501(C)(3)	45,061.	0.			PROGRAM SUPPORT
AMERICAN RED CROSS 2200 W. HARRISON STREET CHICAGO, IL 60612	53-0196605	501(C)(3)	355,725.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 2200 W HARRISON STREET CHICAGO, IL 60612	36-2969062	501(C)(3)	35,875.	0.			PROGRAM SUPPORT
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E CHICAGO AVE - CHICAGO, IL 60611	36-3357006	501(C)(3)	13,594.	0.			PROGRAM SUPPORT
ANNIE B JONES COMMUNITY SERVICES INC - 1818 E 71ST ST - CHICAGO, IL 60649	36-3883523	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ANSHE EMET SYNAGOGUE 3751 NORTH BROADWAY CHICAGO, IL 60613	36-0739900	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
APNA GHAR, INC. (OUR HOME) 4350 NORTH BROADWAY 2ND FLOOR CHICAGO, IL 60613	36-3698770	501(C)(3)	90,779.	0.			PROGRAM SUPPORT
ARAB AMERICAN ACTION NETWORK 3148 WEST 63RD STREET 2ND FLOOR CHICAGO, IL 60629	36-4034958	501(C)(3)	43,407.	0.			PROGRAM SUPPORT
ARAB AMERICAN FAMILY SERVICES 7000 W 111TH ST STE 102 WORTH, IL 60482	60-0002593	501(C)(3)	39,750.	0.			PROGRAM SUPPORT
ARC OF HOPE UGANDA 9435 SPRINGFIELD AVENUE NONE EVANSTON, IL 60203	32-0301689	501(C)(3)	8,308.	0.			PROGRAM SUPPORT
ARCHI-TREASURES ASSOCIATION 3500 S LAKE PARK AVE 1W CHICAGO, IL 60653	36-4242134	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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ARDEN SHORE CHILD & FAMILY SERVICES - 329 NORTH GENESEE STREET - WAUKEGAN, IL 60085	36-2167724	501(C)(3)	50,138.	0.			PROGRAM SUPPORT
ARISE CHICAGO 1436 W RANDOLPH ST STE 202 CHICAGO, IL 60607	20-1072983	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ARRUPE COLLEGE OF LOYOLA UNIVERSITY - 1 E PEARSON ST - CHICAGO, IL 60611	36-1408475	501(C)(3)	11,829.	0.			PROGRAM SUPPORT
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	36-2167725	501(C)(3)	11,312.	0.			PROGRAM SUPPORT
ASIAN HUMAN SERVICES 2838 WEST PETERSON AVENUE CHICAGO, IL 60659	36-3005889	501(C)(3)	10,035.	0.			PROGRAM SUPPORT
ASSOCIATION FOR INDIVIDUAL DEVELOPMENT - 309 NEW INDIAN TRAIL COURT - AURORA, IL 60506	36-2472748	501(C)(3)	5,462.	0.			PROGRAM SUPPORT
ASSOCIATION HOUSE OF CHICAGO 1116 N KEDZIE AVE CHICAGO, IL 60651	36-2166961	501(C)(3)	80,877.	0.			PROGRAM SUPPORT
AUNT MARTHA'S HEALTH AND WELLNESS 19990 GOVERNORS HIGHWAY OLYMPIA FIELDS, IL 60461	23-7188150	501(C)(3)	75,937.	0.			PROGRAM SUPPORT
AUSTIN CHILDCARE PROVIDERS' NETWORK - 5701 W DIVISION ST - CHICAGO, IL 60651	36-4395447	501(C)(3)	24,150.	0.			PROGRAM SUPPORT

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B.U.I.L.D., INC. 5100 WEST HARRISON CHICAGO, IL 60644	23-7022085	501(C)(3)	116,646.	0.			PROGRAM SUPPORT
BEDS PLUS 9601 OGDEN AVE LAGRANGE, IL 60525	36-3741040	501(C)(3)	21,525.	0.			PROGRAM SUPPORT
BETHEL NEW LIFE FOUNDATION 1140 N LAMON AVE CHICAGO, IL 60651	20-4502193	501(C)(3)	8,332.	0.			PROGRAM SUPPORT
BETHEL NEW LIFE, INC. 4950 W THOMAS ST CHICAGO, IL 60651	36-3013241	501(C)(3)	8,068.	0.			PROGRAM SUPPORT
BEYOND HUNGER 848 LAKE STREET OAK PARK, IL 60301	27-2018997	501(C)(3)	23,937.	0.			PROGRAM SUPPORT
BIG BROTHERS BIG SISTERS OF METROPOLITAN CHICAGO - 560 WEST LAKE STREET, 5TH FLOOR - CHICAGO, IL 60661	36-2681212	501(C)(3)	6,293.	0.			PROGRAM SUPPORT
BIG BROTHERS BIG SISTERS OF SHEBOYGAN COUNTY - 632 N 8TH ST, UNIT 2 - SHEBOYGAN, WI 53081	39-1102065	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
BLACK GIRLS BREAK BREAD INC 1322 S PRAIRIE AVE UNIT 602 CHICAGO, IL 60605	81-4951998	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
BLUE ISLAND CITIZENS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, INC. - 2155 BROADWAY - BLUE ISLAND, IL 60406	36-2603932	501(C)(3)	29,389.	0.			PROGRAM SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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BOYS & GIRLS CLUBS OF DUNDEE TOWNSHIP - 20 S. GROVE ST., SUITE # 201 - CARPENTERSVILLE, IL 60110	36-4184937	501(C)(3)	41,491.	0.			PROGRAM SUPPORT
BOYS AND GIRLS CLUB OF CHICAGO - JAMESJORDAN - 2102 W. MONROE - CHICAGO, IL 60612	36-2166997	501(C)(3)	11,739.	0.			PROGRAM SUPPORT
BOYS AND GIRLS CLUB OF ELGIN 355 DUNDEE AVENUE ELGIN, IL 60120	36-3832212	501(C)(3)	20,233.	0.			PROGRAM SUPPORT
BRAVE SPACE ALLIANCE 1515 E 52ND PLACE CHICAGO, IL 60615	84-4538090	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
BREAKTHROUGH URBAN MINISTRIES 402 NORTH ST. LOUIS AVENUE CHICAGO, IL 60624	36-3810926	501(C)(3)	21,008.	0.			PROGRAM SUPPORT
BRIDGE COMMUNITIES, INC. 505 CRESCENT BOULEVARD GLEN ELLYN, IL 60137	36-3705951	501(C)(3)	68,655.	0.			PROGRAM SUPPORT
BRIDGE YOUTH AND FAMILY SERVICES 721 SOUTH QUENTIN ROAD SUITE 103 PALATINE, IL 60067	23-7093615	501(C)(3)	32,756.	0.			PROGRAM SUPPORT
BRIGHT STAR COMMUNITY OUTREACH 333 EAST 35TH STREET CHICAGO, IL 60616	26-2007088	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 S ARCHER AVENUE CHICAGO, IL 60632	36-4229387	501(C)(3)	241,222.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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BY THE HAND CLUB FOR KIDS P.O. BOX 10043 CHICAGO, IL 60610	20-3144284	501(C)(3)	80,000.	0.			PROGRAM SUPPORT
CABRINI GREEN LEGAL AID CLINIC 6 S. CLARK ST CHICAGO, IL 60603	36-2775706	501(C)(3)	39,767.	0.			PROGRAM SUPPORT
CANCER SUPPORT CENTER 19657 S LA GRANGE RD MOKENA, IL 60448	36-3880404	501(C)(3)	6,942.	0.			PROGRAM SUPPORT
CARA COLLECTIVE 237 SOUTH DESPLAINES CHICAGO, IL 60661	36-4268095	501(C)(3)	43,321.	0.			PROGRAM SUPPORT
CAREER TRANSITIONS CENTER OF CHICAGO - 703 WEST MONROE STREET - CHICAGO, IL 60661	36-4084309	501(C)(3)	5,154.	0.			PROGRAM SUPPORT
CAROLE ROBERTSON CENTER FOR LEARNING - 1111 S WESTERN AVE STE B - CHICAGO, IL 60612	36-2882124	501(C)(3)	64,472.	0.			PROGRAM SUPPORT
CASA CENTRAL 1343 N CALIFORNIA AVE CHICAGO, IL 60622	36-2728618	501(C)(3)	25,874.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES, ARCHDIOCESE OF CHICAGO - 721 N LASALLE ST, 4TH FLOOR - CHICAGO, IL 60654	36-2170821	501(C)(3)	820,326.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES, DIOCESE OF JOLIET - 16555 WEBER RD. - CREST HILL, IL 60403	36-2170817	501(C)(3)	81,585.	0.			PROGRAM SUPPORT

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CELIAC DISEASE CENTER - UNIVERSITY OF CHICAGO - 5841 S. MARYLAND AVE. MC 4069 - CHICAGO, IL 60637	36-3488183	501(C)(3)	50,346.	0.			PROGRAM SUPPORT
CENTER FOR CHANGING LIVES 1955 N SAINT LOUIS AVE #101 CHICAGO, IL 60647	36-3731388	501(C)(3)	34,727.	0.			PROGRAM SUPPORT
CENTER FOR COMMUNITY ARTS PARTNERSHIPS AT COLUMBIA COLLEGE CHICAGO - 10824 SOUTH HALSTED - CHICAGO, IL 60628	26-1178838	501(C)(3)	9,767.	0.			PROGRAM SUPPORT
CENTER FOR CONFLICT RESOLUTION 11 EAST ADAMS STREET SUITE 500 CHICAGO, IL 60603	36-2997680	501(C)(3)	17,924.	0.			PROGRAM SUPPORT
CENTER FOR DISABILITY & ELDER LAW 205 WEST RANDOLPH, #1610 CHICAGO, IL 60606	36-3203809	501(C)(3)	20,600.	0.			PROGRAM SUPPORT
CENTER FOR ECONOMIC PROGRESS 567 WEST LAKE STREET SUITE 1150 CHICAGO, IL 60661	36-3693728	501(C)(3)	40,135.	0.			PROGRAM SUPPORT
CENTER FOR INDEPENDENCE THROUGH CONDUCTIVE EDUCATION, INC. - 100 WEST PLAINFIELD ROAD SUITE 100 - COUNTRYSIDE, IL 60525	36-4259162	501(C)(3)	19,423.	0.			PROGRAM SUPPORT
CENTER ON HALSTED 3656 N HALSTED ST CHICAGO, IL 60613	51-0178807	501(C)(3)	7,412.	0.			PROGRAM SUPPORT
CENTERS FOR NEW HORIZONS, INC. 4150 SOUTH KING DRIVE CHICAGO, IL 60653	36-2729721	501(C)(3)	13,500.	0.			PROGRAM SUPPORT

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CENTRAL STATES SER - JOBS FOR PROGRESS, INC. - 3948 WEST 26TH STREET - CHICAGO, IL 60623	36-1211270	501(C)(3)	129,027.	0.			PROGRAM SUPPORT
CENTRO DE INFORMACION 1885 LIN LOR LANE ELGIN, IL 60123	36-2776988	501(C)(3)	17,936.	0.			PROGRAM SUPPORT
CENTRO DE TRABAJADORES UNIDOS UNITED WORKERS CENTER - 10638 S EWING AVE. FLOOR 1 - CHICAGO, IL 60617	27-1492355	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
CENTRO ROMERO 6216 N CLARK ST CHICAGO, IL 60660	36-3517408	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CENTRO SAN BONIFACIO INC 2959 N PULASKI ROAD CHICAGO, IL 60641	36-3776185	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
CHICAGO ALLIANCE AGAINST SEXUAL EXPLOTATION - 307 N MICHIGAN AVE SUITE 1818 - CHICAGO, IL 60601	26-0220074	501(C)(3)	12,513.	0.			PROGRAM SUPPORT
CHICAGO BOTANIC GARDEN 1000 LAKE COOK ROAD GLENCOE, IL 60022	36-2225482	501(C)(3)	84,821.	0.			PROGRAM SUPPORT
CHICAGO CHILDREN'S ADVOCACY CENTER 1240 SOUTH DAMEN AVENUE CHICAGO, IL 60608	36-4251865	501(C)(3)	35,797.	0.			PROGRAM SUPPORT
CHICAGO CHURCH OF CHRIST 755 IL ROUTE 83, SUITE 209 BENSENVILLE, IL 60106	36-3188417	501(C)(3)	13,333.	0.			PROGRAM SUPPORT

