

**UNITED WAY OF METROPOLITAN CHICAGO INC.**

Form 990 for the  
Year Ended June 30, 2022

Public Disclosure Copy

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)

**2021**

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

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF METROPOLITAN CHICAGO INC.</b>		<b>D</b> Employer identification number <b>30-0200478</b>
	Doing business as		<b>E</b> Telephone number <b>312-906-2350</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>333 SOUTH WABASH AVENUE, 30TH FL</b>		<b>G</b> Gross receipts \$ <b>48,657,453.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>CHICAGO, IL 60604</b>		
<b>F</b> Name and address of principal officer: <b>RONALD DENARD</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

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

**J** Website: ▶ **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**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF METROPOLITAN CHICAGO IMPROVES LIVES BY MOBILINZING CARING PEOPLE TO INVEST IN THE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>34</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>33</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>110</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1885</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>18,841.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>7,185.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>80,128,818.</b>	<b>45,172,615.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>451,053.</b>	<b>473,703.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>866,532.</b>	<b>352,282.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>272,389.</b>	<b>185,940.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>81,718,792.</b>	<b>46,184,540.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>48,105,703.</b>	<b>42,315,843.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>8,642,576.</b>	<b>6,973,242.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,614,529.</b>	<b>0.</b>	<b>64,173.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,828,691.</b>	<b>6,482,535.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>61,576,970.</b>	<b>55,835,793.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>20,141,822.</b>	<b>-9,651,253.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>71,078,214.</b>	<b>58,068,035.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>14,500,531.</b>	<b>12,415,866.</b>
		<b>56,577,683.</b>	<b>45,652,169.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date	
	<b>RONALD DENARD, CFO</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>BRIDGET ROCHE</b>	Preparer's signature <i>Bridget Roche</i>	Date <b>12/20/2022</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00666837</b>
	Firm's name ▶ <b>GRANT THORNTON LLP</b>	Firm's EIN ▶ <b>36-6055558</b>	Phone no. <b>312-856-0200</b>	
Firm's address ▶ <b>171 N. CLARK ST, SUITE 200</b> <b>CHICAGO, IL 60601</b>				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

Department of the Treasury  
Internal Revenue Service

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

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 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
Form 990-T (corporation)	07		

**RONALD DENARD**

- The books are in the care of ▶ **333 S. WABASH AVE, 30TH FL - CHICAGO, IL 60604**

Telephone No. ▶ **312-906-2312** Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, 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, 2021**, and ending **JUN 30, 2022**.

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

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

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE 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 \$ 9,088,073. including grants of \$ 7,560,311. ) (Revenue \$ ) IMPACT GRANTS FOR 90 YEARS, UNITED WAY OF METRO CHICAGO HAS MOBILIZED CARING PEOPLE TO INVEST IN THE COMMUNITIES WHERE RESOURCES ARE NEEDED MOST.

WHAT WE LEARNED OVER THE COURSE OF THE PANDEMIC HAS UNDERScoreD WHAT WE'VE LEARNED SINCE WE LAUNCHED THE NEIGHBORHOOD NETWORK INITIATIVE IN 2013: HOLISTIC, PLACE-BASED APPROACHES WORK. COALITIONS IN OUR NEIGHBORHOOD NETWORKS, AS WELL AS OTHER COORDINATED PARTNERS ACROSS THE REGION, ARE AMAZINGLY EFFECTIVE AT KNOWING WHAT COMMUNITY RESIDENTS NEED AND HOW TO QUICKLY REACH THEM WITH SUPPORT. AS WE PLAN FOR THE FUTURE, WE ARE GUIDED BY A CORE COMMITMENT TO MAKING NEIGHBORHOODS STRONGER AND MORE EQUITABLE. (CONTINUED IN SCHEDULE O)

4b (Code: ) (Expenses \$ 7,811,093. including grants of \$ 6,498,000. ) (Revenue \$ 473,703. ) 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 HUNDREDS OF AGENCY AND COMMUNITY PARTNERS IN 13 NEIGHBORHOODS ACROSS THE CHICAGO REGION. THE GOAL IS TO BUILD 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. (CONTINUED IN SCHEDULE O)

4c (Code: ) (Expenses \$ 16,201,288. including grants of \$ 16,201,288. ) (Revenue \$ ) 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 FROM 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 \$ 14,492,528. including grants of \$ 12,056,244. ) (Revenue \$ )

4e Total program service expenses 47,592,982.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated 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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 34		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 33		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**RONALD DENARD - 312-906-2312**  
**333 S. WABASH AVE, 30TH FL, 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				347,479.	0.	48,896.
(2) SEAN GARRETT PRESIDENT & CEO	37.50 0.00	X		X				354,831.	0.	27,217.
(3) MARILYN JACKSON (THRU 12/21) CHIEF STRATEGY & ENGAGEMENT OFFICER	37.50 0.00			X				230,786.	0.	43,612.
(4) RONALD DENARD CHIEF FINANCIAL OFFICER	37.50 0.00			X				245,901.	0.	15,116.
(5) ANNA EDWARDS VICE PRESIDENT, CORPORATE ENGAGEMENT	37.50 0.00					X		167,712.	0.	20,824.
(6) KIMBERLEE GUENTHER CHIEF IMPACT OFFICER	37.50 1.00					X		169,763.	0.	16,776.
(7) JOSE RICO (THRU 10/21) CHIEF PARTNERSHIP & INITIATIVE	37.50 1.00					X		149,644.	0.	21,064.
(8) TAMIYA AUREL VP HUMAN RESOURCES	37.50 0.00					X		141,783.	0.	18,426.
(9) KEVIN GRAAN ASSOCIATE VICE PRESIDENT, FINANCE	37.50 1.00			X				123,433.	0.	17,429.
(10) VERONICA LYNCH (THRU 12/21) DIRECTOR PRESIDENT'S OFFICE	37.50 0.00					X		100,808.	0.	20,336.
(11) DEBORAH THORNTON EA/SECRETARY	37.50 0.00			X				82,687.	0.	16,880.
(12) CHERYL A. FRANCIS CHAIRPERSON	4.00 0.00	X		X				0.	0.	0.
(13) JOHN OLIVER HUDSON III VICE CHAIRPERSON (THRU 04/22)	1.00 0.00	X		X				0.	0.	0.
(14) LINDA T. COBERLY VICE CHAIRPERSON	1.00 0.00	X		X				0.	0.	0.
(15) MANUEL FLORES TREASURER	1.00 0.00	X		X				0.	0.	0.
(16) LINDA L. IMONTI CAMPAIGN CHAIR	2.00 0.00	X						0.	0.	0.
(17) CHARLES MATTHEWS BOARD MEMBER	1.00 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) PATRICK J. CANNING BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) ROBERT A. SULLIVAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) DAVID BLOWERS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) DAVID R. CASPER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) JEFFREY DEVRON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) JOSEPH DOMINGUEZ BOARD MEMBER (THRU 02/22)	1.00 0.00	X						0.	0.	0.
(24) ANDREW DUNN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(25) PAULETTE DODSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(26) BRIDGET GAINER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,114,827.	0.	266,576.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,114,827.	0.	266,576.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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
TERAZO INC, 6802 PARAGON PLACE, SUITE 625, RICHMOND, VA 23230	BUSINESS CONSULTING	279,775.
GRANT THORNTON LLP, 171 N. CLARK STREET, SUITE 200, CHICAGO, IL 60601	AUDIT & CONSULTING	132,507.
ALEXANDRA AUGUSTE 18 TYLER STREET, HYDE PARK, MA 02136	CONSULTING SERVICES	115,390.
CHAPIN HALL CENTER FOR CHILDREN 1313 E 60TH ST, CHICAGO, IL 60637	CONSULTING SERVICES	106,728.

