

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

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

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
United Way of Metropolitan Chicago Inc
% JOSEPH VANYO
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
333 South Wabash Avenue Suite 30th
City or town, state or province, country, and ZIP or foreign postal code
Chicago, IL 60604

D Employer identification number
30-0200478
E Telephone number
(312) 906-2340
G Gross receipts \$ 49,828,105

F Name and address of principal officer
JOSEPH VANYO
333 South Wabash Avenue 30th Flr
Chicago, IL 60604

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www.uw-mc.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2004

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
United Way of Metropolitan Chicago improves lives by mobilizing caring people to invest in the community where their resources are needed most

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

| | |
|--|--------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 32 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 31 |
| 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 152 |
| 6 Total number of volunteers (estimate if necessary) | 5,115 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 32,619 |

| | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 51,027,567 | 48,717,888 |
| 9 Program service revenue (Part VIII, line 2g) | 258,553 | 233,069 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 275,613 | 348,386 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -30,328 | 31,056 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 51,531,405 | 49,330,399 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 40,717,691 | 38,925,048 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 10,372,954 | 8,047,206 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 66,000 | 396,000 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,621,609 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 4,195,890 | 3,779,345 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 55,352,535 | 51,147,599 |
| 19 Revenue less expenses Subtract line 18 from line 12 | -3,821,130 | -1,817,200 |

| | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 28,217,233 | 27,734,364 |
| 21 Total liabilities (Part X, line 26) | 13,558,094 | 14,550,253 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 14,659,139 | 13,184,111 |

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2019-02-25
JOSEPH VANYO COO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
Check if self-employed PTIN: _____
Firm's name: _____ Firm's EIN: _____
Firm's address: _____ Phone no: _____

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 18,764,131 including grants of \$ 18,764,131) (Revenue \$ 233,069)
See Additional Data

4b (Code) (Expenses \$ 10,801,106 including grants of \$ 9,020,497) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 4,498,697 including grants of \$ 3,917,851) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 9,319,707 including grants of \$ 7,222,569) (Revenue \$)
FINANCIAL STABILITY & NEIGHBORHOOD NETWORKS

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

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | Yes | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | No |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | Yes | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | No |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | No |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | No |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | Yes | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | No |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | No |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | Yes | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | No |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | No |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | No |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, 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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (IL), 18 (Own website, Another's website, Upon request, Other), 19, 20 (JOSEPH VANYO 333 S WABASH AVE 30TH FLOOR Chicago, IL 60604 (312) 906-2340).

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 854 | 1 | 577 |
| | 2 Savings and temporary cash investments | 7,299,792 | 2 | 7,150,320 |
| | 3 Pledges and grants receivable, net | 10,619,923 | 3 | 10,083,378 |
| | 4 Accounts receivable, net | 458,893 | 4 | 792,575 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 0 | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 287,030 | 9 | 130,712 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 3,883,096 | | |
| | b Less accumulated depreciation | 2,347,414 | | |
| | 11 Investments—publicly traded securities | 5,903,418 | 11 | 6,774,604 |
| | 12 Investments—other securities See Part IV, line 11 | 0 | 12 | 0 |
| | 13 Investments—program-related See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets See Part IV, line 11 | 1,814,776 | 15 | 1,266,516 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 28,217,233 | 16 | 27,734,364 | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,550,749 | 17 | 6,634,847 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 0 | 19 | 0 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 4,800,000 | 24 | 4,000,000 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 4,207,345 | 25 | 3,915,406 |
| | 26 Total liabilities. Add lines 17 through 25 | 13,558,094 | 26 | 14,550,253 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | -4,109,855 | 27 | -4,400,141 |
| | 28 Temporarily restricted net assets | 15,535,006 | 28 | 14,350,264 |
| | 29 Permanently restricted net assets | 3,233,988 | 29 | 3,233,988 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 14,659,139 | 33 | 13,184,111 | |
| 34 Total liabilities and net assets/fund balances | 28,217,233 | 34 | 27,734,364 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 49,330,399 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 51,147,599 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -1,817,200 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 14,659,139 |
| 5 | Net unrealized gains (losses) on investments | 5 | 144,120 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 198,052 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 13,184,111 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|-----------|-----|----|
| <p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p> | | | |
| <p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2a | | No |
| <p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2b | Yes | |
| <p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p> | 2c | Yes | |
| <p>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?</p> | 3a | Yes | |
| <p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p> | 3b | Yes | |