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CHICAGO CLUB PRESERVATION FUND 81 E VAN BUREN ST CHICAGO, IL 60605	37-1539642	501(C)(3)	9,920.	0.			PROGRAM SUPPORT
CHICAGO COMMONS ASSOCIATION 515 E. 50TH STREET CHICAGO, IL 60615	36-2169136	501(C)(3)	40,681.	0.			PROGRAM SUPPORT
CHICAGO COMMUNITY AND WORKER'S RIGHTS - 2801 S HAMLIN - CHICAGO, IL 60623	80-0442573	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
CHICAGO CONNECTED 42 W. MADISON STREET CHICAGO, IL 60602	36-6005821	501(C)(3)	9,709,034.	0.			PROGRAM SUPPORT
CHICAGO FEDERATION OF LABOR 2301 S LAKE SHORE DRIVE CHICAGO, IL 60616	36-3977262	501(C)(3)	31,812.	0.			PROGRAM SUPPORT
CHICAGO FREEDOM SCHOOL 719 S STATE ST FL 4 CHICAGO, IL 60605	20-4735643	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
CHICAGO HISPANIC HEALTH COALITION 1819 W POLK STREET SUITE 246 CHICAGO, IL 60612	36-4193052	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
CHICAGO HOUSE AND SOCIAL SERVICE AGENCY - 2229 S MICHIGAN AVENUE SUITE 304 - CHICAGO, IL 60616	36-3376432	501(C)(3)	10,880.	0.			PROGRAM SUPPORT
CHICAGO PUBLIC LIBRARY FOUNDATION 20 N. MICHIGAN AVE, SUITE 520 CHICAGO, IL 60602	36-3480353	501(C)(3)	25,401.	0.			PROGRAM SUPPORT

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CHICAGO SHAKESPEARE THEATER 800 EAST GRAND AVENUE CHICAGO, IL 60611	36-3467607	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
CHICAGO STATE FOUNDATION 9501 S. KING DRIVE - ADM126 CHICAGO, IL 60628	47-3644945	501(C)(3)	6,538.	0.			PROGRAM SUPPORT
CHICAGO TECH ACADEMY CHITECH 1301 W 14TH ST CHICAGO, IL 60608	26-0414040	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CHICAGO URBAN LEAGUE 4510 SOUTH MICHIGAN AVENUE CHICAGO, IL 60653	36-2225483	501(C)(3)	45,054.	0.			PROGRAM SUPPORT
CHICAGO WOMEN IN TRADES 244 W 16TH STREET CHICAGO, IL 60608	36-3256699	501(C)(3)	96,730.	0.			PROGRAM SUPPORT
CHICAGO YOUTH CENTERS 218 S. WABASH AVENUE, SUITE 600 CHICAGO, IL 60604	36-2344429	501(C)(3)	38,255.	0.			PROGRAM SUPPORT
CHICAGO YOUTH PROGRAMS, INC. 5350 SOUTH PRAIRIE AVE CHICAGO, IL 60615	36-3635676	501(C)(3)	25,100.	0.			PROGRAM SUPPORT
CHILDCARE NETWORK OF EVANSTON 1335 DODGE AVE. EVANSTON, IL 60201	23-7108030	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CHILDREN FIRST FUND 42 WEST MADISON AVE CHICAGO, IL 60602	36-4094830	501(C)(3)	1,680,200.	0.			PROGRAM SUPPORT

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CHILDREN'S ADVOCACY CENTER OF NORTH AND NORTHWEST COOK COUNTY - 640 ILLINOIS BLVD. - HOFFMAN ESTATES, IL 60169	36-3711203	501(C)(3)	19,778.	0.			PROGRAM SUPPORT
CHILDREN'S HOME & AID SOCIETY OF ILLINOIS - 2151 WEST 95TH STREET - CHICAGO, IL 60643	36-2167743	501(C)(3)	150,690.	0.			PROGRAM SUPPORT
CHILDRENS ONCOLOGY SERVICES, INC. 213 WEST INSTITUTE PLACE SUITE 410 CHICAGO, IL 60610	36-4263831	501(C)(3)	5,141.	0.			PROGRAM SUPPORT
CHILDSERV 8765 W. HIGGINS RD. SUITE 450 CHICAGO, IL 60631	36-2171716	501(C)(3)	26,389.	0.			PROGRAM SUPPORT
CHINESE AMERICAN SERVICE LEAGUE 2141 SOUTH TAN COURT CHICAGO, IL 60616	36-2984043	501(C)(3)	102,306.	0.			PROGRAM SUPPORT
CHINESE MUTUAL AID ASSOCIATION 1016 WEST ARGYLE STREET CHICAGO, IL 60640	36-3139799	501(C)(3)	58,662.	0.			PROGRAM SUPPORT
CHRISTIAN COMMUNITY HEALTH CENTER 9718 S HALSTED ST CHICAGO, IL 60628	36-3799834	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CHURCH OF THE HOLY COMFORTER 222 KENILWORTH AVENUE KENILWORTH, IL 60043	36-2170847	501(C)(3)	5,300.	0.			PROGRAM SUPPORT
CICERO-BERWYN-STICKNEY FOOD PANTRY 1937 S 50TH AVE. CICERO, IL 60804	36-3753866	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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CITIZENSHIP EDUCATION FUND 930 E 50TH ST CHICAGO, IL 60615	34-1447977	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
CITY YEAR - CHICAGO 36 S WABASH SUITE 1300 CHICAGO, IL 60603	22-2882549	501(C)(3)	14,804.	0.			PROGRAM SUPPORT
CIVIC CONSULTING ALLIANCE 21 S CLARK ST, SUITE 3120 CHICAGO, IL 60603	45-0467524	501(C)(3)	30,966.	0.			PROGRAM SUPPORT
CLARETIAN ASSOCIATES, INC 9108 S BRANDON AVE CHICAGO, IL 60617	36-4087259	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
COMMON THREADS P.O. BOX 163930 AUSTIN, TX 78716	20-0106847	501(C)(3)	25,134.	0.			PROGRAM SUPPORT
COMMUNITIES UNITED 4749 N. KEDZIE 2ND FLOOR CHICAGO, IL 60625	36-4394374	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
COMMUNITY CRISIS CENTER P.O. BOX 1390 ELGIN, IL 60121	36-2855797	501(C)(3)	38,224.	0.			PROGRAM SUPPORT
COMMUNITY FOUNDATION OF THE FOX RIVER VALLEY - 111 W DOWNER PL. STE 312 - AURORA, IL 60506	36-6086742	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
COMMUNITY HEALTH NFP 2611 W CHICAGO AVE CHICAGO, IL 60622	36-3831793	501(C)(3)	75,000.	0.			PROGRAM SUPPORT