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 **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LISA N. JOHNSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(28) REV. LARRY L. JACKSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(29) DARREN JONES BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(30) EDWARD MCGROGAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(31) EILEEN MITCHELL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(32) CARINA MARKEL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(33) NEIL MURRAY BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(34) KRISTIE PASKVAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(35) MARK PRINDIVILLE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(36) ROBERT REITER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(37) E. SCOTT SANTI BOARD MEMBER (THRU 10/21)	1.00 0.00	X						0.	0.	0.
(38) SCOTT SWANSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(39) KELLY R. WELSH BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(40) RANDY MEHRBERG BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(41) JUD SNYDER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(42) BROOKE THOMPSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(43) WOLFE TONE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(44) JOHANN S WILLIAMS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(45) ALICIA PONCE BOARD MEMBER (BEG 07/21)	1.00 0.00	X						0.	0.	0.
(46) JULIA MORSCH SZNEWAJS BOARD MEMBER (BEG 07/21)	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Row 1: (47) KENNETH ESCOE BOARD MEMBER (BEG 10/21) with 1.00 and 0.00 hours, compensation of 0.00 from all sources.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	115,362.				
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events	626,406.				
	<b>1 d</b>	Related organizations					
	<b>1 e</b>	Government grants (contributions)	346,571.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	44,084,276.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 1,301,348.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f	45,172,615.				
	Program Service Revenue	<b>2 a</b>	MANAGEMENT FEES FROM OTHER UW ORG	561000	438,897.	438,897.	
<b>2 b</b>		DESIGNATION FEES	561000	34,806.	34,806.		
<b>2 c</b>							
<b>2 d</b>							
<b>2 e</b>							
<b>2 f</b>		All other program service revenue					
<b>2 g</b>		<b>Total.</b> Add lines 2a-2f		473,703.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		157,816.		157,816.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real	48,000.			
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses		1,452.			
	<b>6 c</b>	Rental income or (loss)		46,548.			
	<b>6 d</b>	Net rental income or (loss)		46,548.	18,841.	27,707.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	2,271,697.			
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses		2,077,231.			
	<b>7 c</b>	Gain or (loss)		194,466.			
<b>7 d</b>	Net gain or (loss)		194,466.		194,466.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 626,406. of contributions reported on line 1c). See Part IV, line 18		533,622.				
<b>8 b</b>	Less: direct expenses		394,230.				
<b>8 c</b>	Net income or (loss) from fundraising events		139,392.		139,392.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
<b>9 c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>10 c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>						
	<b>11 b</b>						
	<b>11 c</b>						
	<b>11 d</b>	All other revenue					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		46,184,540.	473,703.	18,841.	519,381.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	42,315,843.	42,315,843.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,443,320.	430,989.	603,648.	408,683.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,673,027.	1,828,397.	1,684,727.	1,159,903.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,806.	17,916.	35,210.	22,680.
<b>9</b> Other employee benefits	457,170.	250,259.	117,812.	89,099.
<b>10</b> Payroll taxes	323,919.	94,422.	137,522.	91,975.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	1,003.	84.	851.	68.
<b>c</b> Accounting	144,234.	12,116.	122,310.	9,808.
<b>d</b> Lobbying	6,847.	6,847.		
<b>e</b> Professional fundraising services. See Part IV, line 17	64,173.			64,173.
<b>f</b> Investment management fees	139,102.	37,478.	62,363.	39,261.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,391,623.	1,188,332.	123,656.	79,635.
<b>12</b> Advertising and promotion	270,171.	114,281.	72,200.	83,690.
<b>13</b> Office expenses	86,430.	13,919.	56,234.	16,277.
<b>14</b> Information technology	315,034.	7,517.	275,306.	32,211.
<b>15</b> Royalties				
<b>16</b> Occupancy	660,336.	162,065.	329,170.	169,101.
<b>17</b> Travel	51,591.	21,321.	14,524.	15,746.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	6,912.	10,665.	-5,283.	1,530.
<b>20</b> Interest	57,881.	1,661.	54,477.	1,743.
<b>21</b> Payments to affiliates	748,431.	201,361.	335,718.	211,352.
<b>22</b> Depreciation, depletion, and amortization	302,862.	81,483.	135,853.	85,526.
<b>23</b> Insurance	61,982.	16,676.	27,803.	17,503.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>EARLY TERMINATION</b>	1,422,611.	0.	1,422,611.	0.
<b>b</b> <b>UNCOLLECTIBLE PLEDGES</b>	760,000.	760,000.	0.	0.
<b>c</b> <b>MEMBERSHIP DUES</b>	50,000.	14,762.	21,079.	14,159.
<b>d</b> _____				
<b>e</b> All other expenses _____	5,485.	4,588.	491.	406.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	55,835,793.	47,592,982.	5,628,282.	2,614,529.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	140.	<b>1</b>	163.
	<b>2</b> Savings and temporary cash investments .....	46,462,097.	<b>2</b>	39,743,598.
	<b>3</b> Pledges and grants receivable, net .....	12,799,137.	<b>3</b>	7,957,267.
	<b>4</b> Accounts receivable, net .....	735,067.	<b>4</b>	471,823.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	187,193.	<b>9</b>	147,119.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,990,623.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,217,199.	1,065,409.	<b>10c</b> 773,424.
	<b>11</b> Investments - publicly traded securities .....	8,814,146.	<b>11</b>	8,181,043.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,015,025.	<b>15</b>	793,598.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	71,078,214.	<b>16</b>	58,068,035.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,445,562.	<b>17</b>	6,059,045.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	3,878,781.	<b>19</b>	3,407,845.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,800,000.	<b>23</b>	2,000,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,376,188.	<b>25</b>	948,976.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	14,500,531.	<b>26</b>	12,415,866.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	22,068,408.	<b>27</b>	16,930,369.
	<b>28</b> Net assets with donor restrictions .....	34,509,275.	<b>28</b>	28,721,800.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	56,577,683.	<b>32</b>	45,652,169.
	<b>33</b> Total liabilities and net assets/fund balances .....	71,078,214.	<b>33</b>	58,068,035.

**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	46,184,540.
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,835,793.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,651,253.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	56,577,683.
5	Net unrealized gains (losses) on investments	5	-1,509,001.
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	234,740.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	45,652,169.

**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 on 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
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2021**

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	48216651.	45744953.	92172597.	79368818.	45172615.	310675634
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	48216651.	45744953.	92172597.	79368818.	45172615.	310675634
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						30944236.
<b>6 Public support.</b> Subtract line 5 from line 4.						279731398

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	48216651.	45744953.	92172597.	79368818.	45172615.	310675634
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	186,718.	219,299.	282,821.	274,955.	186,975.	1150768.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....			22,467.	36,010.	18,841.	77,318.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	203,275.	297,475.	393,835.	411,291.	533,622.	1839498.
<b>11 Total support.</b> Add lines 7 through 10						313743218
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,819,341.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	89.16	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	91.46	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**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

2017 AMOUNT: \$ 203,275.

2018 AMOUNT: \$ 297,475.

2019 AMOUNT: \$ 393,835.

2020 AMOUNT: \$ 411,291.

2021 AMOUNT: \$ 533,622.



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

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), 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), 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).

Name of organization  <b>UNITED WAY OF METROPOLITAN CHICAGO INC.</b>	Employer identification number  <b>30-0200478</b>
--	---

**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	_____ _____ _____	\$ <u>5,589,840.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>2,171,476.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>2,066,813.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>2,051,120.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>1,836,923.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>1,690,269.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF METROPOLITAN CHICAGO INC.</b>	Employer identification number  <b>30-0200478</b>
--	---

**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	_____ _____ _____	\$ <u>1,550,547.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>1,355,413.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>1,352,005.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>1,086,733.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF METROPOLITAN CHICAGO INC.</b>	Employer identification number  <b>30-0200478</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SECURITIES PUBLICLY TRADED _____ _____ _____	\$ <u>1,085,387.</u>	<u>06/30/22</u>
5	SECURITIES PUBLICLY TRADED _____ _____ _____	\$ <u>3,019.</u>	<u>06/30/22</u>
8	SECURITIES PUBLICLY TRADED _____ _____ _____	\$ <u>48,415.</u>	<u>06/30/22</u>
10	SECURITIES PUBLICLY TRADED _____ _____ _____	\$ <u>2,267.</u>	<u>06/30/22</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>UNITED WAY OF METROPOLITAN CHICAGO INC.</b>	Employer identification number  <b>30-0200478</b>
--	---

**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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <b>UNITED WAY OF METROPOLITAN CHICAGO INC.</b>	Employer identification number <b>30-0200478</b>
--	---

**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-.

**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												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	3,017.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	3,830.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	6,847.													
<b>d</b>	Other exempt purpose expenditures	47,650,308.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	47,657,155.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	5,910.	5,067.	6,325.	6,847.	24,149.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	2,355.	2,920.	2,818.	3,017.	11,110.

Schedule C (Form 990) 2021

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

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

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**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) 2021

**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	8,481,768.	6,986,123.	7,261,794.	6,270,876.	5,368,551.
b Contributions	900,367.			974,804.	731,697.
c Net investment earnings, gains, and losses	-1,143,145.	1,797,645.	329.	302,930.	425,120.
d Grants or scholarships					
e Other expenditures for facilities and programs	342,000.	302,000.	276,000.	286,816.	254,492.
f Administrative expenses					
g End of year balance	7,896,990.	8,481,768.	6,986,123.	7,261,794.	6,270,876.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  31.0000 %
  - b Permanent endowment  46.1000 %
  - c Term endowment  22.9000 %
- 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.	1,552,232.	713,335.
d Equipment		1,725,056.	1,664,967.	60,089.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				773,424.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATION FOR RETIREMENT BENEFITS	696,749.
(3) ASSET RETIREMENT OBLIGATION	252,227.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	948,976.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

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

**PART X, LINE 2:**

UWMC HAS RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE ("IRS") STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 ("IRC") AS AMENDED, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. ACCOUNTING GUIDANCE REQUIRES TAX EFFECTS FROM UNCERTAIN

**Part XIII** Supplemental Information (continued)

TAX POSITIONS TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WAS TO BE CHALLENGED BY A TAXING AUTHORITY.