Additional Data

Software ID:

Software Version:

EIN: 30-0200478

Name: United Way of Metropolitan Chicago Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

THE CRITICAL WORK OF UWMC REQUIRES SIGNIFICANT RESOURCES SUPPORT IS RAISED THROUGH A DIVERSIFIED REVENUE MODEL UWMC CONDUCTS WORKPLACE GIVING CAMPAIGNS, RECEIVES INDIVIDUAL AND MAJOR GIFTS, IS AWARDED GRANTS FROM PRIVATE FOUNDATIONS AND THE STATE AND FEDERAL GOVERNMENT STRATEGIC EFFORTS ARE IN PLACE TO FURTHER GROW SIGNIFICANT REVENUE FROM GRANTS AND INDIVIDUAL GIVING OTHER PROGRAM SERVICE ACHIEVEMENTS INCLUDE DESIGNATIONS BY DONORS TO OTHER 501(C)(3) ORGANIZATIONS TOTAL EXPENSES \$18,764,131, TOTAL GRANTS \$18,764,131

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Ellen Costello Thru 917 Chairperson | 4 0 | X | | X | | | | 0 | 0 | 0 |
| Deborah L Dehaas Vice Chairperson | 2 0 | X | | X | | | | 0 | 0 | 0 |
| Frederick H Waddell Vice Chairperson | 2 0 | X | | X | | | | 0 | 0 | 0 |
| Jay L Henderson Vice Chairperson | 2 0 | X | | X | | | | 0 | 0 | 0 |
| Martha Hinchman Treasurer | 2 0 | X | | X | | | | 0 | 0 | 0 |
| L Marie Asad Board Member | 1 0 | X | | | | | | 0 | 0 | 0 |
| Richard Moore Beg 117 Board Member | 1 0 | X | | | | | | 0 | 0 | 0 |
| Carrie M Buddingh Board Member | 1 0 | X | | | | | | 0 | 0 | 0 |
| Patrick J Canning Chairperson | 4 0 | X | | X | | | | 0 | 0 | 0 |
| David R Casper Board Member | 1 0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Tyrone C Fahner Thru 717 Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| W James Farrell Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Cheryl A Francis Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Paul M Gallagher Thru 917 Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Cary Grace Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Dean Harrison Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| William A Von Hoene Jr Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Rev Larry L Jackson Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Lisa N Johnson Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Tony W Hunter Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Andrew J McKenna Sr Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Mary Jane Fortin Beg 717 Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Kristie Paskvan Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Deborah K Price Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Jorge Ramirez Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| E Scott Santi Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Paul La Schiazza Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Robert A Sullivan Campaign Chair | 4 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Scott Swanson Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Wendy Du Boe President & CEO | 37 5 1 0 | X | | X | | | | 404,973 | 0 | 39,226 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Melvin D Williams Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Kimberly D Simios Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| James P Kolar Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Joseph M Higgins Beg 917 Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Kelly R Welsh Beg 917 Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Deborah Stevens Chief Financial Officer | 37 5 2 0 | | | X | | | | 206,008 | 0 | 14,935 |
| Deborah Thornton EA/Secretary | 37 5 0 0 | | | X | | | | 70,722 | 0 | 17,573 |
| Joseph Vanyo COO | 37 5 1 0 | | | X | | | | 252,634 | 0 | 20,288 |
| Leah Ray-Seid SVP Resource Development | 37 5 0 0 | | | X | | | | 207,369 | 0 | 35,719 |
| Jose Rico SVP of Comm Investment | 37 5 0 0 | | | X | | | | 205,993 | 0 | 23,153 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Kevin Graan Controller | 37 5 2 0 | | | X | | | | 89,855 | 0 | 17,585 |
| Mary Marcia McMahon Chief Professional Officer | 37 5 0 0 | | | | | X | | 88,772 | 0 | 15,827 |
| Risa Davis VP Corporate Development | 37 5 0 0 | | | | | X | | 166,077 | 0 | 18,635 |
| Mandee Polonsky Sr Director, Community Impact | 37 5 0 0 | | | | | X | | 114,203 | 0 | 4,365 |
| Marilyn Jackson VP Marketing & Communications | 37 5 0 0 | | | | | X | | 186,297 | 0 | 34,293 |