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CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN - P.O. BOX 477916 - CHICAGO, IL 60647	36-2950380	501(C)(3)	31,267.	0.			PROGRAM SUPPORT
CONNECTIONS FOR THE HOMELESS 2121 DEWEY AVENUE EVANSTON, IL 60201	36-3346917	501(C)(3)	33,255.	0.			PROGRAM SUPPORT
CONTEXTOS NFP 641 W LAKE STREET SUITE 200 CHICAGO, IL 60661	27-3326532	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
COOK COUNTY HEALTH FOUNDATION 1603 ORRINGTON AVE EVANSTON, IL 60201	45-4607769	501(C)(3)	5,601.	0.			PROGRAM SUPPORT
CORAZON COMMUNITY SERVICES 5339 W 25TH ST CICERO, IL 60804	32-0075474	501(C)(3)	99,204.	0.			PROGRAM SUPPORT
COVENANT UNITED CHURCH OF CHRIST 1130 EAST 154TH STREET SOUTH HOLLAND, IL 60473	13-1957221	501(C)(3)	5,613.	0.			PROGRAM SUPPORT
CRADLES TO CRAYONS 4141 W GEORGE STREET CHICAGO, IL 60641	04-3584367	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
CRISIS CENTER FOR SOUTH SUBURBIA P.O. BOX 39 TINLEY PARK, IL 60477	36-3039964	501(C)(3)	28,925.	0.			PROGRAM SUPPORT
CTF ILLINOIS 1902 FOX DRIVE, STE B CHAMPAIGN, IL 61820	36-4386948	501(C)(3)	26,584.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
DEBORAH'S PLACE 2822 WEST JACKSON BOULEVARD CHICAGO, IL 60612	36-3382973	501(C)(3)	37,092.	0.			PROGRAM SUPPORT
DUPAGE PADS 601 W. LIBERTY WHEATON, IL 60187	36-3675494	501(C)(3)	44,834.	0.			PROGRAM SUPPORT
DUPAGE SENIOR CITIZENS COUNCIL 1990 SPRINGER DRIVE LOMBARD, IL 60148	36-2988023	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
EASTER SEALS DUPAGE AND THE FOX VALLEYREGION - 830 S ADDISON AVE - VILLA PARK, IL 60181	36-2476388	501(C)(3)	49,428.	0.			PROGRAM SUPPORT
ECKER CENTER FOR MENTAL HEALTH 1845 GRANDSTAND PLACE ELGIN, IL 60123	36-2312495	501(C)(3)	34,959.	0.			PROGRAM SUPPORT
EL VALOR CORPORATION 1850 WEST 21ST STREET CHICAGO, IL 60608	23-7294683	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
ELMHURST CHRISTIAN REFORMED CHURCH 149 WEST BRUSH HILL ROAD ELMHURST, IL 60126	36-2521910	501(C)(3)	17,500.	0.			PROGRAM SUPPORT
ENLACE CHICAGO 2756 S. HARDING CHICAGO, IL 60623	36-3727669	501(C)(3)	202,622.	0.			PROGRAM SUPPORT
EPIC 1913 W. TOWNLINE ROAD PEORIA, IL 61615	37-0794792	501(C)(3)	5,192.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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EQUAL HOPE 300 S. ASHLAND AVE SUITE 202 CHICAGO, IL 60607	26-2264895	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ERIE FAMILY HEALTH CENTER 1701 WEST SUPERIOR STREET CHICAGO, IL 60622	36-3088628	501(C)(3)	100,922.	0.			PROGRAM SUPPORT
ERIE NEIGHBORHOOD HOUSE 1701 WEST SUPERIOR STREET CHICAGO, IL 60622	36-3043253	501(C)(3)	50,168.	0.			PROGRAM SUPPORT
ESPERANZA HEALTH CENTERS 2001 S. CALIFORNIA CHICAGO, IL 60608	32-0115907	501(C)(3)	33,274.	0.			PROGRAM SUPPORT
EVANSTON COMMUNITY FOUNDATION INC 1560 SHERMAN AVE STE 535 EVANSTON, IL 60201	36-3466802	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
EXPANDED MENTAL HEALTH SERVICES OF CHICAGO - 4141 N. KEDZIE SUITE 2 - CHICAGO, IL 60618	45-4963756	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
EXPERIMENTAL STATION BLACKSTONE BICYCLE WORKS - 6100 S. BLACKSTONE AVENUE - CHICAGO, IL 60637	32-0017985	501(C)(3)	25,500.	0.			PROGRAM SUPPORT
FACING FORWARD TO END HOMELESSNESS 642 N. KEDZIE AVE. CHICAGO, IL 60612	36-3397005	501(C)(3)	12,168.	0.			PROGRAM SUPPORT
FAMILY FOCUS INC. 310 S PEORIA ST #301 CHICAGO, IL 60607	36-2884042	501(C)(3)	64,914.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FAMILY INDEPENDENCE INITIATIVE 663 13TH STREET, STE 200 OAKLAND, CA 94612	02-0784790	501(C)(3)	1,000,000.	0.			PROGRAM SUPPORT
FAMILY RESCUE 9204 SOUTH COMMERCIAL AVENUE CHICAGO, IL 60617	36-3170408	501(C)(3)	64,719.	0.			PROGRAM SUPPORT
FAMILY SERVICE AND MENTAL HEALTH CENTER OF CICERO - 5341 WEST CERMAK ROAD - CICERO, IL 60804	36-2246705	501(C)(3)	18,928.	0.			PROGRAM SUPPORT
FAMILY SERVICE ASSOCIATION 22 SOUTH SPRING STREET ELGIN, IL 60120	36-2169149	501(C)(3)	6,605.	0.			PROGRAM SUPPORT
FAMILY SERVICE OF LAKE COUNTY 777 CENTRAL AVE HIGHLAND PARK, IL 60035	36-2167063	501(C)(3)	17,999.	0.			PROGRAM SUPPORT
FANCONI ANEMIA RESEARCH FUND, INC. 1801 WILLAMETTE STREET SUITE 200 EUGENE, OR 97401	93-0995453	501(C)(3)	18,413.	0.			PROGRAM SUPPORT
FEEDING AMERICA 161 N. CLARK STREET, SUITE 700 CHICAGO, IL 60601	36-3673599	501(C)(3)	39,866.	0.			PROGRAM SUPPORT
FENIX FAMILY HEALTH CENTER 130 WASHINGTON AVE HIGHWOOD, IL 60040	26-3889647	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
FIREBIRD COMMUNITY ARTS 2651 W LAKE STREET CHICAGO, IL 60612	36-3639885	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FIRST BAPTIST CHURCH OF UNIVERSITY PARK - 450 UNIVERSITY PARKWAY - UNIVERSITY PARK, IL 60484	37-0755264	501(C)(3)	6,462.	0.			PROGRAM SUPPORT
FOOD FOR GREATER ELGIN 1553 COMMERCE DRIVE ELGIN, IL 60123	27-4409282	501(C)(3)	5,650.	0.			PROGRAM SUPPORT
FORD HEIGHTS COMMUNITY SERVICE ORGANIZATION, INC. - 943 EAST LINCOLN HIGHWAY - FORD HEIGHTS, IL 60411	36-2658308	501(C)(3)	120,678.	0.			PROGRAM SUPPORT
FOREFRONT 208 S LASALLE STREET UNIT #1540 CHICAGO, IL 60604	23-7376023	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
FOURTH PRESBYTERIAN CHURCH OF CHICAGO - 126 EAST CHESTNUT STREET - CHICAGO, IL 60611	23-6393377	501(C)(3)	6,808.	0.			PROGRAM SUPPORT
FREE STREET PROGRAMS INC 1419 W BLACKHAWK ST CHICAGO, IL 60642	36-2772922	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
FREE WRITE ARTS & LITERACY NFP 1932 S HALSTED ST, SUITE 100 CHICAGO, IL 60608	81-1032458	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)	50,000.	0.			PROGRAM SUPPORT
GADS HILL CENTER 1919 W CULLERTON ST CHICAGO, IL 60608	36-2167082	501(C)(3)	49,452.	0.			PROGRAM SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GARFIELD PARK COMMUNITY COUNCIL 300 N. CENTRAL PARK AVE. CHICAGO, IL 60624	45-4055306	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
GARY COMER YOUTH CENTER, INC. 7200 SOUTH INGLESIDE AVENUE CHICAGO, IL 60619	45-5399472	501(C)(3)	32,342.	0.			PROGRAM SUPPORT
GIRLS IN THE GAME NFP 1401 S SACRAMENTO DRIVE CHICAGO, IL 60623	36-4024533	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
GIRLS ON THE RUN CHICAGO INC. 1415 N. DAYTON STREET SUITE 112 CHICAGO, IL 60642	36-4331462	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
GLOBAL GIRLS 8151 S SOUTH CHICAGO AVE CHICAGO, IL 60617	36-4367027	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GLORIA J TAYLOR FOUNDATION 20080 GOVERNORS DRIVE OLYMPIA FIELDS, IL 60461	36-4080332	501(C)(3)	10,500.	0.			PROGRAM SUPPORT
GRACE EPISCOPAL CHURCH 120 E. FIRST STREET HINSDALE, IL 60521	31-1629166	501(C)(3)	6,538.	0.			PROGRAM SUPPORT
GRAY MATTER EXPERIENCE 222 NORTH CANAL STREET CHICAGO, IL 60606	81-1936438	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GREATER AUBURN GRESHAM DEVELOPMENT CORPORATION - 1159 W. 79TH STREET - CHICAGO, IL 60620	36-4377387	501(C)(3)	79,042.	0.			PROGRAM SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GREATER CHICAGO FOOD DEPOSITORY 2505 N KEDZIE BLVD CHICAGO, IL 60647	36-2971864	501(C)(3)	112,498.	0.			PROGRAM SUPPORT
GREATER ELGIN FAMILY CARE CENTER 370 SUMMIT ST ELGIN, IL 60120	36-4249586	501(C)(3)	10,689.	0.			PROGRAM SUPPORT
GREATER ENGLEWOOD CHAMBER OF COMMERCE - 815 W 63RD ST 2ND FLOOR - CHICAGO, IL 60621	30-0964184	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
GREEN STAR MOVEMENT NFP 1200 W 35TH ST CHICAGO, IL 60609	20-3521527	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GREENWOOD PROJECT 118 N CLINTON ST, STE 202 CHICAGO, IL 60661	81-1990763	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
HABITAT FOR HUMANITY CHICAGO 1100 W CERMAK RD., STE. 404 CHICAGO, IL 60608	46-0494889	501(C)(3)	20,936.	0.			PROGRAM SUPPORT
HAMDARD CENTER FOR HEALTH AND HUMAN SERVICES - 228 E LAKE ST - ADDISON, IL 60101	36-3917885	501(C)(3)	10,899.	0.			PROGRAM SUPPORT
HANDSON SUBURBAN CHICAGO 2121 SOUTH GOEBERT ROAD ARLINGTON HEIGHTS, IL 60005	36-2692866	501(C)(3)	32,843.	0.			PROGRAM SUPPORT
HAROLD COLBERT JONES MEMORIAL COMMUNITY CENTER - 220 EAST 15TH STREET - CHICAGO HEIGHTS, IL 60411	36-2182055	501(C)(3)	79,948.	0.			PROGRAM SUPPORT

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HEALTHCARE ALTERNATIVE SYSTEMS, INC. - 2755 W ARMITAGE AVE - CHICAGO, IL 60647	23-7432930	501(C)(3)	25,202.	0.			PROGRAM SUPPORT
HEARTLAND ALLIANCE FOR HUMAN NEEDS AND HUMAN RIGHTS - 1301 W DEVON AVENUE - CHICAGO, IL 60660	36-1877640	501(C)(3)	77,390.	0.			PROGRAM SUPPORT
HEARTLAND ALLIANCE INTERNATIONAL 208 S LASALLE ST, #1300 CHICAGO, IL 60604	30-0739799	501(C)(3)	20,567.	0.			PROGRAM SUPPORT
HEARTLAND HEALTH CENTERS 1301 W DEVON CHICAGO, IL 60660	36-3843377	501(C)(3)	18,111.	0.			PROGRAM SUPPORT
HEARTLAND HEALTH OUTEACH, INC. 1015 WEST LAWRENCE CHICAGO, IL 60640	36-3775696	501(C)(3)	21,814.	0.			PROGRAM SUPPORT
HEARTLAND HUMAN CARE SERVICES, INC. - 4750 NORTH SHERIDAN SUITE 200 - CHICAGO, IL 60640	36-4053244	501(C)(3)	34,454.	0.			PROGRAM SUPPORT
HEPHZIBAH CHILDREN'S ASSOCIATION 946 NORTH BLVD. OAK PARK, IL 60301	36-2167096	501(C)(3)	23,587.	0.			PROGRAM SUPPORT
HOLY TRINITY LUTHERAN CHURCH 1218 W ADDISON ST CHICAGO, IL 60613	41-1568278	501(C)(3)	9,230.	0.			PROGRAM SUPPORT
HOMELESS SOLUTIONS INC. 3 WING DRIVE, SUITE 245 CEDAR KNOLLS, NJ 07927	22-2491675	501(C)(3)	20,051.	0.			PROGRAM SUPPORT

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HOMEWOOD SCIENCE CENTER 18022 DIXIE HIGHWAY HOMEWOOD, IL 60430	81-1288818	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
HOUSING FORWARD 1851 S. 9TH AVENUE MAYWOOD, IL 60153	36-3876660	501(C)(3)	31,360.	0.			PROGRAM SUPPORT
HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY - 1419 W CARROLL AVE FLOOR 2 - CHICAGO, IL 60607	36-3172591	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
HOUSING OPPORTUNITIES FOR WOMEN 1607 W HOWARD ST 3RD FL CHICAGO, IL 60626	36-3263818	501(C)(3)	22,576.	0.			PROGRAM SUPPORT
HOUSING OPTIONS FOR THE MENTALLY ILL - 2100 RIDGE AVE SUITE G320 - EVANSTON, IL 60201	36-3611260	501(C)(3)	20,141.	0.			PROGRAM SUPPORT
HOWARD BROWN HEALTH CENTER 4025 NORTH SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501(C)(3)	64,705.	0.			PROGRAM SUPPORT
I GROW CHICAGO NFP 6402 S. HONORE STE CHICAGO, IL 60636	46-1200279	501(C)(3)	11,668.	0.			PROGRAM SUPPORT
ILLINOIS ACTION FOR CHILDREN 4753 N BROADWAY, SUITE 1200 CHICAGO, IL 60640	36-2712912	501(C)(3)	155,657.	0.			PROGRAM SUPPORT
ILLINOIS CAUCUS FOR ADOLESCENT HEALTH - 718 S STATE STREET, 4TH FLOOR - CHICAGO, IL 60605	36-3223988	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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IMMIGRANT SOLIDARITY DUPAGE 213 S WHEATON AVE WHEATON, IL 60187	27-2978949	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
INFANT WELFARE SOCIETY OF EVANSTON BABY TODDLER NURSERY - 2200 MAIN STREET - EVANSTON, IL 60202	36-2167753	501(C)(3)	39,905.	0.			PROGRAM SUPPORT
INGALLS DEVELOPMENT FOUNDATION ONE INGALLS DR. HARVEY, IL 60426	36-3189150	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
INSPIRATION CORPORATION 4554 N BROADWAY ST, SUITE 207 CHICAGO, IL 60640	36-3673980	501(C)(3)	14,252.	0.			PROGRAM SUPPORT
INSTITUTE FOR NONVIOLENCE CHICAGO 4926 WEST CHICAGO AVE CHICAGO, IL 60651	81-1098722	501(C)(3)	140,000.	0.			PROGRAM SUPPORT
JANE ADDAMS RESOURCE CORPORATION 4432 N RAVENSWOOD AVE CHICAGO, IL 60640	36-3682559	501(C)(3)	61,222.	0.			PROGRAM SUPPORT
JDRF NEW YORK CITY CHAPTER 200 VESEY ST 28TH FLOOR NEW YORK, NY 10281	23-1907729	501(C)(3)	6,411.	0.			PROGRAM SUPPORT
JEWISH FEDERATION OF METROPOLITAN CHICAGO - 30 SOUTH WELLS ST - CHICAGO, IL 60606	36-2167761	501(C)(3)	563,750.	0.			PROGRAM SUPPORT
JEWISH UNITED FUND 30 SOUTH WELLS CHICAGO, IL 60606	36-2167034	501(C)(3)	50,000.	0.			PROGRAM SUPPORT