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

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

**UNITED WAY OF METROPOLITAN CHICAGO INC.**

Employer identification number

**30-0200478**

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
PJH & ASSOCIATES - 205 W. WACKER DR., STE. 1400,	MANAGING STRONGER NEIGHBORHOOD AWARDS		X	1,074,341.	64,173.	1,010,168.
<b>Total</b>				1,074,341.	64,173.	1,010,168.

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

IL

**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	
		STRONGER	YLU IGNITE	7	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	609,500.	47,326.	503,202.	1,160,028.
	2	Less: Contributions	599,800.	26,606.		626,406.
	3	Gross income (line 1 minus line 2)	9,700.	20,720.	503,202.	533,622.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	30,750.	16,290.		47,040.
	8	Entertainment				
	9	Other direct expenses	127,405.	13,408.	206,377.	347,190.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				394,230.
11	Net income summary. Subtract line 10 from line 3, column (d)				139,392.	

**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 I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: PJH & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 205 W. WACKER DR., STE. 1400, CHICAGO, IL 60606

(II) ACTIVITY: MANAGING STRONGER NEIGHBORHOOD AWARDS LUNCHEON



**Part IV** Supplemental Information *(continued)*

Horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACCESS COMMUNITY HEALTH NETWORK 600 W FULTON ST, 2ND FL CHICAGO, IL 60661	36-3317058	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
ACCESS DUPAGE/DUPAGE HEALTH COALITION - 511 THORNHILL DRIVE SUITE E - CAROL STREAM, IL 60188	36-4448208	501(C)(3)	37,754.	0.			PROGRAM SUPPORT
ADA S MCKINLEY COMMUNITY SERVICES INC - 1359 WEST WASHINGTON BLVD. - CHICAGO, IL 60607	36-2144820	501(C)(3)	36,412.	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- YOUNG HEARTS FOR LIFE - 3075 HIGHLAND PARKWAY, SUITE 600 - DOWNERS GROVE, IL 60515	36-3297360	501(C)(3)	5,324.	0.			PROGRAM SUPPORT
AIDS FOUNDATION OF CHICAGO 200 WEST JACKSON BOULEVARD SUITE 21 CHICAGO, IL 60606	36-3412054	501(C)(3)	37,444.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **206.**
- 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) 2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION, GREATER ILLINOIS CHAPTER - 225 NORTH MICHIGAN AVE SUITE 1200 - CHICAGO, IL 60601	13-3039601	501(C)(3)	15,318.	0.			PROGRAM SUPPORT
AMERICAN RED CROSS 2200 W. HARRISON STREET CHICAGO, IL 60612	53-0196605	501(C)(3)	110,003.	0.			PROGRAM SUPPORT
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E CHICAGO AVE - CHICAGO, IL 60611	36-3357006	501(C)(3)	6,146.	0.			PROGRAM SUPPORT
ANSHE EMET SYNAGOGUE (SUSTAINING FUND) - 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)	35,838.	0.			PROGRAM SUPPORT
ARAB AMERICAN ACTION NETWORK 3148 WEST 63RD STREET 2ND FLOOR CHICAGO, IL 60629	36-4034958	501(C)(3)	25,696.	0.			PROGRAM SUPPORT
ARAB AMERICAN FAMILY SERVICES 7000 W 111TH ST STE 102 WORTH, IL 60482	60-0002593	501(C)(3)	41,281.	0.			PROGRAM SUPPORT
ARRUPE COLLEGE OF LOYOLA UNIVERSITY - 1 E PEARSON ST - CHICAGO, IL 60611	36-1408475	501(C)(3)	22,515.	0.			PROGRAM SUPPORT
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	36-2167725	501(C)(3)	10,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION HOUSE OF CHICAGO 1116 N KEDZIE AVE CHICAGO, IL 60651	36-2166961	501(C)(3)	63,411.	0.			PROGRAM SUPPORT
AUSTIN CHILDCARE PROVIDERS' NETWORK - 5701 W DIVISION ST - CHICAGO, IL 60651	36-4395447	501(C)(3)	35,892.	0.			PROGRAM SUPPORT
AUSTIN NEIGHBORHOOD NETWORK 5049 W HARRISON STREET CHICAGO, IL 60644	45-0920919	501(C)(3)	528,086.	0.			PROGRAM SUPPORT
B.U.I.L.D., INC. 900 JEFFERSON AVE, BOX BUILDING A 5 REDWOOD CITY, CA 94063	94-3386695	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
BARRINGTON YOUTH & FAMILY SERVICES 118 APPLEBEE STREET BARRINGTON, IL 60010	36-2815350	501(C)(3)	10,351.	0.			PROGRAM SUPPORT
BEDS PLUS 9601 OGDEN AVE LAGRANGE, IL 60525	36-3741040	501(C)(3)	34,330.	0.			PROGRAM SUPPORT
BETHEL NEW LIFE FOUNDATION 1140 N LAMON AVE CHICAGO, IL 60651	20-4502193	501(C)(3)	25,137.	0.			PROGRAM SUPPORT
BIG SHOULDERS FUND 212 W. VAN BUREN, SUITE 900 CHICAGO, IL 60607	36-3490557	501(C)(3)	128,823.	0.			PROGRAM SUPPORT
BLUE ISLAND CITIZENS FOR PERSONS WITH - 2155 BROADWAY - BLUE ISLAND, IL 60406	36-2603932	501(C)(3)	50,200.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGE COMMUNITIES 505 CRESCENT BOULEVARD GLEN ELLYN, IL 60137	36-3705951	501(C)(3)	76,878.	0.			PROGRAM SUPPORT
BRIDGE YOUTH AND FAMILY SERVICES 721 SOUTH QUENTIN ROAD SUITE 103 PALATINE, IL 60067	23-7093615	501(C)(3)	34,520.	0.			PROGRAM SUPPORT
BRIGHTON PARK NEIGHBORHOOD NETWORK 4477 SOUTH ARCHER AVE CHICAGO, IL 60632	36-4229387	501(C)(3)	1,208,310.	0.			PROGRAM SUPPORT
BRONZEVILLE NEIGHBORHOOD NETWORK 3473 S KING DRIVE, SUITE 334 CHICAGO, IL 60616	26-2007088	501(C)(3)	277,167.	0.			PROGRAM SUPPORT
BY THE HAND CLUB FOR KIDSFORMERLY KIDS' CLUB - P.O. BOX 10043 - CHICAGO, IL 60610	20-3144284	501(C)(3)	20,728.	0.			PROGRAM SUPPORT
CANCER SUPPORT CENTER 19645 S LA GRANGE RD MOKENA, IL 60448	36-3880404	501(C)(3)	8,825.	0.			PROGRAM SUPPORT
CARA CHICAGO 237 SOUTH DESPLAINES CHICAGO, IL 60661	36-4268095	501(C)(3)	43,856.	0.			PROGRAM SUPPORT
CAROLE ROBERTSON CENTER FOR LEARNING - 1111 S WESTERN AVE STE B - CHICAGO, IL 60612	36-2882124	501(C)(3)	78,965.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES DIOCESE OF JOLIET - 16555 WEBER RD. - CREST HILL, IL 60403	36-2170817	501(C)(3)	160,732.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO - 4150 SOUTH KING DRIVE - CHICAGO, IL 60653	36-2729721	501(C)(3)	27,880.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES, ARCHDIOCESE OF CHICAGO - 721 N LASALLE ST, 4TH FLOOR - CHICAGO, IL 60654	36-2170821	501(C)(3)	775,078.	0.			PROGRAM SUPPORT
CELIAC DISEASE CENTER UNIVERSITY OF CHICAGO - 5841 S. MARYLAND AVE. MC 4069 - CHICAGO, IL 60637	36-3488183	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
CENTER FOR CONFLICT RESOLUTION 11 EAST ADAMS STREET SUITE 500 CHICAGO, IL 60603	36-2997680	501(C)(3)	25,009.	0.			PROGRAM SUPPORT
CENTER FOR INDEPENDENCE THROUGH CONDUCTIVE EDUCATION, INC. - 100 WEST PLAINFIELD ROAD SUITE 100 - COUNTRYSIDE, IL 60525	36-4259162	501(C)(3)	26,854.	0.			PROGRAM SUPPORT
CENTRO DE INFORMACION 1885 LIN LOR LANE ELGIN, IL 60123	36-2776988	501(C)(3)	25,499.	0.			PROGRAM SUPPORT
CHICAGO BOTANIC GARDEN 1000 LAKE COOK ROAD GLENCOE, IL 60022	36-2225482	501(C)(3)	36,000.	0.			PROGRAM SUPPORT
CHICAGO CHILDREN'S ADVOCACY CENTER 1240 SOUTH DAMEN AVENUE CHICAGO, IL 60608	36-4251865	501(C)(3)	76,691.	0.			PROGRAM SUPPORT