SCHEDULE A
(Form 990 or 990EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

United Way of Metropolitan Chicago Inc

Employer identification number

30-0200478

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | 47,250,524 | 48,811,117 | 50,116,534 | 50,978,865 | 48,717,888 | 245,874,928 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 Total. Add lines 1 through 3 | 47,250,524 | 48,811,117 | 50,116,534 | 50,978,865 | 48,717,888 | 245,874,928 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 398,223 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 245,476,705 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 47,250,524 | 48,811,117 | 50,116,534 | 50,978,865 | 48,717,888 | 245,874,928 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 88,018 | 84,961 | 102,221 | 167,809 | 186,718 | 629,727 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | 176,350 | 727,623 | 253,252 | 203,275 | 1,360,500 |
| 11 Total support. Add lines 7 through 10 | | | | | | 247,865,155 |

12 Gross receipts from related activities, etc (see instructions) **12** 2,571,065

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---------|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.036% |
| 15 Public support percentage for 2016 Schedule A, Part II, line 14 | 15 | 99.205% |

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|--|----------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

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

Additional Data

Software ID:

Software Version:

EIN: 30-0200478

Name: United Way of Metropolitan Chicago Inc

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)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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 the organization United Way of Metropolitan Chicago Inc | Employer identification number 30-0200478 |
|--|--|

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions) _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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- |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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

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

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

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

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

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

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

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

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

Part IV Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2017

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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? Yes 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? Yes 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 (e g , recreation or education)
 - Preservation of an 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 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 8/17/06, 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? Yes No
- 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)? Yes No
- 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
 - (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
 - b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 in 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 | 5,368,551 | 4,730,942 | 4,668,510 | 3,440,419 | 2,906,177 |
| b Contributions | 731,697 | 230,840 | 113,074 | 1,261,551 | 75,458 |
| c Net investment earnings, gains, and losses | 425,120 | 645,625 | -50,642 | -33,460 | 458,784 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 254,492 | 238,856 | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 6,270,876 | 5,368,551 | 4,730,942 | 4,668,510 | 3,440,419 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 16 700 %
 - b** Permanent endowment ▶ 51 600 %
 - c** Temporarily restricted endowment ▶ 31 700 %
- 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 | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 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 | 0 | 2,265,567 | 830,587 | 1,434,980 |
| d Equipment | 0 | 1,617,529 | 1,516,827 | 100,702 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 1,535,682 |

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

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | 0 |
| DEFERRED RENT | 2,492,285 |
| OBLIGATION FOR RETIREMENT BENEFITS | 1,151,507 |
| ASSET RETIREMENT OBLIGATION | 228,430 |
| OTHER LONG-TERM LIABILITIES | 43,184 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 3,915,406 |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

| | | | |
|----------|---|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 33,655,855 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | 144,120 |
| b | Donated services and use of facilities | 2b | 3,388,419 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | -48,702 |
| e | Add lines 2a through 2d | 2e | 3,483,837 |
| 3 | Subtract line 2e from line 1 | 3 | 30,172,018 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 124,100 |
| b | Other (Describe in Part XIII) | 4b | 19,034,281 |
| c | Add lines 4a and 4b | 4c | 19,158,381 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 49,330,399 |

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 35,356,885 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 3,388,419 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | -19,006,331 |
| e | Add lines 2a through 2d | 2e | -15,617,912 |
| 3 | Subtract line 2e from line 1 | 3 | 50,974,797 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 124,100 |
| b | Other (Describe in Part XIII) | 4b | 48,702 |
| c | Add lines 4a and 4b | 4c | 172,802 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 51,147,599 |

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:

Software Version:

EIN: 30-0200478

Name: United Way of Metropolitan Chicago Inc

Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| INTENDED USE OF ENDOWMENT FUNDS | SCHEDULE D, PART V, LINE 5 THE INTENDED USES OF THE UNITED WAY OF METROPOLITAN CHICAGO ENDOWMENT FUNDS INCLUDE FUNDING INNOVATIVE PROGRAMS THAT ADDRESS CRITICAL AND EMERGING NEEDS, ENSURING CURRENT NEEDS ARE MET, AND PROVIDING RESOURCES TO RESPOND QUICKLY AND EFFECTIVELY TO UNEXPECTED CRISES |