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JOURNEYS - THE ROAD HOME 1140 EAST NORTHWEST HIGHWAY PALATINE, IL 60074	36-3919018	501(C)(3)	80,608.	0.			PROGRAM SUPPORT
JUNIOR ACHIEVEMENT (CHICAGO) 651 WEST WASHINGTON BLVD SUITE 404 CHICAGO, IL 60661	84-1267604	501(C)(3)	10,008.	0.			PROGRAM SUPPORT
KENWOOD-OAKLAND COMMUNITY ORGANIZATION - 4242 S. COTTAGE GROVE AVE. - CHICAGO, IL 60653	36-2598637	501(C)(3)	65,000.	0.			PROGRAM SUPPORT
KIDS FIRST CHICAGO 21 S CLARK ST, STE 4301 CHICAGO, IL 60603	83-0399727	501(C)(3)	34,721.	0.			PROGRAM SUPPORT
KUUMBA LYNX 4501 N CLARENDON AVE STE 2ND CHICAGO, IL 60640	36-4246321	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
LA CASA NORTE 3533 WEST NORTH AVENUE CHICAGO, IL 60647	36-4041525	501(C)(3)	65,461.	0.			PROGRAM SUPPORT
LADDER UP 350 N. ORLEANS ST., SUITE C2-100 CHICAGO, IL 60654	36-4070692	501(C)(3)	20,034.	0.			PROGRAM SUPPORT
LADIES OF VIRTUE 1245 S MICHIGAN AVE STE 149 CHICAGO, IL 60605	80-0530610	501(C)(3)	10,277.	0.			PROGRAM SUPPORT
LAF 120 S LASALLE ST, STE 900 CHICAGO, IL 60603	36-2754650	501(C)(3)	49,987.	0.			PROGRAM SUPPORT

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LAKE AREA UNITED WAY 221 WEST RIDGE ROAD GRIFFITH, IN 46319	35-6006484	501(C)(3)	5,372.	0.			PROGRAM SUPPORT
LAKEVIEW PANTRY 3945 N SHERIDAN RD CHICAGO, IL 60613	36-2734184	501(C)(3)	79,072.	0.			PROGRAM SUPPORT
LAMPSTAND MINISTRIES WORK PROJECTS SOUP KITCHEN OUTREACH - P.O. BOX 5611, - VILLA PARK, IL 60181	31-1624270	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
LATIN CENTER 2801 S HAMLIN AVE CHICAGO, IL 60623	36-3028729	501(C)(3)	35,000.	0.			PROGRAM SUPPORT
LATIN SCHOOL OF CHICAGO SCHOLARSHIP FUND - 59 WEST NORTH BLVD - CHICAGO, IL 60610	36-2258525	501(C)(3)	6,550.	0.			PROGRAM SUPPORT
LATIN UNITED COMMUNITY HOUSING ASSOCIATION - 3541 W NORTH AVE - CHICAGO, IL 60647	36-3213453	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
LATINO POLICY FORUM 180 N MICHIGAN AVE STE 1250 CHICAGO, IL 60601	36-3676873	501(C)(3)	125,000.	0.			PROGRAM SUPPORT
LATINOS PROGRESANDO 3047 WEST CERMAK ROAD CHICAGO, IL 60623	36-4355072	501(C)(3)	83,687.	0.			PROGRAM SUPPORT
LAWNDALE CHRISTIAN HEALTH CENTER 3860 W OGDEN AVE CHICAGO, IL 60623	36-3308953	501(C)(3)	220,319.	0.			PROGRAM SUPPORT

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LAWRENCE HALL YOUTH SERVICES 4833 NORTH FRANCISCO AVENUE CHICAGO, IL 60625	36-2167771	501(C)(3)	109,200.	0.			PROGRAM SUPPORT
LAWYERS' COMMITTEE FOR BETTER HOUSING - 33 N. LASALLE ST., SUITE 900 - CHICAGO, IL 60602	36-3134577	501(C)(3)	22,002.	0.			PROGRAM SUPPORT
LEGAL COUNCIL FOR HEALTH JUSTICE 17 N STATE ST SUITE 900 CHICAGO, IL 60602	36-3563802	501(C)(3)	11,814.	0.			PROGRAM SUPPORT
LESTER AND ROSALIE ANIXTER CENTER 6610 N CLARK ST CHICAGO, IL 60626	36-2244895	501(C)(3)	9,851.	0.			PROGRAM SUPPORT
LIFE SPAN P.O. BOX 1515 DES PLAINES, IL 60017	36-2991281	501(C)(3)	12,294.	0.			PROGRAM SUPPORT
LIFT - CHICAGO 710 E 47TH STREET, CHICAGO CHICAGO, IL 60653	52-2168409	501(C)(3)	8,532.	0.			PROGRAM SUPPORT
LITERACY CONNECTION 270 N GROVE AVENUE ELGIN, IL 60120	36-3576823	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
LIVING WORD CHRISTIAN CENTER 7306 W. MADISON STREET FOREST PARK, IL 60130	36-3623010	501(C)(3)	12,362.	0.			PROGRAM SUPPORT
LOAVES & FISHES COMMUNITY SERVICES 1871 HIGH GROVE LANE NAPERVILLE, IL 60540	36-3786777	501(C)(3)	56,034.	0.			PROGRAM SUPPORT

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LOGAN SQUARE NEIGHBORHOOD ASSOCIATION - 2840 N. MILWAUKEE AVENUE - CHICAGO, IL 60618	36-2638491	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
LOYOLA ACADEMY 1100 LARAMIE AVENUE WILMETTE, IL 60091	36-2367981	501(C)(3)	13,004.	0.			PROGRAM SUPPORT
MANO A MANO FAMILY RESOURCE CENTER 6 EAST MAIN STREET ROUND LAKE PARK, IL 60073	36-4418084	501(C)(3)	25,089.	0.			PROGRAM SUPPORT
MANUFACTURING RENAISSANCE 3411 W. DIVERSEY AVE CHICAGO, IL 60647	36-3197648	501(C)(3)	18,332.	0.			PROGRAM SUPPORT
MARKET STREET MISSION 9 MARKET STREET MORRISTOWN, NJ 07960	22-6047486	501(C)(3)	10,010.	0.			PROGRAM SUPPORT
MCDERMOTT CENTER DBA HAYMARKET CENTER - 120 N. SANGAMON STREET - CHICAGO, IL 60607	23-7249912	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
MCGAW YMCA 1000 GROVE STREET EVANSTON, IL 60201	36-2169194	501(C)(3)	36,567.	0.			PROGRAM SUPPORT
MCHENRY COUNTY GOVERNMENT 2200 N SEMINARY AVE WOODSTOCK, IL 60098	36-6006623	501(C)(3)	57,543.	0.			PROGRAM SUPPORT
MEALS ON WHEELS 1723 SIMPSON EVANSTON, IL 60201	36-4461669	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MEALS ON WHEELS FOUNDATION OF NORTHERN ILLINOIS - 7222 W CERMAK ROAD SUITE 302 - NORTH RIVERSIDE, IL 60546	36-2662113	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
METRO SQUASH NFP 6100 SOUTH COTTAGE GROVE AVE. CHICAGO, IL 60637	20-2614486	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
METROPOLITAN FAMILY SERVICES 1 NORTH DEARBORN, STE 1000 CHICAGO, IL 60602	36-2167940	501(C)(3)	1,059,615.	0.			PROGRAM SUPPORT
MIKVA CHALLENGE GRANT FOUNDATION INC - 200 S MICHIGAN AVE SUITE 1000 - CHICAGO, IL 60604	52-2033353	501(C)(3)	25,100.	0.			PROGRAM SUPPORT
MISERICORDIA 6300 N RIDGE AVE CHICAGO, IL 60660	36-2170153	501(C)(3)	11,258.	0.			PROGRAM SUPPORT
MONROE FOUNDATION 1547 S WOLF ROAD HILLSIDE, IL 60162	36-3787503	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
MOTHERS AGAINST SENSELESS KILLINGS FOUNDATION - 5044 S. MICHIGAN AVE - CHICAGO, IL 60615	81-3209025	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
MUJERES LATINAS EN ACCION 2124 WEST 21ST PLACE CHICAGO, IL 60608	36-2877520	501(C)(3)	112,915.	0.			PROGRAM SUPPORT
NAMASTE CHARTER SCHOOL 3737 SOUTH PAULINA STREET CHICAGO, IL 60609	20-0285795	501(C)(3)	13,610.	0.			PROGRAM SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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NAMI CHICAGO 1801 W WARNER AVE SUITE 202 CHICAGO, IL 60613	36-3075407	501(C)(3)	36,029.	0.			PROGRAM SUPPORT
NAMI ILLINOIS INC 1010 LAKE STREET OAK PARK, IL 60301	36-3305804	501(C)(3)	35,500.	0.			PROGRAM SUPPORT
NAMI METRO SUBURBAN INC 816 HARRISON ST OAK PARK, IL 60304	36-3851968	501(C)(3)	10,592.	0.			PROGRAM SUPPORT
NAMI OF DUPAGE COUNTY 115 N. COUNTY FARM RD WHEATON, IL 60187	36-3412057	501(C)(3)	21,213.	0.			PROGRAM SUPPORT
NAPERVILLE CHRISTIAN ACADEMY 1451 RAYMOND DRIVE SUITE 200 NAPERVILLE, IL 60563	36-4383292	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
NATIONAL ABLE NETWORK 80 RIVER OAKS OFFICE BUILDING CALUMET CITY, IL 60409	23-7339397	501(C)(3)	23,104.	0.			PROGRAM SUPPORT
NATIONAL ASSOCIATION OF LETTER CARRIERS - CHAS. D. DUFFY BRANCH NO.11 - 3850 S WABASH AVENUE - CHICAGO, IL 60653	36-1034555	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
NATIONAL JEWISH HEALTH 2020 FINANCIAL INDUSTRIES DINNER - 271 MADISON AVE, 19TH FLOOR - NEW YORK, NY 10016	74-2044647	501(C)(3)	11,595.	0.			PROGRAM SUPPORT
NATIONAL MUSEUM OF MEXICAN ART 1852 W. 19TH STREET CHICAGO, IL 60608	36-3225519	501(C)(3)	35,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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NEAR NORTH HEALTH SERVICE CORPORATION - 1276 NORTH CLYBOURN STREET - CHICAGO, IL 60610	36-3197647	501(C)(3)	9,574.	0.			PROGRAM SUPPORT
NEIGHBORHOOD HOUSING SERVICES OF CHICAGO - 1279 NORTH MILWAUKEE AVENUE 4TH FLOOR - CHICAGO, IL 60622	23-7443009	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
NEIGHBORHOOD NETWORK ALLIANCE 1818 E 71ST STREET CHICAGO, IL 60649	83-2383918	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
NEOPOLITAN LIGHTHOUSE 864 NORTH CHRISTIANA AVENUE CHICAGO, IL 60651	36-3309888	501(C)(3)	65,766.	0.			PROGRAM SUPPORT
NEW COVENANT CDC 2653 W OGDEN CHICAGO, IL 60608	80-0797774	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
NEW LIFE CENTERS OF CHICAGOLAND 4101 WEST 51ST STREET CHICAGO, IL 60632	20-2380358	501(C)(3)	51,011.	0.			PROGRAM SUPPORT
NEW MOMS, INC. 5317 W. CHICAGO AVE. CHICAGO, IL 60651	36-3265804	501(C)(3)	69,710.	0.			PROGRAM SUPPORT
NEW STAR, INC. 1624 E 154TH ST DOLTON, IL 60419	23-7294685	501(C)(3)	35,495.	0.			PROGRAM SUPPORT
NORTH LAWDALE EMPLOYMENT NETWORK 906 S. HOMAN AVE STE 700 CHICAGO, IL 60624	36-4295189	501(C)(3)	33,735.	0.			PROGRAM SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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NORTH SIDE HOUSING AND SUPPORTIVE SERVICES - 835 W. ADDISON - CHICAGO, IL 60613	36-3318158	501(C)(3)	9,574.	0.			PROGRAM SUPPORT
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT GENEVA, IL 60134	36-3203648	501(C)(3)	52,729.	0.			PROGRAM SUPPORT
NORTHWEST COMPASS, INC. 1300 WEST NORTHWEST HIGHWAY MOUNT PROSPECT, IL 60056	36-3382832	501(C)(3)	23,467.	0.			PROGRAM SUPPORT
NORTHWEST SIDE HOUSING CENTER 5233 WEST DIVERSEY AVE. CHICAGO, IL 60639	20-1413891	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
NORTHWESTERN COLLEGE 101 7TH STREET SOUTHWEST ORANGE CITY, IA 51041	42-0698196	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
NORTHWESTERN MEMORIAL FOUNDATION 541 NORTH FAIRBANKS CT, STE 800 CHICAGO, IL 60611	36-3155315	501(C)(3)	15,212.	0.			PROGRAM SUPPORT
NORTHWESTERN UNIVERSITY 1201 DAVIS ST. EVANSTON, IL 60208	36-2167817	501(C)(3)	6,138.	0.			PROGRAM SUPPORT
OAK PARK AND RIVER FOREST DAY NURSERY - 1139 RANDOLPH STREET - OAK PARK, IL 60302	36-2182082	501(C)(3)	22,435.	0.			PROGRAM SUPPORT
OAK PARK ART LEAGUE 720 CHICAGO AVENUE OAK PARK, IL 60302	36-6091119	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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OMNI YOUTH SERVICES 1111 WEST LAKE COOK ROAD BUFFALO GROVE, IL 60089	36-2777027	501(C)(3)	23,376.	0.			PROGRAM SUPPORT
ONEGOAL 180 N WABASH STE 800 CHICAGO, IL 60601	56-2369898	501(C)(3)	6,400.	0.			PROGRAM SUPPORT
OPEN THE CIRCLE 707 E 91ST STREET FLOOR 1 CHICAGO, IL 60619	82-2527647	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
OUNCE OF PREVENTION FUND 33 W. MONROE SUITE 2400 CHICAGO, IL 60603	36-3186328	501(C)(3)	19,841.	0.			PROGRAM SUPPORT
OUR LADY OF PERPETUAL HELP PARISH 1775 GROVE ST GLENVIEW, IL 60025	36-2170826	501(C)(3)	5,041.	0.			PROGRAM SUPPORT
OUTREACH COMMUNITY MINISTRIES 373 S SCHMALE ROAD SUITE 102 CAROL STREAM, IL 60188	23-7265066	501(C)(3)	101,175.	0.			PROGRAM SUPPORT
P.A.D.S. OF ELGIN 1730 BERKLEY STREET ELGIN, IL 60123	36-3895063	501(C)(3)	29,221.	0.			PROGRAM SUPPORT
PADS INC DBA HESED HOUSE 659 S RIVER ST AURORA, IL 60506	36-3285644	501(C)(3)	9,153.	0.			PROGRAM SUPPORT
PARTNERS FOR OUR COMMUNITIES 1585 NORTH RAND ROAD PALATINE, IL 60074	36-3881109	501(C)(3)	33,789.	0.			PROGRAM SUPPORT