CHICAGO CHURCH OF CHRIST 8745 W HIGGINS RD SUITE 110 CHICAGO, IL 60631	36-3188417	501(C)(3)	28,958.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO CLUB PRESERVATION FUND 81 E VAN BUREN ST CHICAGO, IL 60605	37-1539642	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
CHICAGO COMMONS ASSOCIATION 515 E. 50TH STREET CHICAGO, IL 60615	36-2169136	501(C)(3)	79,194.	0.			PROGRAM SUPPORT
CHICAGO FEDERATION OF LABOR WORKFORCE & COMMUNITY INITIATIVE - 2301 S LAKE SHORE DRIVE LAKESIDE CENTER - CHICAGO, IL 60616	36-3977262	501(C)(3)	124,998.	0.			PROGRAM SUPPORT
CHICAGO PUBLIC LIBRARY FOUNDATION 20 N. MICHIGAN AVE, SUITE 520 CHICAGO, IL 60602	36-3480353	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CHICAGO URBAN LEAGUE 4510 SOUTH MICHIGAN AVENUE CHICAGO, IL 60653	36-2225483	501(C)(3)	55,036.	0.			PROGRAM SUPPORT
CHICAGO YOUTH CENTERS 218 S. WABASH AVENUE, SUITE 600 CHICAGO, IL 60604	36-2344429	501(C)(3)	8,144.	0.			PROGRAM SUPPORT
CHILDREN FIRST FUND - THE CPS FOUNDATIONFOR CHICAGO BUILDS - 200 WEST MADISON AVE 2ND FLOOR C/O IMPACT HOUSE - CHICAGO, IL 60606	36-4094830	501(C)(3)	176,153.	0.			PROGRAM SUPPORT
CHILDREN'S ADVOCACY CENTER OF NORTH AND NORTHWEST COOK COUNTY - 640 ILLINOIS BLVD. - HOFFMAN ESTATES, IL 60169	36-3711203	501(C)(3)	25,760.	0.			PROGRAM SUPPORT
CHILDREN'S HOME & AID SOCIETY OF IL - 2151 WEST 95TH STREET - CHICAGO, IL 60643	36-2167743	501(C)(3)	104,119.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S RESEARCH TRIANGLE 70 EAST LAKE STREET, SUITE 1300 CHICAGO, IL 60601	36-4236142	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
CHINESE AMERICAN SERVICE LEAGUE 2141 SOUTH TAN COURT CHICAGO, IL 60616	36-2984043	501(C)(3)	81,311.	0.			PROGRAM SUPPORT
CHINESE MUTUAL AID ASSOCIATION 1016 WEST ARGYLE STREET CHICAGO, IL 60640	36-3139799	501(C)(3)	25,260.	0.			PROGRAM SUPPORT
CHURCH OF THE HOLY COMFORTER 222 KENILWORTH AVENUE KENILWORTH, IL 60043	36-2170847	501(C)(3)	7,180.	0.			PROGRAM SUPPORT
CICERO NEIGHBORHOOD NETWORK 3401 SOUTH GUNDERSON AVE CHICAGO, IL 60402	23-7417420	501(C)(3)	340,748.	0.			PROGRAM SUPPORT
CIVIC CONSULTING ALLIANCE 21 S CLARK ST, SUITE 3120 CHICAGO, IL 60603	45-0467524	501(C)(3)	25,004.	0.			PROGRAM SUPPORT
CLARETIAN ASSOCIATES-SOUTH CHICAGO NEIGHBORHOOD NETWORK - 9108 S BRANDON AVE - CHICAGO, IL 60617	36-4087259	501(C)(3)	240,000.	0.			PROGRAM SUPPORT
COMMUNITY CRISIS CENTER 37 S GENEVA ST ELGIN, IL 60120	36-2855797	501(C)(3)	35,508.	0.			PROGRAM SUPPORT
COMP-U-DOPT 1602 AIRLINE DRIVE HOUSTON, TX 77099	26-1460311	501(C)(3)	100,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN - P.O. BOX 477916 - CHICAGO, IL 60647	36-2950380	501(C)(3)	25,389.	0.			PROGRAM SUPPORT
CONNECTIONS FOR THE HOMELESS 2121 DEWEY AVENUE EVANSTON, IL 60201	36-3346917	501(C)(3)	58,406.	0.			PROGRAM SUPPORT
COOK COUNTY HEALTH FOUNDATION 69 WEST WASHINGTON, SUITE 2040 CHICAGO, IL 60602	26-2497213	501(C)(3)	8,119.	0.			PROGRAM SUPPORT
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION D/B/A FORD HEIGHTS COMM. SERV. ORG - 943 E LINCOLN HIGHWAY - FORD HEIGHTS, IL 60411	36-2658308	501(C)(3)	175,154.	0.			PROGRAM SUPPORT
CRISIS CENTER FOR SOUTH SUBURBIA P.O. BOX 39 TINLEY PARK, IL 60477	36-3039964	501(C)(3)	44,109.	0.			PROGRAM SUPPORT
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501(C)(3)	13,524.	0.			PROGRAM SUPPORT
DEBORAH'S PLACE 2822 WEST JACKSON BOULEVARD CHICAGO, IL 60612	36-3382973	501(C)(3)	44,345.	0.			PROGRAM SUPPORT
DUPAGE PADS 601 W. LIBERTY WHEATON, IL 60187	36-3675494	501(C)(3)	47,053.	0.			PROGRAM SUPPORT
EASTER SEALS DUPAGE AND THE FOX VALLEY REGION - 830 S ADDISON AVE - VILLA PARK, IL 60181	36-2476388	501(C)(3)	43,474.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECKER CENTER FOR MENTAL HEALTH 1845 GRANDSTAND PLACE ELGIN, IL 60123	36-2312495	501(C)(3)	31,528.	0.			PROGRAM SUPPORT
ENGLEWOOD NEIGHBORHOOD NETWORK 815 WEST 63RD STREET CHICAGO, IL 60621	74-3102944	501(C)(3)	90,000.	0.			PROGRAM SUPPORT
ENLACE CHICAGO 2756 S. HARDING CHICAGO, IL 60623	36-3727669	501(C)(3)	99,999.	0.			PROGRAM SUPPORT
ENLACE CHICAGO 2759 S. HARDING AVE CHICAGO, IL 60623	36-3727669	501(C)(3)	90,000.	0.			PROGRAM SUPPORT
ERIE FAMILY HEALTH CENTER 1701 WEST SUPERIOR STREET CHICAGO, IL 60622	36-3088628	501(C)(3)	25,028.	0.			PROGRAM SUPPORT
ERIE NEIGHBORHOOD HOUSE 1701 WEST SUPERIOR STREET CHICAGO, IL 60622	36-3043253	501(C)(3)	36,777.	0.			PROGRAM SUPPORT
ESPERANZA HEALTH CENTERS 2001 S. CALIFORNIA CHICAGO, IL 60608	32-0115907	501(C)(3)	56,703.	0.			PROGRAM SUPPORT
EVANSTON NEIGHBORHOOD NETWORK 1560 SHERMAN AVE #535 EVANSTON, IL 60201	36-3466802	501(C)(3)	528,000.	0.			PROGRAM SUPPORT
FACING FORWARD TO END HOMELESSNESS 642 N. KEDZIE AVE. CHICAGO, IL 60612	36-3397005	501(C)(3)	35,608.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY FOCUS 310 S PEORIA ST #301 CHICAGO, IL 60607	36-2884042	501(C)(3)	25,519.	0.			PROGRAM SUPPORT
FAMILY RESCUE 9204 SOUTH COMMERCIAL AVENUE , SUIT CHICAGO, IL 60617	36-3170408	501(C)(3)	44,285.	0.			PROGRAM SUPPORT
FAMILY SERVICE AND MENTAL HEALTH CENTER OF CICERO - 5341 WEST CERMAK ROAD - CICERO, IL 60804	36-2246705	501(C)(3)	25,232.	0.			PROGRAM SUPPORT
FAR SOUTH NEIGHBORHOOD NETWORK 837 W 119TH ST CHICAGO, IL 60643	36-4468891	501(C)(3)	175,000.	0.			PROGRAM SUPPORT
GADS HILL CENTER 1919 W CULLERTON ST CHICAGO, IL 60608	36-2167082	501(C)(3)	26,976.	0.			PROGRAM SUPPORT
GIGI'S PLAYHOUSE - SYRACUSE PO BOX 141312 GRAND RAPIDS, MI 49514	38-2944724	501(C)(3)	9,750.	0.			PROGRAM SUPPORT
GOODMAN THEATERCHICAGO THEATRE GROUP, INC. - 170 N DEARBORN ST - CHICAGO, IL 60601	36-2896025	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GREATER AUBURN GRESHAM NEIGHBORHOOD NETWORK - 1159 WEST 79TH STREET - CHICAGO, IL 60620	36-4377387	501(C)(3)	630,066.	0.			PROGRAM SUPPORT
GREATER CHICAGO FOOD DEPOSITORY 2505 N KEDZI BLVD CHICAGO, IL 60647	36-2971864	501(C)(3)	132,268.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER ELGIN FAMILY CARE CENTER 370 SUMMIT ST ELGIN, IL 60120	36-4249586	501(C)(3)	24,999.	0.			PROGRAM SUPPORT
HABITAT FOR HUMANITY CHICAGO 1100 W CERMAK RD., STE. 404 CHICAGO, IL 60608	46-0494889	501(C)(3)	20,500.	0.			PROGRAM SUPPORT
HANDSON SUBURBAN CHICAGO 2121 SOUTH GOEBERT ROAD ARLINGTON HEIGHTS, IL 60005	36-2692866	501(C)(3)	11,933.	0.			PROGRAM SUPPORT
HAROLD COLBERT JONES MEMORIAL COMMUNITY CENTER - 220 EAST 15TH STREET - CHICAGO HEIGHTS, IL 60411	36-2182055	501(C)(3)	59,839.	0.			PROGRAM SUPPORT
HEARTLAND ALLIANCE FOR HUMAN NEEDS AND HUMAN RIGHTS - 208 S LASALLE ST, STE 1300 - CHICAGO, IL 60604	36-1877640	501(C)(3)	178,100.	0.			PROGRAM SUPPORT
HEARTLAND HEALTH CENTERS 1301 W DEVON CHICAGO, IL 60660	36-3843377	501(C)(3)	24,999.	0.			PROGRAM SUPPORT
HEPHZIBAH CHILDREN'S ASSOCIATION 946 NORTH BLVD. OAK PARK, IL 60301	36-2167096	501(C)(3)	33,843.	0.			PROGRAM SUPPORT
HOLY TRINITY LUTHERAN CHURCH 1218 W ADDISON ST CHICAGO, IL 60613	41-1568278	501(C)(3)	11,329.	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

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSING FORWARD 1851 S. 9TH AVENUE MAYWOOD, IL 60153	36-3876660	501(C)(3)	27,533.	0.			PROGRAM SUPPORT
HOUSING OPPORTUNITIES FOR WOMEN 1607 W HOWARD ST 3RD FL CHICAGO, IL 60626	36-3263818	501(C)(3)	35,948.	0.			PROGRAM SUPPORT
HOWARD BROWN HEALTH CENTER 4025 NORTH SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501(C)(3)	79,319.	0.			PROGRAM SUPPORT
I GROW - ALLOCATIONS-MAR 22-JUN 22 6402 S HONORE ST CHICAGO, IL 60636	46-1200279	501(C)(3)	23,333.	0.			PROGRAM SUPPORT
ILLINOIS ACTION FOR CHILDREN 4753 N BROADWAY, SUITE 1200 CHICAGO, IL 60640	36-2712912	501(C)(3)	50,170.	0.			PROGRAM SUPPORT
ILLINOIS FACILITIES FUND 333 SOUTH WABASH AVENUE SUITE 2800 CHICAGO, IL 60604	36-3656836	501(C)(3)	9,320.	0.			PROGRAM SUPPORT
INFANT WELFARE SOCIETY OF EVANSTON BABY TODDLER NURSERY 2200 MAIN STRE EVANSTON, IL 60202	36-2167753	501(C)(3)	35,001.	0.			PROGRAM SUPPORT
INSPIRATION CORPORATION 4554 N BROADWAY ST, SUITE 207 CHICAGO, IL 60640	36-3673980	501(C)(3)	7,814.	0.			PROGRAM SUPPORT
INSTITUTE FOR NONVIOLENCE CHICAGO 4926 W CHICAGO AVE CHICAGO, IL 60651	81-1098722	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JANE ADDAMS RESOURCE CORPORATION 4432 N RAVENSWOOD AVE CHICAGO, IL 60640	36-3682559	501(C)(3)	50,080.	0.			PROGRAM SUPPORT
JEWISH FEDERATION OF METROPOLITAN CHICAGO - 30 SOUTH WELLS ST - CHICAGO, IL 60606	36-2167761	501(C)(3)	556,594.	0.			PROGRAM SUPPORT
JEWISH UNITED FUND 954 W WASHINGTON BLVD STE 305 CHICAGO, IL 60607	13-5644916	501(C)(3)	50,386.	0.			PROGRAM SUPPORT
JOURNEYS - THE ROAD HOME 1140 EAST NORTHWEST HIGHWAY PALATINE, IL 60074	36-3919018	501(C)(3)	58,700.	0.			PROGRAM SUPPORT
JUNIOR ACHIEVEMENT (CHICAGO) 651 WEST WASHINGTON BLVD SUITE 404 CHICAGO, IL 60661	84-1267604	501(C)(3)	5,005.	0.			PROGRAM SUPPORT
KIDS FIRST CHICAGO 21 S CLARK ST, STE 4301 CHICAGO, IL 60603	83-0399727	501(C)(3)	47,000.	0.			PROGRAM SUPPORT
LAKEVIEW PANTRY 3945 N SHERIDAN RD CHICAGO, IL 60613	36-2734184	501(C)(3)	64,627.	0.			PROGRAM SUPPORT
LAMPSTAND MINISTRIESWORK PROJECTSSOUP KITCHENOUTREACH - P.O. BOX 5611, - VILLA PARK, IL 60181	31-1624270	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
LATIN SCHOOL OF CHICAGO SCHOLARSHIP FUND - 59 WEST NORTH BLVD - CHICAGO, IL 60610	36-2258525	501(C)(3)	11,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAWRENCE HALL 4833 NORTH FRANCISCO AVENUE CHICAGO, IL 60625	36-2167771	501(C)(3)	50,729.	0.			PROGRAM SUPPORT
LAWYERS' COMMITTEE FOR BETTER HOUSING - 33 N. LASALLE ST., SUITE 900 - CHICAGO, IL 60602	36-3134577	501(C)(3)	35,001.	0.			PROGRAM SUPPORT
LEUKEMIA AND LYMPHOMA SOCIETY (NATIONALOFFICE) - 1760 WST ALGONQUIN ROAD - PALATINE, IL 60067	36-2434562	501(C)(3)	18,616.	0.			PROGRAM SUPPORT
LIFT - CHICAGO 710 E 47TH STREET, CHICAGO CHICAGO, IL 60653	52-2168409	501(C)(3)	24,999.	0.			PROGRAM SUPPORT
LITTLE VILLAGE NEIGHBORHOOD NETWORK - 3047 W CERMAK - CHICAGO, IL 60623	36-4355072	501(C)(3)	578,151.	0.			PROGRAM SUPPORT
LOAVES & FISHES COMMUNITY SERVICES 1871 HIGH GROVE LANE NAPERVILLE, IL 60540	36-3786777	501(C)(3)	48,842.	0.			PROGRAM SUPPORT
LOYOLA ACADEMY 1100 LARAMIE AVENUE WILMETTE, IL 60091	36-2367981	501(C)(3)	12,552.	0.			PROGRAM SUPPORT
MANUFACTURING RENAISSANCE 3411 W DIVERSITY AVE SUITE 10 CHICAGO, IL 60647	36-3197648	501(C)(3)	24,999.	0.			PROGRAM SUPPORT
MARKET STREET MISSION 9 MARKET STREET MORRISTOWN, NJ 07960	22-6047486	501(C)(3)	10,025.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCGAW YMCA 1000 GROVE STREET EVANSTON, IL 60201	36-2169194	501(C)(3)	50,415.	0.			PROGRAM SUPPORT
MERCY HOME FOR BOYS & GIRLS 1140 WEST JACKSON BOULEVARD CHICAGO, IL 60607	36-2171726	501(C)(3)	6,021.	0.			PROGRAM SUPPORT
METROPOLITAN FAMILY SERVICES 101 NORTH WACKER DRIVE 17TH FLOOR CHICAGO, IL 60602	36-2167940	501(C)(3)	1,763,272.	0.			PROGRAM SUPPORT
MUJERES LATINAS EN ACCION 2124 WEST 21ST PLACE CHICAGO, IL 60608	36-2877520	501(C)(3)	50,943.	0.			PROGRAM SUPPORT
NAPERVILLE CHRISTIAN ACADEMY 1451 RAYMOND DRIVE SUITE 200 NAPERVILLE, IL 60563	36-4383292	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
NATIONAL ABLE NETWORK 80 RIVER OAKS OFFICE BUILDING SUITE CALUMET CITY, IL 60409	23-7339397	501(C)(3)	25,080.	0.			PROGRAM SUPPORT
NEOPOLITAN LIGHTHOUSE 864 NORTH CHRISTIANA AVENUE CHICAGO, IL 60651	36-3309888	501(C)(3)	25,099.	0.			PROGRAM SUPPORT
NEW MOMS, INC. 5317 W. CHICAGO AVE. CHICAGO, IL 60651	36-3265804	501(C)(3)	54,466.	0.			PROGRAM SUPPORT
NEW STAR, INC. 1624 E 154TH ST DOLTON, IL 60419	23-7294685	501(C)(3)	35,223.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH LAWDALE EMPLOYMENT NETWORK 906 S. HOMAN AVE STE 700 CHICAGO, IL 60624	36-4295189	501(C)(3)	50,509.	0.			PROGRAM SUPPORT
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT GENEVA, IL 60134	36-3203648	501(C)(3)	112,655.	0.			PROGRAM SUPPORT
NORTHWEST COMPASS, INC. 1300 WEST NORTHWEST HIGHWAY MOUNT PROSPECT, IL 60056	36-3382832	501(C)(3)	36,376.	0.			PROGRAM SUPPORT
NORTHWESTERN COLLEGE ADVANCEMENT OFFICE 101 7TH STREET S 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)	20,296.	0.			PROGRAM SUPPORT
NORTHWESTERN UNIVERSITY OFFICE OF ALUMNI RELATIONS & DEVELOPMENT 1201 DAVIS ST. - EVANSTON, IL 60208	36-2167817	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
OMNI YOUTH SERVICES 1111 WEST LAKE COOK ROAD BUFFALO GROVE, IL 60089	36-2777027	501(C)(3)	39,832.	0.			PROGRAM SUPPORT
OUNCE OF PREVENTION FUND 33 W. MONROE SUITE 1200 CHICAGO, IL 60603	36-3186328	501(C)(3)	21,000.	0.			PROGRAM SUPPORT
OUTREACH COMMUNITY MINISTRIES 373 S SCHMALE ROAD SUITE 102 CAROL STREAM, IL 60188	23-7265066	501(C)(3)	100,021.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
P.A.D.S. 1730 BERKLEY STREET ELGIN, IL 60123	36-3895063	501(C)(3)	35,206.	0.			PROGRAM SUPPORT
PARTNERS FOR OUR COMMUNITIES 1585 NORTH RAND ROAD PALATINE, IL 60074	36-3881109	501(C)(3)	9,527.	0.			PROGRAM SUPPORT
PEDIATRIC ONCOLOGY TREASURE CHESTFOUNDATION - 15430 70TH COURT - ORLAND PARK, IL 60462	36-4111220	501(C)(3)	6,083.	0.			PROGRAM SUPPORT
PEER SERVICES INC. 906 DAVIS STREET SUITE 101 EVANSTON, IL 60201	36-2848969	501(C)(3)	24,999.	0.			PROGRAM SUPPORT
PEOPLE'S RESOURCE CENTER 201 SOUTH NAPERVILLE ROAD WHEATON, IL 60187	36-3157600	501(C)(3)	79,377.	0.			PROGRAM SUPPORT
PERSPECTIVES CHARTER SCHOOLS 1530 S. STATE ST. 2ND FLOOR CHICAGO, IL 60605	36-4167576	501(C)(3)	26,848.	0.			PROGRAM SUPPORT
PILLARS COMMUNITY HEALTH 333 N LA GRANGE ROAD - SUITE ONE LA GRANGE PARK, IL 60526	36-2170869	501(C)(3)	63,721.	0.			PROGRAM SUPPORT
PLOWS COUNCIL ON AGING 7808 W COLLEGE DR # 5E PALOS HEIGHTS, IL 60463	36-2882809	501(C)(3)	41,383.	0.			PROGRAM SUPPORT