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PATHLIGHTS 7808 W COLLEGE DR # 5E PALOS HEIGHTS, IL 60463	36-2882809	501(C)(3)	56,076.	0.			PROGRAM SUPPORT
PEACEPLAYERS INTERNATIONAL 1200 NEW HAMPSHIRE AVE NW SUITE 875 WASHINGTON, DC 20036	52-2272092	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
PEER HEALTH EXCHANGE 223 W JACKSON BLVD SUITE 630 CHICAGO, IL 60606	56-2374305	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
PEER SERVICES INC. 906 DAVIS STREET SUITE 101 EVANSTON, IL 60201	36-2848969	501(C)(3)	23,638.	0.			PROGRAM SUPPORT
PEOPLE'S RESOURCE CENTER 201 SOUTH NAPERVILLE ROAD WHEATON, IL 60187	36-3157600	501(C)(3)	70,900.	0.			PROGRAM SUPPORT
PERSPECTIVES CHARTER SCHOOLS 1530 S. STATE ST. 2ND FLOOR CHICAGO, IL 60605	36-4167576	501(C)(3)	18,817.	0.			PROGRAM SUPPORT
PHALANX FAMILY SERVICES 837 W 119TH ST CHICAGO, IL 60643	36-4468891	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
PILLARS COMMUNITY SERVICES (PILLARS) - 333 N LA GRANGE ROAD - SUITE ONE - LA GRANGE PARK, IL 60526	36-2170869	501(C)(3)	53,608.	0.			PROGRAM SUPPORT
PLAYWORKS EDUCATION ENERGIZED 638 3RD ST OAKLAND, CA 94607	94-3251867	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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PODER 6155 S PULASKI RD CHICAGO, IL 60629	36-4251880	501(C)(3)	11,480.	0.			PROGRAM SUPPORT
POPULATION CONNECTION 2120 L STREET NW, SUITE 500 WASHINGTON, DC 20037	94-1703155	501(C)(3)	5,192.	0.			PROGRAM SUPPORT
PRAIRIE STATE LEGAL SERVICES 303 NORTH MAIN STREET SUITE 600 ROCKFORD, IL 61101	37-1030764	501(C)(3)	35,055.	0.			PROGRAM SUPPORT
PRIMO CENTER FOR WOMEN AND CHILDREN - 6212 S SANGAMON ST - CHICAGO, IL 60621	36-2966006	501(C)(3)	70,267.	0.			PROGRAM SUPPORT
PROJECT EXPLORATION 4511 SOUTH EVANS CHICAGO, IL 60653	36-4305660	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
PROJECT: VISION, INC. 236 W. 22ND PLACE UNIT 1 CHICAGO, IL 60616	20-0293881	501(C)(3)	40,393.	0.			PROGRAM SUPPORT
PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO - 180 NORTH MICHIGAN AVE SUITE 1200 - CHICAGO, IL 60601	36-3959353	501(C)(3)	35,000.	0.			PROGRAM SUPPORT
PUERTO RICAN CULTURAL CENTER 2703 WEST DIVISION CHICAGO, IL 60622	23-7347778	501(C)(3)	25,960.	0.			PROGRAM SUPPORT

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RAVINIA FESTIVAL ASSOCIATION 418 SHERIDAN RD HIGHLAND PARK, IL 60035	36-6002273	501(C)(3)	14,981.	0.			PROGRAM SUPPORT
REAL MEN CHARITIES INC 7417 S BENNETT AVE CHICAGO, IL 60649	30-0052728	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
REASON TO GIVE 3368 NORTH ELSTON AVE CHICAGO, IL 60618	26-2670377	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
REFLECTIONS FOUNDATION 10816 S PARNELL AVE CHICAGO, IL 60628	51-0677821	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
RENAISSANCE SOCIAL SERVICES, INC 2501 W WASHINGTON BLVD STE 401 CHICAGO, IL 60612	36-3900116	501(C)(3)	21,426.	0.			PROGRAM SUPPORT
RESIDENT ASSOCIATION OF GREATER ENGLEWOOD - 6623 S. UNION AVE. 1ST - CHICAGO, IL 60621	24-3226248	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
RESPOND NOW 1439 EMERALD CHICAGO HEIGHTS, IL 60411	23-7091808	501(C)(3)	30,005.	0.			PROGRAM SUPPORT
RESTORATION MINISTRIES, INC. 253 EAST 159TH STREET HARVEY, IL 60426	36-3552070	501(C)(3)	122,330.	0.			PROGRAM SUPPORT
RINCON FAMILY SERVICES 3710 N KEDZIE CHICAGO, IL 60618	36-2739477	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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ROBERT R. MCCORMICK FOUNDATION 205 N. MICHIGAN CHICAGO, IL 60601	36-3689171	501(C)(3)	3,506,667.	0.			PROGRAM SUPPORT
ROGERS PARK MONTESSORI SCHOOL KIM ROMAIN - 1800 W BALMORAL AVE - CHICAGO, IL 60640	36-2597822	501(C)(3)	5,192.	0.			PROGRAM SUPPORT
ROLE MODEL MOVEMENT, INC MY BLOCK, MY HOOD, MY CITY - 47 W. POLK STREET SUITE 100 - CHICAGO, IL 60605	46-2272700	501(C)(3)	52,300.	0.			PROGRAM SUPPORT
RUSH UNIVERSITY MEDICAL CENTER 1201 W. HARRISON STREET SUITE 300 CHICAGO, IL 60607	36-2174823	501(C)(3)	725,000.	0.			PROGRAM SUPPORT
RYAN BANKS ACADEMY 1245 S. MICHIGAN #212 CHICAGO, IL 60605	47-3666107	501(C)(3)	30,289.	0.			PROGRAM SUPPORT
SAFER FOUNDATION 571 WEST JACKSON BLVD. CHICAGO, IL 60661	36-2762168	501(C)(3)	58,437.	0.			PROGRAM SUPPORT
SAINT ANTHONY HOSPITAL 2875 W 19TH ST CHICAGO, IL 60623	51-0217097	501(C)(3)	51,516.	0.			PROGRAM SUPPORT
SALVATION ARMY OF GREATER HARTFORD 217 WASHINGTON ST HARTFORD, CT 06142	36-2167910	501(C)(3)	15,886.	0.			PROGRAM SUPPORT
SARAH'S INN 311 HARRISON STREET OAK PARK, IL 60304	36-3084461	501(C)(3)	37,393.	0.			PROGRAM SUPPORT

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SEGUNDO RUIZ BELVIS CULTURAL CENTER - 4046 W. ARMITAGE AVE - CHICAGO, IL 60639	36-2967052	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SERENITY HOUSE COUNSELING SERVICES, INC. - 891 SOUTH ROUTE 53 - ADDISON, IL 60101	36-3350438	501(C)(3)	19,599.	0.			PROGRAM SUPPORT
SERTOMA CENTRE, INC. 4343 WEST 123RD STREET ALSIP, IL 60803	36-2720586	501(C)(3)	96,925.	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
SHELTER, INC. 1616 N ARLINGTON HEIGHTS RD ARLINGTON HEIGHTS, IL 60004	23-7399596	501(C)(3)	13,191.	0.			PROGRAM SUPPORT
SINAI COMMUNITY INSTITUTE INC. 2653 W OGDEN AVE CHICAGO, IL 60608	36-3932824	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
SINAI HEALTH SYSTEM 1500 SOUTH FAIRFIELD AVENUE CHICAGO, IL 60608	36-3166895	501(C)(3)	127,906.	0.			PROGRAM SUPPORT
SKILLS FOR CHICAGOLANDS FUTURE 191 N. WACKER DRIVE, SUITE 1150 CHICAGO, IL 60606	45-1287418	501(C)(3)	16,668.	0.			PROGRAM SUPPORT
SOCIAL GOOD FUND P.O. BOX 5473 RICHMOND, AR 94805	46-1323531	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

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SOUTH SHORE CHAMBER OF COMMERCE 1750 E 71ST CHICAGO, IL 60649	36-4265009	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
SOUTH SHORE PLANNING AND PRESERVATION COALITION - 1735 E 71ST STREET - CHICAGO, IL 60649	36-4191772	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
SOUTH SUBURBAN FAMILY SHELTER 18137 HARWOOD AVENUE HOMWOOD, IL 60430	36-3089796	501(C)(3)	68,778.	0.			PROGRAM SUPPORT
SOUTH SUBURBAN HOUSING CENTER 18220 HARWOOD AVE STE 1 HOMWOOD, IL 60430	51-0175452	501(C)(3)	50,000.	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
SOUTH SUBURBAN PADS 414 W. LINCOLN HWY CHICAGO HEIGHTS, IL 60411	36-3744405	501(C)(3)	27,408.	0.			PROGRAM SUPPORT
SOUTHWEST ORGANIZING PROJECT 2558 W 63RD ST CHICAGO, IL 60629	36-4090773	501(C)(3)	60,000.	0.			PROGRAM SUPPORT
SPANISH COMMUNITY CENTER 309 N EASTERN JOLIET, IL 60432	36-2679658	501(C)(3)	25,064.	0.			PROGRAM SUPPORT
ST SABINA CHURCH 7800 S. RACINE CHICAGO, IL 60620	36-2171123	501(C)(3)	8,332.	0.			PROGRAM SUPPORT

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ST. BERNARD HOSPITAL 326 W 64TH ST. CHICAGO, IL 60621	36-2264414	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ST. CLEMENT CHURCH 642 W. DEMING CHICAGO, IL 60614	53-0196617	501(C)(3)	70,225.	0.			PROGRAM SUPPORT
ST. EULALIA CHURCH 1845 SOUTH 9TH AVENUE MAYWOOD, IL 60153	36-2170993	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ST. IGNATIUS COLLEGE PREP 1076 W ROOSEVELT CHICAGO, IL 60608	36-2167867	501(C)(3)	5,881.	0.			PROGRAM SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	11,364.	0.			PROGRAM SUPPORT
ST. LEONARD'S MINISTRIES 2100 WEST WARREN BLVD. CHICAGO, IL 60612	36-2378516	501(C)(3)	27,183.	0.			PROGRAM SUPPORT
ST. MARY'S EPISCOPAL CHURCH 306 SOUTH PROSPECT PARK RIDGE, IL 60068	23-7075487	501(C)(3)	6,318.	0.			PROGRAM SUPPORT
TEAMWORK ENGLEWOOD 815 W 63RD ST 2ND FLOOR CHICAGO, IL 60621	74-3102944	501(C)(3)	77,300.	0.			PROGRAM SUPPORT
TEEN LIVING PROGRAMS 180 N MICHIGAN AVE, STE 1900 CHICAGO, IL 60601	36-2867274	501(C)(3)	21,370.	0.			PROGRAM SUPPORT

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TEEN PARENT CONNECTION 475 TAFT AVE GLEN ELLYN, IL 60137	36-3387034	501(C)(3)	26,186.	0.			PROGRAM SUPPORT
TELPOCHCALLI COMMUNITY EDUCATION PROJECT INC - 2832 W 24TH BLVD - CHICAGO, IL 60623	71-0961074	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
THE ARK 6450 N. CALIFORNIA AVE. CHICAGO, IL 60645	23-7164967	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
THE BASEBALL INC. 230 N KOLMAR AVE. CHICAGO, IL 60624	46-1856641	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
THE CENTER RESOURCES FOR TEACHING AND LEARNING - 2626 S CLEARBROOK DR - ARLINGTON HEIGHTS, IL 60005	36-4248651	501(C)(3)	59,675.	0.			PROGRAM SUPPORT
THE CHICAGO COMMUNITY FOUNDATION 225 N. MICHIGAN AVE SUITE 2200 CHICAGO, IL 60601	36-3432023	501(C)(3)	500,000.	0.			PROGRAM SUPPORT
THE CHICAGO LIGHTHOUSE 1850 WEST ROOSEVELT ROAD CHICAGO, IL 60608	36-2169139	501(C)(3)	57,547.	0.			PROGRAM SUPPORT
THE CHILDREN'S CENTER OF CICERO-BERWYN - 1447 S 50TH COURT - CICERO, IL 60804	36-3025963	501(C)(3)	18,203.	0.			PROGRAM SUPPORT
THE CHILDREN'S CLINIC 320 LAKE STREET OAK PARK, IL 60302	36-9002074	501(C)(3)	24,607.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THE CHILDREN'S PLACE ASSOCIATION 700 N SACRAMENTO BLVD STE 300 CHICAGO, IL 60612	36-3641017	501(C)(3)	10,270.	0.			PROGRAM SUPPORT
THE COMPASS CHURCH 1551 E HOBSON RD NAPERVILLE, IL 60540	41-0721672	501(C)(3)	9,318.	0.			PROGRAM SUPPORT
THE FIELD MUSEUM 1400 SOUTH LAKE SHORE DRIVE CHICAGO, IL 60605	36-2167011	501(C)(3)	10,154.	0.			PROGRAM SUPPORT
THE HANA CENTER 4300 N. CALIFORNIA AVE. CHICAGO, IL 60618	36-2746468	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
THE JOSSELYN CENTER 30 SOUTH BROADWAY AURORA, IL 60505	36-2217996	501(C)(3)	27,053.	0.			PROGRAM SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY 954 W WASHINGTON BLVD STE 305 CHICAGO, IL 60607	13-5644916	501(C)(3)	18,329.	0.			PROGRAM SUPPORT
THE LINK AND OPTION CENTER INC 900 E 162ND ST STE 102 SOUTH HOLLAND, IL 60473	36-4313821	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
THE LYNN SAGE BREAST CANCER FOUNDATION - 910 W. LAWRENCE SUITE #100 - CHICAGO, IL 60640	36-3727715	501(C)(3)	10,100.	0.			PROGRAM SUPPORT
THE MIRACLE CENTER INC 2311 N PULASKI ROAD CHICAGO, IL 60639	36-4276909	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THE NIGHT MINISTRY 1735 N ASHLAND, SUITE 2000 CHICAGO, IL 60622	36-3145764	501(C)(3)	52,751.	0.			PROGRAM SUPPORT
THE POTTER'S HOUSE SCHOOL 810 VAN RAALTE DRIVE SW GRAND RAPIDS, MI 49509	38-2372676	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
THE RESURRECTION PROJECT 1805 SOUTH PAULINA STREET CHICAGO, IL 60608	36-3576073	501(C)(3)	83,502.	0.			PROGRAM SUPPORT
THE SOUTH SUBURBAN COUNCIL ON ALCOHOLISM AND SUBSTANCE ABUSE - 1909 CHEKER SQUARE - EAST HAZEL CREST, IL 60429	36-2654921	501(C)(3)	96,592.	0.			PROGRAM SUPPORT
THE URBAN ALLIANCE FOUNDATION 2030 Q STREET NW WASHINGTON, DC 20009	52-1938443	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
THRESHOLDS 4101 N RAVENSWOOD AVE CHICAGO, IL 60613	36-3071248	501(C)(3)	125,693.	0.			PROGRAM SUPPORT
TOGETHER WE COPE 17010 SOUTH OAK PARK AVENUE TINLEY PARK, IL 60477	36-3666952	501(C)(3)	49,946.	0.			PROGRAM SUPPORT
TRI-CON CHILD CARE CENTER 425 LAUREL AVENUE SUITE B HIGHLAND PARK, IL 60035	36-2708769	501(C)(3)	14,165.	0.			PROGRAM SUPPORT
TUFTS UNIVERSITY 419 BOSTON AVENUE MEDFORD, MA 02155	04-2103634	501(C)(3)	15,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
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
UHLICH CHILDREN'S ADVANTAGE NETWORK UCAN - 3605 W FILLMORE ST - CHICAGO, IL 60624	36-2167937	501(C)(3)	25,839.	0.			PROGRAM SUPPORT
UIHSS OFFICE OF COMMUNITY ENGAGEMENT AND NEIGHBORHOOD HEALTH PARTNERSHIPS - 828 S WOLCOTT AVE SUITE 231 - CHICAGO, IL 60612	37-6000511	501(C)(3)	60,986.	0.			PROGRAM SUPPORT
UNCF - UNITED NEGRO COLLEGE FUND 105 W. ADAMS ST. SUITE 2400 CHICAGO, IL 60603	13-1624241	501(C)(3)	11,754.	0.			PROGRAM SUPPORT
UNITE HERE 218 S. WABASH AVENUE FLOOR 7 CHICAGO, IL 60604	82-2569287	501(C)(3)	32,251.	0.			PROGRAM SUPPORT
UNITED CEREBRAL PALSY SEGUIN OF GREATER CHICAGO - 3100 SOUTH CENTRAL AVENUE - CICERO, IL 60804	36-2894174	501(C)(3)	33,968.	0.			PROGRAM SUPPORT
UNITED WAY OF AIKEN COUNTY INC. P.O. BOX 699 AIKEN, SC 29802	57-0360086	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
UNITED WAY OF GREATER MCHENRY COUNTY - 4508 PRIME PARKWAY - MCHENRY, IL 60050	36-6147909	501(C)(3)	10,755.	0.			PROGRAM SUPPORT
UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY - 225 W VINE ST - MILWAUKEE, WI 53212	39-0806190	501(C)(3)	25,008.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF KNOX COUNTY, INC. 305 EAST HIGH STREET MOUNT VERNON, OH 43050	31-4411236	501(C)(3)	10,622.	0.			PROGRAM SUPPORT
UNITED WAY OF LAKE COUNTY (IL) 330 SOUTH GREENLEAF STREET GURNEE, IL 60031	36-2167949	501(C)(3)	127,788.	0.			PROGRAM SUPPORT
UNITED WAY OF THE GREATER CHIPPEWA VALLEY, INC. - 3603 N. HASTINGS WAY, SUITE 200 - EAU CLAIRE, WI 54703	39-1077901	501(C)(3)	9,616.	0.			PROGRAM SUPPORT
UNITED WAY OF WILL COUNTY 54 N OTTAWA ST, STE 300 JOLIET, IL 60432	36-2515625	501(C)(3)	7,596.	0.			PROGRAM SUPPORT
UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS - 5235 S. HARPER COURT SUITE 450 - CHICAGO, IL 60615	36-2177139	501(C)(3)	13,532.	0.			PROGRAM SUPPORT
URBAN GATEWAYS 1637 N ASHLAND AVE #1 CHICAGO, IL 60622	36-6083080	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
URBAN INITIATIVES 650 W. LAKE #340 CHICAGO, IL 60661	83-0367521	501(C)(3)	25,089.	0.			PROGRAM SUPPORT
VICTORY IN GRACE 60 NORTH QUENTIN ROAD LAKE ZURICH, IL 60047	31-1740930	501(C)(3)	7,200.	0.			PROGRAM SUPPORT
VNA HEALTH CARE 400 NORTH HIGHLAND AVENUE AURORA, IL 60506	36-2182095	501(C)(3)	18,314.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WASHINGTON UNIVERSITY IN ST. LOUIS ONE BROOKINGS DRIVE CAMPUS BOX 1228 SAINT LOUIS, MO 63130	43-0653611	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
WEST TOWN BIKES 2459 W DIVISION ST CHICAGO, IL 60622	20-4767185	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
WESTSIDE HEALTH AUTHORITY 5053 W CHICAGO AVE CHICAGO, IL 60651	36-3789879	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
WHEATON BIBLE CHURCH 27W500 NORTH AVENUE WEST CHICAGO, IL 60185	36-2233546	501(C)(3)	25,953.	0.			PROGRAM SUPPORT
WHITE CRANE WELLNESS CENTER 1657 W. FOSTER CHICAGO, IL 60640	36-3719545	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
WILLOW CREEK COMMUNITY CHURCH - CRYSTAL LAKE - 67 ALGONQUIN ROAD - SOUTH BARRINGTON, IL 60010	51-0164942	501(C)(3)	6,320.	0.			PROGRAM SUPPORT
WINGS PROGRAM, INC. P.O. BOX 95615 PALATINE, IL 60095	36-3456061	501(C)(3)	56,876.	0.			PROGRAM SUPPORT
WOMEN EMPLOYED 65 E WACKER PLACE SUITE 1500 CHICAGO, IL 60601	36-2969526	501(C)(3)	5,419.	0.			PROGRAM SUPPORT
WOODS FUND CHICAGO 35 E WACKER DRIVE SUITE 1760 CHICAGO, IL 60601	36-3917968	501(C)(3)	52,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WORKING BIKES 2434 SOUTH WESTERN AVENUE CHICAGO, IL 60608	54-2138339	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
WORKING FAMILY SIOLIDARITY 1857 W 19TH STREET CHICAGO, IL 60608	82-0652673	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
WORLD RELIEF DUPAGE/AURORA 191 S. GARY AVE., SUITE 130 CAROL STREAM, IL 60188	23-6393344	501(C)(3)	62,422.	0.			PROGRAM SUPPORT
YEAR UP CHICAGO 223 WEST JACKSON BLVD. SUITE 400 CHICAGO, IL 60606	04-3534407	501(C)(3)	19,643.	0.			PROGRAM SUPPORT
YEMBA 230 MADISON ST., 2ND FLOOR OAK PARK, IL 60302	33-1206650	501(C)(3)	10,500.	0.			PROGRAM SUPPORT
YIELD 1418 W FILMORE STREET 1E CHICAGO, IL 60607	84-1737086	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
YMCA OF METROPOLITAN CHICAGO 1030 W. VAN BUREN CHICAGO, IL 60607	36-2179782	501(C)(3)	403,831.	0.			PROGRAM SUPPORT
YOUNG CHICAGO AUTHORS 1180 N MILWAUKEE AVE, 2ND FLOOR CHICAGO, IL 60642	36-3772997	501(C)(3)	10,308.	0.			PROGRAM SUPPORT
YOUNG MEN'S EDUCATIONAL NETWORK 1241 SOUTH PULASKI PO BOX 23410 CHICAGO, IL 60623	36-4124098	501(C)(3)	80,503.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
YOUTH & OPPORTUNITY UNITED 1911 CHURCH ST. EVANSTON, IL 60201	36-2734966	501(C)(3)	182,483.	0.			PROGRAM SUPPORT
YOUTH CROSSROADS, INC. 6501 STANLEY AVENUE BERWYN, IL 60402	23-7417420	501(C)(3)	257,944.	0.			PROGRAM SUPPORT
YOUTH GUIDANCE 1 N LASALLE STREET, SUITE 900 CHICAGO, IL 60602	36-2167032	501(C)(3)	217,335.	0.			PROGRAM SUPPORT
YOUTH JOB CENTER OF EVANSTON 1114 CHURCH EVANSTON, IL 60201	36-3252809	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
YOUTH OUTREACH SERVICES 2411 WEST CONGRESS CHICAGO, IL 60612	36-3297629	501(C)(3)	25,294.	0.			PROGRAM SUPPORT
YWCA ELGIN PARTNERSHIP FOR EARLY LEARNING - C/O YWCA OF ELGIN 220 W CHICAGO ST - ELGIN, IL 60120	36-2171177	501(C)(3)	52,757.	0.			PROGRAM SUPPORT
YWCA EVANSTON/NORTHSHORE 1215 CHURCH STREET EVANSTON, IL 60201	36-2193618	501(C)(3)	188,215.	0.			PROGRAM SUPPORT
YWCA METROPOLITAN CHICAGO 1 NORTH LASALLE STREET, SUITE 1150 CHICAGO, IL 60602	36-2179765	501(C)(3)	334,408.	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.