PRIMO CENTER FOR WOMEN AND CHILDREN - 6212 S SANGAMON ST - CHICAGO, IL 60621	36-2966006	501(C)(3)	135,290.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAVINIA FESTIVAL ASSOCIATION 418 SHERIDAN RD HIGHLAND PARK, IL 60035	36-6002273	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
RENAISSANCE SOCIAL SERVICES, INC 2501 W WASHINGTON BLVD STE 401 CHICAGO, IL 60612	36-3900116	501(C)(3)	35,501.	0.			PROGRAM SUPPORT
RESPOND NOW 1439 EMERALD CHICAGO HEIGHTS, IL 60411	23-7091808	501(C)(3)	51,373.	0.			PROGRAM SUPPORT
RESTORATION MINISTRIES, INC. 253 EAST 159TH STREET HARVEY, IL 60426	36-3552070	501(C)(3)	30,837.	0.			PROGRAM SUPPORT
RUSH UNIVERSITY MEDICAL CENTER 1201 W. HARRISON STREET, SUITE 300 CHICAGO, IL 60607-3319	36-2174823	501(C)(3)	515,000.	0.			PROGRAM SUPPORT
RYAN BANKS ACADEMY 1245 S. MICHIGAN #212 CHICAGO, IL 60605	47-3666107	501(C)(3)	20,636.	0.			PROGRAM SUPPORT
SACRED HEART SCHOOLS 6250 N. SHERIDAN ROAD CHICAGO, IL 60660	36-2171734	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
SAFER FOUNDATION 571 WEST JACKSON BLVD. CHICAGO, IL 60661	36-2762168	501(C)(3)	96,131.	0.			PROGRAM SUPPORT
SAINT ANTHONY HOSPITAL 2875 W 19TH ST CHICAGO, IL 60623	51-0217097	501(C)(3)	50,255.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SARAH'S INN 1547 CIRCLE AVE. FOREST PARK, IL 60130	36-3084461	501(C)(3)	58,345.	0.			PROGRAM SUPPORT
SERENITY HOUSE COUNSELING SERVICES, INC. - 891 SOUTH ROUTE 53 - ADDISON, IL 60101	36-3350438	501(C)(3)	25,275.	0.			PROGRAM SUPPORT
SERTOMA CENTRE, INC. 4343 WEST 123RD STREET ALSIP, IL 60803	36-2720586	501(C)(3)	50,231.	0.			PROGRAM SUPPORT
SINAI HEALTH SYSTEM 1500 SOUTH FAIRFIELD AVENUE CHICAGO, IL 60608	36-3166895	501(C)(3)	69,999.	0.			PROGRAM SUPPORT
SKILLS FOR CHICAGOLANDS FUTURE 191 N. WACKER DRIVE, SUITE 1150 CHICAGO, IL 60606	45-1287418	501(C)(3)	36,080.	0.			PROGRAM SUPPORT
SOUTH SUBURBAN COUNCIL ON ALCOHOLISM AND SUBSTANCE ABUSE, THE - 1909 CHEKER SQ ATTN: LORI DILL - EAST HAZEL CREST, IL 60429	36-2654921	501(C)(3)	51,799.	0.			PROGRAM SUPPORT
SOUTH SUBURBAN FAMILY SHELTER 18137 HARWOOD AVENUE HOMWOOD, IL 60430	36-3089796	501(C)(3)	39,099.	0.			PROGRAM SUPPORT
SOUTH SUBURBAN PADS 414 W. LINCOLN HWY CHICAGO HEIGHTS, IL 60411	36-3744405	501(C)(3)	85,698.	0.			PROGRAM SUPPORT
ST SABINA CHURCH 7800 S. RACINE CHICAGO, IL 60620	36-2171123	501(C)(3)	25,099.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VIATOR CHURCH 4170 W ADDISON ST CHICAGO, IL 60641	36-2171148	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 1665 ELK BLVD. - DES PLAINES, IL 60016	36-2984360	501(C)(3)	5,289.	0.			PROGRAM SUPPORT
ST. LEONARD'S MINISTRIES 2100 WEST WARREN BLVD. CHICAGO, IL 60612	36-2378516	501(C)(3)	35,046.	0.			PROGRAM SUPPORT
TEEN LIVING PROGRAMS/IGNITE 180 N MICHIGAN AVE, STE 1900 CHICAGO, IL 60601	36-2867274	501(C)(3)	35,313.	0.			PROGRAM SUPPORT
TEEN PARENT CONNECTION 475 TAFT AVE GLEN ELLYN, IL 60137	36-3387034	501(C)(3)	25,147.	0.			PROGRAM SUPPORT
THE ARK 6450 N. CALIFORNIA AVE. CHICAGO, IL 60645	23-7164967	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
THE CENTER RESOURCES FOR TEACHING AND LEARNING - 2626 S CLEARBROOK DR - ARLINGTON HEIGHTS, IL 60005	36-4248651	501(C)(3)	82,233.	0.			PROGRAM SUPPORT
THE CHICAGO COMMUNITY FOUNDATION 225 N MICHIGAN AVE, STE 2200 CHICAGO, IL 60601	36-3432023	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
THE CHILDREN'S CENTER OF CICERO-BERWYN - 1447 S 50TH COURT - CICERO, IL 60804	36-3025963	501(C)(3)	25,137.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S CLINIC 320 LAKE STREET OAK PARK, IL 60302	36-9002074	501(C)(3)	33,773.	0.			PROGRAM SUPPORT
THE FIELD MUSEUM 1400 SOUTH LAKE SHORE DRIVE CHICAGO, IL 60605	36-2167011	501(C)(3)	10,460.	0.			PROGRAM SUPPORT
THE JOSSELYN CENTER 405 CENTRAL AVE NORTHFIELD, IL 60093	36-2217996	501(C)(3)	50,544.	0.			PROGRAM SUPPORT
THE LYNN SAGE BREAST CANCER FOUNDATION - 910 W. LAWRENCE SUITE #100 - CHICAGO, IL 60640	36-3727715	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
THE RESURRECTION PROJECT 1805 SOUTH PAULINA STREET CHICAGO, IL 60608	36-3576073	501(C)(3)	75,005.	0.			PROGRAM SUPPORT
THRESHOLDS 4101 N RAVENSWOOD AVE CHICAGO, IL 60613	36-3071248	501(C)(3)	48,502.	0.			PROGRAM SUPPORT
TOGETHER WE COPE 17010 SOUTH OAK PARK AVENUE TINLEY PARK, IL 60477	36-3666952	501(C)(3)	52,731.	0.			PROGRAM SUPPORT
TULANE UNIVERSITYA.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 NETWORKUCAN - 3605 W FILLMORE ST - CHICAGO, IL 60624	36-2167937	501(C)(3)	5,100.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNCF - UNITED NEGRO COLLEGE FUND 200 JAMES STREET BARRINGTON, IL 60010	23-7123024	501(C)(3)	15,045.	0.			PROGRAM SUPPORT
UNITED WAY OF AIKEN COUNTY INC. 4050 N LARKIN ST SHOREWOOD, WI 53211	47-5382397	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
UNITED WAY OF GREATER MCHENRY COUNTY - 40 COURTLAND STREET 3RD FLOOR - ATLANTA, GA 30303	58-0566194	501(C)(3)	10,879.	0.			PROGRAM SUPPORT
UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY - 225 W VINE ST - MILWAUKEE, WI 53212	39-0806190	501(C)(3)	26,772.	0.			PROGRAM SUPPORT
UNITED WAY OF ILLINOIS 1000 JORIE BOULEVARD SUITE 360 OAK BROOK, IL 60523	36-2615431	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
UNITED WAY OF KNOX COUNTY, INC. 1215 MONMOUTH BOULEVARD PO BOX 807 GALESBURG, IL 61401	37-0844009	501(C)(3)	5,230.	0.			PROGRAM SUPPORT
UNITED WAY OF LAKE COUNTY (IL) 4508 PRIME PARKWAY MCHENRY, IL 60050	36-6147909	501(C)(3)	24,648.	0.			PROGRAM SUPPORT
UNITED WAY OF WILL COUNTY 612 N MAIN ST STE 300 ROCKFORD, IL 61103	36-2167843	501(C)(3)	7,070.	0.			PROGRAM SUPPORT
UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS - 5235 S. HARPER COURT SUITE 450 GIFT ADMIN - CHICAGO, IL 60615	36-2177139	501(C)(3)	7,668.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VNA HEALTH CARE 400 NORTH HIGHLAND AVENUE AURORA, IL 60506	36-2182095	501(C)(3)	25,434.	0.			PROGRAM SUPPORT
VOCEL VIEWING OUR CHILDREN AS EMERGING - 1550 W CARROLL AVE. SUITE 203 - CHICAGO, IL 60607	46-2159711	501(C)(3)	12,630.	0.			PROGRAM SUPPORT
WINGS PROGRAM, INC. P.O. BOX 95615 PALATINE, IL 60095	36-3456061	501(C)(3)	54,664.	0.			PROGRAM SUPPORT
WORLD RELIEF DUPAGE/AURORA 191 S. GARY AVE., SUITE 130 CAROL STREAM, IL 60188	23-6393344	501(C)(3)	36,747.	0.			PROGRAM SUPPORT
YMCA OF METROPOLITAN CHICAGO 1030 W. VAN BUREN CHICAGO, IL 60607	36-2179782	501(C)(3)	400,541.	0.			PROGRAM SUPPORT
YOUTH & OPPORTUNITY UNITED 1911 CHURCH ST. EVANSTON, IL 60201	36-2734966	501(C)(3)	76,734.	0.			PROGRAM SUPPORT
YOUTH GUIDANCE 1 N LASALLE STREET, SUITE 900 CHICAGO, IL 60602	36-2167032	501(C)(3)	50,416.	0.			PROGRAM SUPPORT
YWCA ELGIN PARTNERSHIP FOR EARLY LEARNING - 220 EAST CHICAGO STREET - ELGIN, IL 60120	36-2171177	501(C)(3)	80,001.	0.			PROGRAM SUPPORT
YWCA EVANSTON/NORTH SHORE 1215 CHURCH STREET EVANSTON, IL 60201	36-2193618	501(C)(3)	129,690.	0.			PROGRAM SUPPORT