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 ACT, AND THAT

Part IV Supplemental Information

AGENCIES ARE BASED IN THE UNITED STATES.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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	X
b Any related organization?	5b	X
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	X
b Any related organization?	6b	X
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	X
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	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

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) ELIZABETH HUGHES ZIMBLER SVP AND CHIEF DEVELOPMENT OFFICER	(i)	321,089.	20,100.	1,935.	5,025.	34,116.	382,265.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SEAN GARRETT PRESIDENT & CEO	(i)	354,908.	0.	405.	5,407.	13,497.	374,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARILYN JACKSON VP MARKETING & COMMUNICATIONS	(i)	203,893.	0.	1,935.	3,225.	34,536.	243,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RONALD DENARD CFO	(i)	235,945.	0.	2,970.	3,525.	3,946.	246,386.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOSE RICO SVP OF COMM INVESTMENT	(i)	160,658.	0.	587.	2,495.	20,363.	184,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAY ROWELL EXECUTIVE DIRECTOR HIRE360	(i)	145,098.	0.	469.	2,327.	28,459.	176,353.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANNA EDWARDS VICE PRESIDENT, CORPORATE ENGAGEMENT	(i)	161,600.	10,000.	324.	2,400.	1,888.	176,212.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KIMBERLEE GUENTHER CHIEF IMPACT OFFICER	(i)	148,041.	0.	304.	2,006.	10,460.	160,811.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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.

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 2020, THERE WERE NO PAYOUTS RELATED TO THE CEO BONUS PLAN.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for 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	1,064,293.	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 V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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 for the latest information.

OMB No. 1545-0047

2020

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
NONPROFIT 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 OF METRO CHICAGO, WE BRING TOGETHER BUSINESSES,
GOVERNMENT, NONPROFITS, AND AGENCY AND COMMUNITY LEADERS TO DELIVER
FUNDING, RESOURCES, AND EXPERTISE TO NONPROFIT ORGANIZATIONS ACROSS
GREATER CHICAGO TO CREATE COMMUNITIES WHERE CHILDREN AND FAMILIES CAN
THRIVE. UNITED, WE ARE BUILDING STRONGER NEIGHBORHOODS FOR A STRONGER,
MORE EQUITABLE CHICAGO REGION.

WE BELIEVE THAT INDIVIDUALS AND FAMILIES LIVING IN EVERY ZIP CODE, AND
OF EVERY RACE, DESERVE THE SAME OPPORTUNITIES FOR SUCCESS. WE KNOW HOW
TO CHANGE THE ODDS TO MAKE THAT POSSIBLE.

UNITED WAY HAS WORKED SIDE-BY-SIDE WITH AGENCY AND COMMUNITY
ORGANIZATIONS FOR NEARLY 90 YEARS AND IN INDIVIDUAL NEIGHBORHOODS
ACROSS CHICAGO SINCE 2013 THROUGH OUR NEIGHBORHOOD NETWORK INITIATIVE.
WE WORK ALONGSIDE OUR PARTNERS TO SOLVE COMMUNITY PRIORITIES AND BUILD
LOCAL INFRASTRUCTURE TO RESPOND TO THEIR NEIGHBORHOOD'S MOST PRESSING
NEEDS AND THEN WE HELP SCALE THAT ACROSS THE REGION. WE ALSO CONNECT

DONORS AND ORGANIZATIONS THAT WANT TO INVEST IN THE CHICAGO REGION WITH

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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OPPORTUNITIES TO MAKE AN IMPACT.

UNITED WAY IS UNIQUELY POSITIONED TO BRING ALL OF THE PEOPLE,
ORGANIZATIONS, AND GROUPS TO THE TABLE TO MAKE MEANINGFUL CHANGE.
UNITED WAY AND ITS PARTNERS RESPOND TO THE IMMEDIATE NEEDS OF THE
COMMUNITY AND ALSO BUILD PARTNERSHIPS AND PROVIDE RESOURCES SO
NEIGHBORHOODS CAN BUILD TOWARDS LONG-TERM, EQUITABLE SOLUTIONS AND
SUCCESS. UNITED WAY IS A DRIVING FORCE IN ACCELERATING A REGIONAL
RECOVERY APPROACH.

UNITED WAY IS CURRENTLY WORKING BROADLY IN COMMUNITIES ACROSS THE
CHICAGO REGION AND WORKING DEEPLY IN TEN DISINVESTED 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 - 45 ACTIVE
CAMPAIGN LEADERS - 103 COMMUNITY IMPACT VOLUNTEERS 2,707 TOTAL
VOLUNTEERS 2,855

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

THE APPLICATION PROCESS WAS PAUSED FOR TWO REASONS: (1) TO RESPOND TO
THE COVID-19 PANDEMIC AND (2) TO PROVIDE STABLE, ONGOING SUPPORT FOR
OUR PARTNERS AT A TIME OF GREAT UNCERTAINTY. AS THE PANDEMIC STRETCHED
FROM WEEKS TO MONTHS, AND COMMUNITIES WERE FURTHER AFFECTED BY CIVIL
UNREST, WE REFLECTED ON OUR ROLE AS A FUNDER, PARTNER, AND CONVENER. AS
CO-CREATORS OF THE CHICAGO COMMUNITY COVID-19 RESPONSE FUND, WE SAW THE

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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VALUE OF BEING RESPONSIVE TO COMMUNITY NEEDS, AS WELL AS THE POWERFUL IMPACT OF COORDINATED, PLACED-BASED RESPONSES. LIKE MANY ORGANIZATIONS, UNITED WAY WAS TRANSFORMED BY THESE EVENTS, WHICH HAVE SHAPED OUR IMPACT GRANT STRATEGY MOVING FORWARD.

UNITED WAY'S LONG-TERM FOCUS IS TO REBUILD NEIGHBORHOODS TO BE STRONGER AND MORE EQUITABLE, BUT WE KNOW THAT THE ECONOMIC AND HEALTH IMPACTS OF COVID-19 HAVE LEFT MANY FAMILIES STRUGGLING TO MEET THEIR BASIC NEEDS, WITH FOOD AND HOUSING INSECURITY SKYROCKETING. WITH THIS IN MIND, WE CONTINUE TO SUPPORT CRISIS SERVICES THAT STABILIZE FAMILIES ACROSS OUR REGION AND IMPROVE THE SYSTEMS THAT SERVE THEM.

WE STRIVE TO BE A RESPONSIVE FUNDER AND ARE COMMITTED TO BUILDING A CHICAGO REGION THAT IS STRONGER THAN IT WAS AT THE BEGINNING OF 2020. THIS IS REFLECTED IN OUR MARCH 2021 FUNDING CYCLE PRIORITIES IN WHICH WE EMPHASIZED IMMEDIATE SUPPORT FOR THOSE IN CRISIS AND A LONG-TERM VISION FOR RECOVERY. TO ACHIEVE OUR GOALS, UWMC FOCUSED OUR MARCH 2021 GRANTMAKING ON: (1) BASIC NEEDS, (2) SYSTEMS IMPROVEMENT & INNOVATION, AND (3) INTEGRATED SERVICES. THESE GRANT STRATEGIES EACH EMPLOY DIFFERENT APPROACHES TO ACHIEVING UNITED WAY'S ULTIMATE GOALS OF STABILIZING FAMILIES IN CRISIS AND BUILDING STRONGER, MORE EQUITABLE COMMUNITIES.

MORE THAN \$5 MILLION DOLLARS WAS INVESTED TO SUPPORT THE CONTINUATION OF EXISTING GRANTS JULY 1, 2020 - FEBRUARY 28, 2021. MORE THAN \$3 MILLION DOLLARS WAS INVESTED TO SUPPORT THE NEW STRATEGIES ACROSS THE CHICAGO REGION MARCH 1, 2021 - JUNE 30, 2021.

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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JULY 1, 2020 - FEBRUARY 28, 2021 INVESTMENTS / OUTCOMES

EDUCATION

UWMC INVESTED IN PROGRAMS AND INITIATIVES THAT PREPARE CHILDREN, YOUTH, 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.

- SOME MAJOR OUTCOMES: #1 - 4,518 INFANTS/TODDLERS/CHILDREN SHOWED GROWTH ACROSS DEVELOPMENTAL DOMAINS; #2 - 6,568 PARENTS/CAREGIVERS REPORTED MORE POSITIVE INTERACTIONS WITH THEIR INFANTS/TODDLERS; #3 - 4,228 MIDDLE SCHOOL STUDENTS PROMOTED TO THE NEXT GRADE ON TIME

FINANCIAL STABILITY / INCOME

UWMC INVESTED 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.

- SOME MAJOR OUTCOMES: #1- 2,969 INDIVIDUALS PLACED IN JOBS; #2 - 1,430 PARTICIPANTS IMPROVED FINANCIAL POSITION; #3 - \$4,069,713 OF TAX REFUNDS RECEIVED BY FREE TAX PREP RECIPIENTS

HEALTH & WELLNESS

UWMC INVESTED 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

Name of the organization

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CENTERS, PLACES OF WORSHIP) THAT INCREASE PHYSICAL ACTIVITY AND FRUIT AND VEGETABLE CONSUMPTION; SUPPORT PROGRAMS THAT ENHANCE HEALTH ACCESS AND LITERACY; AND CONNECT THOSE WHO MAY NOT BE ELIGIBLE FOR INSURANCE TO AVAILABLE HEALTH CARE.

- SOME MAJOR OUTCOMES: #1 - 79,464 BEHAVIORAL AND MENTAL HEALTH SCREENINGS/REFERRALS TO TREATMENT; #2 - 3,541 YOUTH CONSUMED MORE SERVINGS OF FRUITS & VEGETABLES PER DAY; #3 - 34,337 PEOPLE CONNECTED TO A HEALTH PROVIDER/PRIMARY CARE PHYSICIAN/REGULAR CARE

SAFETY NET SERVICES

UWMC SUPPORTED PROGRAMS THAT PROVIDE FOR ONE'S MOST INNATE NEEDS HOUSING, FOOD, SAFETY FROM ABUSE, AND LEGAL ACCESS AND HELP THEIR CLIENTS ON TO A PATH THAT PREVENTS FUTURE CRISIS.

- SOME MAJOR OUTCOMES: #1 - 14,088 PEOPLE RECEIVED HOUSING ASSISTANCE; #2 - 14,951 INDIVIDUALS ACCESSED SAFETY FROM ABUSE SERVICES; #3 - 23,042 PEOPLE RECEIVED LEGAL SERVICES

MARCH 1, 2021 - JUNE 30, 2021 INVESTMENTS / OUTCOMES

BASIC NEEDS

UWMC INVESTED IN DIRECT SERVICE PROGRAMS THAT STABILIZE FAMILIES BY PROVIDING CRITICAL SUPPORT IN HOUSING, FOOD ACCESS, SAFETY FROM ABUSE, AND ACCESS TO HEALTHCARE. PARTNERS FUNDED THROUGH THIS STRATEGY MAY EITHER BE REGIONAL AGENCIES OPERATING ACROSS MULTIPLE SITES AND NEIGHBORHOODS/MUNICIPALITIES OR COMMUNITY HUBS THAT SERVE A SPECIFIC POPULATION OR COMMUNITY.

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

UWMC INVESTED IN PARTNERS WORKING TO IMPROVE OVERALL SYSTEMS THROUGH ADVOCACY OR THOSE ADVANCING DIRECT SERVICE DELIVERY THROUGH INNOVATIVE APPROACHES. SYSTEMS IMPROVEMENTS GRANTS SUPPORT COLLABORATIVE PARTNERSHIPS BETWEEN DIRECT SERVICE PROVIDERS IN A SINGLE ISSUE AND THE COORDINATING AND CONVENING EFFORTS NECESSARY TO DRIVE SYSTEMS CHANGE. INNOVATION GRANTS ADVANCE INNOVATIVE DEVELOPMENTS IN DIRECT SERVICE DELIVERY THROUGH, FOR EXAMPLE, CASE MANAGEMENT, TECHNOLOGY, OR COORDINATED MULTI-AGENCY PROGRAMMING.

COORDINATED SERVICES

UWMC INVESTED IN PROGRAMS THAT PROVIDE HIGH-QUALITY DIRECT SERVICES THAT ARE CONNECTED TO BROADER COMMUNITY EFFORTS IN UNITED WAY'S NEIGHBORHOOD NETWORKS OR OTHER SELECTED COMMUNITIES. THESE SERVICES MUST BE ANCHORED IN ONE OF UNITED WAY'S PRIORITY FUNDING AREAS (HOUSING, FOOD ACCESS, SAFETY FROM ABUSE, ACCESS TO HEALTHCARE, TAX PREPARATION, LEGAL ASSISTANCE, EARLY LEARNING, OR WORKFORCE DEVELOPMENT), BUT MAY INCLUDE ANY ADDITIONAL SERVICES THAT WILL ASSIST THE HOUSEHOLD IN ACHIEVING THEIR GOALS.

- SOME MAJOR OUTCOMES FOR MARCH 1, 2021-JUNE 30, 2021

#1 - 433 CLIENTS ACHIEVED POSITIVE OUTCOME VIA LEGAL SERVICES

#2 - 4844 HOUSEHOLDS RECEIVED ADDITIONAL SERVICES BEYOND FOOD

ASSISTANCE

#3 - 8018 HOUSEHOLDS RECEIVED MULTIPLE SERVICES

#4 - 1867 PARTICIPANTS EXITED A FINANCIAL STABILITY PROGRAM WITH

INCREASED FINANCIAL RESOURCES

#5 - 3915 PARTICIPANTS IN BEHAVIORAL AND MENTAL HEALTH SESSIONS

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

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

SOME MAJOR OUTCOMES:

- AUBURN GRESHAM BROKE GROUND ON THE TRANSFORMATION OF A VACANT BUILDING INTO A HEALTHY LIFESTYLE HUB, AS WELL AS THE DEVELOPMENT OF A NEW METRA PUBLIC TRANSPORTATION STATION.
- THE AUSTIN NEIGHBORHOOD NETWORK PARTNERED WITH LOCAL AUSTIN NONPROFITS TO LAUNCH THE ASPIRE INITIATIVE, INCLUDING CREATION OF A NEW STATE-OF-THE-ART EARLY LEARNING, HEALTH AND WELLNESS, AND RECREATION CENTER AND RENOVATION OF A VACANT PUBLIC SCHOOL INTO THE ASPIRE CENTER FOR WORKFORCE INNOVATION.
- PARENT MENTOR PROGRAMS IN BRIGHTON PARK AND CICERO CONTINUE TO PLAY CRITICAL ROLES IN ENHANCING STUDENT ACADEMIC SUCCESS.
- SEVERAL NETWORKS STAFFED COVID-19 RAPID RESPONSE COMMUNITY HUBS, PROVIDING EDUCATION AND ACCESS TO VACCINES, IMMEDIATE AND DIRECT RELIEF VIA CASH ASSISTANCE, FOOD DISTRIBUTION, AND PPE SUPPLIES.

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 MARCH 2020. THE NEEDS AT THE ONSET OF THE PANDEMIC VARIED WIDELY AND CONTINUED TO EVOLVE AS THE MONTHS PASSED. THE GOAL OF THE CCCRF WAS TO PROVIDE FLEXIBLE RESOURCES TO LOCAL NONPROFIT ORGANIZATIONS ACROSS THE CHICAGO REGION SO THAT THEY COULD HAVE THE SUPPORT THEY NEEDED TO BEST SERVE THE INDIVIDUALS AND HOUSEHOLDS HARDEST HIT BY THE PANDEMIC.

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IN PARTNERSHIP WITH THE CITY OF CHICAGO, CHICAGO PHILANTHROPY, BUSINESS LEADERS, AND GENEROUS DONORS, THE FUND RAPIDLY RAISED AND DEPLOYED RESOURCES TO HELP ENSURE THOUSANDS OF FAMILIES COULD ACCESS FOOD, STAY IN THEIR HOMES, AND RECEIVE CRITICAL HEALTH SERVICES. WHEN THE CCCRF OFFICIALLY CLOSED IN EARLY 2021, IT HAD RAISED MORE THAN \$35 MILLION TO SUPPORT INDIVIDUALS AND FAMILIES ACROSS THE CHICAGO REGION.

SOME MAJOR OUTCOMES:

- MORE THAN \$35 MILLION RAISED AND INVESTED ACROSS THE CHICAGO REGION
 - MORE THAN 400 NONPROFIT AGENCIES RECEIVED FUNDING
 - MORE THAN 6,000 DONORS, INCLUDING INDIVIDUALS, FAMILIES, BUSINESSES, AND FOUNDATIONS, CONTRIBUTED TO THE CCCRF
 - PROVIDED MORE THAN \$1 MILLION IN RENT AND MORTGAGE ASSISTANCE TO HUNDREDS OF FAMILIES THROUGH A PARTNERSHIP BETWEEN THE CITY OF CHICAGO'S DEPARTMENT OF HOUSING AND THE FAMILY INDEPENDENCE INITIATIVE
- EXPENSES \$ 24,419,865. INCLUDING GRANTS OF \$ 20,217,719. 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 B, LINE 11B:

FORM 990 REVIEW PROCESS:

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

Name of the organization UNITED WAY OF METROPOLITAN CHICAGO INC.	Employer identification number 30-0200478
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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 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, 2021.

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:

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

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 2020 TAX YEAR (FISCAL YEAR ENDED JUNE 30, 2021) OVERHEAD RATE USING THE SUM OF MANAGEMENT AND GENERAL TOTAL EXPENSES AND FUNDRAISING TOTAL EXPENSES REPORTED IN PART IX (STATEMENT OF FUNCTIONAL EXPENSES) DIVIDED BY THE TOTAL REVENUE REPORTED IN PART VIII, LINE 12, OF COLUMN A. THIS UWMC OVERHEAD RATE FOR 2020 IS 8.3%. 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 ADJUSTMENT	704,134.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT	209,916.
TOTAL TO FORM 990, PART XI, LINE 9	914,050.

**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 for instructions and the latest information.

OMB No. 1545-0047

2020

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

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

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

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

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY - MCCORMICK PARTNERSHIPS	Q	243,998.	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