Schedule I (Form 990)





**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)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

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

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

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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)	324,409.	20,100.	2,970.	13,725.	35,171.	396,375.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SEAN GARRETT PRESIDENT & CEO	(i)	354,426.	0.	405.	14,107.	13,110.	382,048.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARILYN JACKSON (THRU 12/21) CHIEF STRATEGY & ENGAGEMENT OFFICER	(i)	228,851.	0.	1,935.	10,591.	33,021.	274,398.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RONALD DENARD CHIEF FINANCIAL OFFICER	(i)	242,931.	0.	2,970.	11,001.	4,115.	261,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANNA EDWARDS VICE PRESIDENT, CORPORATE ENGAGEMENT	(i)	161,200.	6,000.	512.	7,670.	13,154.	188,536.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KIMBERLEE GUENTHER CHIEF IMPACT OFFICER	(i)	169,409.	0.	354.	7,726.	9,050.	186,539.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOSE RICO (THRU 10/21) CHIEF PARTNERSHIP & INITIATIVE	(i)	148,961.	0.	683.	7,125.	13,939.	170,708.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TAMIYA AUREL VP HUMAN RESOURCES	(i)	141,346.	0.	437.	6,401.	12,025.	160,209.	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 2021, THERE WERE NO PAYOUTS RELATED TO THE CEO BONUS PLAN.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	19	1,301,348.	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**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**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.



**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

**2021**

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, INDIVIDUAL, AND COMMUNITY LEADERS TO DELIVER  
FUNDING AND RESOURCES TO AND AMPLIFY THE EXPERTISE OF NONPROFIT  
ORGANIZATIONS ACROSS GREATER CHICAGO. WE HELP INDIVIDUALS MEET THEIR  
BASIC NEEDS AND WORK ALONGSIDE NEIGHBORHOOD PARTNERS TO ADDRESS LOCAL  
PRIORITIES AND CREATE COMMUNITIES WHERE ALL PEOPLE CAN THRIVE. UNITED,  
WE ARE BUILDING A STRONGER, MORE EQUITABLE CHICAGO REGION.

UNITED WAY OF METRO CHICAGO HAS WORKED SIDE-BY-SIDE WITH AGENCY AND  
COMMUNITY ORGANIZATIONS FOR 90 YEARS AND IN INDIVIDUAL NEIGHBORHOODS  
ACROSS THE REGION SINCE 2013 THROUGH THE NEIGHBORHOOD NETWORK  
INITIATIVE. WE WORK ALONGSIDE OUR PARTNERS TO ADDRESS 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 OPPORTUNITIES TO MAKE AN IMPACT.

OUR GOAL AT UNITED WAY OF METRO CHICAGO IS NOT TO CREATE PATHWAYS OUT

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

Schedule O (Form 990) 2021

132211 11-11-21

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

OF OUR NEIGHBORHOODS, BUT TO SUPPORT AND FUND COLLECTIVE EFFORTS -  
NEIGHBORHOOD-LED COALITIONS - THAT GALVANIZE RESOURCES, IDEAS, AND  
ENERGY SO NEIGHBORHOODS AND OUR REGION BECOME STRONGER AND MORE  
EQUITABLE. WE DO THIS WORK THROUGH A DUAL APPROACH STRATEGY: MEETING  
BASIC NEEDS AND TRANSFORMING NEIGHBORHOODS FROM THE INSIDE OUT.

UNITED WAY IMPACT GRANTS SUPPORT LOCAL NONPROFITS THAT DELIVER  
HIGH-QUALITY PROGRAMS ADDRESSING THE BASIC NEEDS OF OUR NEIGHBORS, SUCH  
AS FOOD, SHELTER, AND ACCESS TO HEALTHCARE. AND WITH THE LAUNCH OF 211  
IN FALL 2022, CHICAGO AND COOK COUNTY RESIDENTS WILL HAVE A 24/7  
RESOURCE TO GET THE HEALTH AND HUMAN SERVICE SUPPORT THEY NEED, WHEN  
THEY NEED IT.

THROUGH THE NEIGHBORHOOD NETWORK INITIATIVE, UNITED WAY WORKS WITH  
HUNDREDS OF AGENCY AND COMMUNITY PARTNERS IN 13 NEIGHBORHOODS ACROSS  
THE REGION: AUBURN GRESHAM, AUSTIN, BRIGHTON PARK, BRONZEVILLE, CICERO,  
ENGLEWOOD, EVANSTON, FAR SOUTH, GARFIELD PARK, LITTLE VILLAGE,  
ROBBINS/BLUE ISLAND, SOUTH CHICAGO, AND WEST CHICAGO. OUR PARTNERS  
LIVE, WORK, AND INTIMATELY KNOW THEIR COMMUNITIES' BIGGEST CHALLENGES  
AND GREATEST OPPORTUNITIES. WE BRING TOGETHER THE PEOPLE, IDEAS, AND  
RESOURCES TO BUILD STRONGER, MORE EQUITABLE NEIGHBORHOODS THROUGH  
COMMUNITY-BASED AND RESIDENT-LED PROGRAMS.

FORM 990, PART I, LINE 6

NUMBER OF VOLUNTEERS: BOARD/POLICY MAKING VOLUNTEERS - 42 ACTIVE  
CAMPAIGN LEADERS - 108 COMMUNITY IMPACT VOLUNTEERS - 1,735 TOTAL  
VOLUNTEERS - 1,885

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

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

WE BELIEVE WE CAN ACCOMPLISH THIS BY DEEPENING INVESTMENT IN PLACE-BASED STRATEGIES, ALIGNING WITH EXISTING COMMUNITY PRIORITIES, FOCUSING MORE EXPLICITLY ON RACIAL EQUITY, BUILDING PARTNER CAPACITY, AND, WHERE POSSIBLE, EXPANDING COMMUNITY-DRIVEN GRANTMAKING.

UNITED WAY'S LONG-TERM FOCUS IS ON BUILDING NEIGHBORHOODS TO BE STRONGER AND MORE EQUITABLE, BUT WE KNOW THAT THE ONGOING IMPACTS OF THE PANDEMIC, ECONOMIC TURMOIL, COMMUNITY VIOLENCE, AND OTHER CHALLENGES HAVE RESULTED IN MANY INDIVIDUALS AND FAMILIES CONTINUING TO STRUGGLE 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 BELIEVE THAT THIS DUAL APPROACH WILL MOVE OUR COMMUNITIES FORWARD AGAIN, BY EMPHASIZING IMMEDIATE SUPPORT FOR THOSE IN CRISIS AND A LONG-TERM VISION TO BUILD A STRONGER, MORE EQUITABLE CHICAGO REGION. TO ACHIEVE OUR GOALS, WE WILL FOCUS OUR GRANTMAKING ON HIGH-QUALITY BASIC NEEDS SERVICES, INNOVATIVE MODELS THAT CAN TRANSFORM SYSTEMS AND SERVICE DELIVERY, AND COORDINATED, PLACE-BASED EFFORTS.

MORE THAN \$8 MILLION DOLLARS WAS INVESTED TO SUPPORT THE OUTLINED IMPACT GRANT STRATEGIES ACROSS THE CHICAGO REGION JULY 1, 2021-JUNE 30, 2022.

JULY 1, 2021-JUNE 30, 2022 INVESTMENTS / OUTCOMES

BASIC NEEDS

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

UWMC INVESTED IN DIRECT SERVICE PROGRAMS THAT STABILIZE FAMILIES BY PROVIDING CRITICAL SUPPORT IN AREAS SUCH AS ACCESS TO HEALTHCARE, HOUSING, SAFETY FROM ABUSE, AND ACCESS TO FOOD. 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.

#### 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 OUTCOMES FOR JULY 1, 2021-JUNE 30, 2022

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

#1 - 2,478 INDIVIDUALS PLACED IN JOBS

#2 - 18,072 BEHAVIORAL AND MENTAL HEALTH SCREENINGS/REFERRALS TO  
TREATMENT

#3 - 15,312 PEOPLE CONNECTED TO A HEALTH PROVIDER/PRIMARY CARE  
PHYSICIAN/REGULAR CARE

#4 - 10,332 INDIVIDUALS RECEIVED FOOD ASSISTANCE

#5 - 5,761 INDIVIDUALS ACCESSED A SAFE, STABLE LIVING SITUATION

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

DURING FY22, UNITED WAY OF METRO CHICAGO WORKED IN 13 NEIGHBORHOODS:

AUBURN GRESHAM, AUSTIN, BLUE ISLAND/ROBBINS, BRIGHTON PARK,  
BRONZEVILLE, CICERO, ENGLEWOOD, EVANSTON, FAR SOUTH, GARFIELD PARK,  
LITTLE VILLAGE, SOUTH CHICAGO, AND WEST CHICAGO.

MORE THAN \$6 MILLION DOLLARS WAS INVESTED TO SUPPORT THE NEIGHBORHOOD  
NETWORKS DURING THE FY22 TIME PERIOD OF JULY 1, 2021-JUNE 30, 2022.

SOME MAJOR DEVELOPMENTS & OUTCOMES:

- UWMC EXPANDED THE NEIGHBORHOOD NETWORK INITIATIVE FOR THE FIRST TIME  
IN SIX YEARS, LAUNCHING THREE NEW NETWORKS IN ENGLEWOOD, FAR SOUTH, AND  
GARFIELD PARK.

- LATINOS PROGRESANDO IN THE LITTLE VILLAGE NEIGHBORHOOD NETWORK BEGAN  
TRANSFORMING A VACANT LIBRARY BUILDING INTO A COMMUNITY CENTER THAT  
WILL PROVIDE MENTAL HEALTH SERVICES FROM ESPERANZA HEALTH AND  
AFTER-SCHOOL AND SUMMER PROGRAMS FROM THE LINCOLN PARK ZOO FOR NEARBY  
STUDENTS.

- UWMC AND ITW PARTNERED TO LAUNCH THE COMMIT TO A NEIGHBORHOOD  
INITIATIVE IN THE AUSTIN NEIGHBORHOOD TO CREATE QUALITY, LIVING-WAGE

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

JOBS WITH GOOD BENEFITS AND STIMULATING ECONOMIC DEVELOPMENT.

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

UNITED NEIGHBORHOODS EQUITY FUND

THE UNITED NEIGHBORHOODS EQUITY FUND (UNEF) WAS LAUNCHED IN FALL 2021 TO SUPPORT SMALL, BLACK AND LATINX-LED NONPROFITS PREDOMINANTLY LOCATED ON THE CITY OF CHICAGO'S SOUTH AND WEST SIDES AND IN THE SOUTH SUBURBAN REGION. UNEF IS DESIGNED TO CONNECT THE GRANTEE NONPROFITS TO NEW CAPACITY-BUILDING AND INVESTMENT OPPORTUNITIES THAT MEET THE ORGANIZATION'S NEEDS AND ADVANCE THEIR LONG-TERM GOALS.

AS A FUNDER, UNITED WAY OF METRO CHICAGO RECOGNIZES THAT A TOP-DOWN APPROACH AND LACK OF LIVED EXPERIENCE HAS OFTEN LED TO FUNDER-DRIVEN DECISION-MAKING THAT LACKS AUTHENTIC COMMUNITY EXPERTISE AND INCLUSION. UNEF IS A PHILANTHROPIC COMMITMENT ADDRESSING THE BARRIERS MANY BLACK AND LATINX-LED NONPROFITS FACE IN SECURING SUSTAINING SUPPORT AND CREATING A MORE EQUITABLE AND JUST CHICAGO.

THE COHORT-BASED PROGRAM INCORPORATES THE FOLLOWING COMPONENTS:

- FUNDING - TWO-YEAR GENERAL OPERATING GRANT AWARD (\$50,000 TOTAL)
- COHORT - LEADERS FROM 10 COMMUNITY-BASED ORGANIZATIONS (WITH BUDGETS OF <\$1M) SERVING THE COMMUNITIES ALIGNED WITH THE UNITED WAY NEIGHBORHOOD NETWORK INITIATIVE
- CAPACITY BUILDING - INDIVIDUAL AND GROUP CAPACITY-BUILDING CURRICULUM AIMED TO STRENGTHEN ORGANIZATIONAL INFRASTRUCTURE
- RELATIONSHIP BUILDING - CROSS-SECTOR RELATIONSHIP BUILDING THROUGH A PEER COHORT MODEL, CORPORATE SPOTLIGHT, AND NETWORKING WITH POTENTIAL FUNDERS AND INVESTORS

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

THROUGH A SERIES OF WORKSHOPS AND CANDID CONVERSATIONS WITH GRANTEES, FUNDERS, AND CORPORATE PARTNERS, WE AIM TO CREATE A DEEPER UNDERSTANDING OF RACIAL DISPARITY IN FUNDING, FOSTER CHANGE IN THE PHILANTHROPIC SECTOR, AND ADDRESS RACIAL INJUSTICE.

INITIAL PROGRAM SUCCESSES:

- INITIAL COHORT OF 10 BLACK AND LATINX-LED NONPROFITS SELECTED IN SEPTEMBER 2021

- SIGNIFICANT CORPORATE SUPPORT FROM PEOPLE GAS, NICOR GAS, TARGET, AND UL

- DEPAUL UNIVERSITY SERVES AS ACADEMIC PARTNER FOR THE PROGRAM

EXPENSES \$ 14,492,528. INCLUDING GRANTS OF \$ 12,056,244. REVENUE \$ 0.

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

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:

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

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

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.

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,



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

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, 2022.

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

HOW FORMS ARE MADE AVAILABLE TO THE PUBLIC:

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

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

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC:

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

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

FORM 990, PART IX

FUNCTIONAL EXPENSES:

UWMC CALCULATES ITS 2021 TAX YEAR (FISCAL YEAR ENDED JUNE 30, 2022) 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 2021 IS 14.6%. 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	351,552.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT	-116,812.
TOTAL TO FORM 990, PART XI, LINE 9	234,740.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

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	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2021

SEE PART VII FOR CONTINUATIONS

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY - MCCORMICK PARTNERSHIPS	C	1,352,005.	FMV
(2) UNITED WAY - MCCORMICK PARTNERSHIPS	Q	289,497.	FMV
(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