Supplemental Information

| Return Reference | Explanation |
|-------------------------------------|--|
| UNCERTAIN TAX POSITIONS (FIN 48) | SCHEDULE D, PART X, LINE 2 UWMC HAS RECEIVED FAVORABLE DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE ("IRS") STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 ("IRC"), EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME ACCOUNTING GUIDANCE REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WAS TO BE CHALLENGED BY A TAXING AUTHORITY MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS ADDITIONALLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THESE FINANCIAL STATEMENTS THERE IS NO INTEREST OR PENALTIES RECOGNIZED IN THE FINANCIAL STATEMENTS |

Supplemental Information

| Return Reference | Explanation |
|-------------------------------------|---|
| SUPPLEMENTAL DESCRIPTION - OTHER | SCHEDULE D, PART XI, LINE 4B DESIGNATIONS TO OTHER ORGANIZATIONS \$18,855,000 REIMBURSEMENT FROM OTHER UNITED WAYS FOR SUPPORT SERVICES \$142,200 CHANGE IN VALUE OF SPLIT-INTEREST AG REEMENTS (\$62,919) Reclass of Reimbursement from UW McCormick Partnership 100,000 ----- ----- TOTAL \$19,034,281 ----- |

Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--|
| SUPPLEMENTAL DESCRIPTION - OTHER | SCHEDULE D, PART XII, LINE 2D DESIGNATIONS TO OTHER ORGANIZATIONS (\$18,855,000) REIMBURSEMENT FROM OTHER UNITED WAYS FOR SUPPORT SERVICES (\$142,200) DESIGNATION FEES \$90,869 Recla ss of reimbursement from UW McCormick Partnership (\$100,000) ----- TOTAL (\$19,006, 331) ----- |

Supplemental Information

| Return Reference | Explanation |
|-------------------------------------|--|
| SUPPLEMENTAL DESCRIPTION - OTHER | SCHEDULE D, PART XI, LINE 2D LOSS ON PRIOR YEAR PLEDGE WRITE-OFFS (\$48,702) |

Supplemental Information

| Return Reference | Explanation |
|-------------------------------------|---|
| SUPPLEMENTAL DESCRIPTION - OTHER | SCHEDULE D, PART XII, LINE 4B LOSS ON PRIOR YEAR PLEDGE WRITE-OFFS \$48,702 |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
United Way of Metropolitan Chicago Inc

Employer identification number
30-0200478

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

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

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

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

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

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | Middle East and North Africa | Program Support | 61,706 | ACH Wire | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
United Way of Metropolitan Chicago Inc

Employer identification number
30-0200478

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (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 ten 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 | | | |
| 1 Community Counseling Service 155 N Wacker Drive Suite 1790 Chicago, IL 60606 | Campaign CONSULTING | | No | | 396,000 | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | 396,000 | |

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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

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

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|--|---|---|---|--|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

| | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

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 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).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|----------------------------|---|
| Schedule I, Part I, Line 2 | GRANTMONITORING PROCEDURES FOR AGENCIES WHICH UWMC ELECTS TO FUND, UWMC MONITORS THE USE OF GRANTS IN THE UNITED STATES BY REQUIRING AGENCIES TO SUBMIT, NO LESS THAN ANNUALLY, INFORMATION RELATED TO PROGRAMS BEING FUNDED INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, CLIENT DEMOGRAPHICS, PROGRAM ACTIVITIES, PROGRAM MEASUREMENTS AND PROGRAM OUTCOMES UWMC STAFF ALSO CONVENES AND CONVERSES WITH GRANTEEES ON A REGULAR BASIS FOR ALL FUNDING, INCLUDING DONOR-DESIGNATED GRANTS, UMWC VERIFIES 501(C)(3) CHARITABLE STATUS, COMPLIANCE WITH THE PATRIOT ACT, AND THAT AGENCIES ARE BASED IN THE UNITED STATES |

Additional Data

Software ID:
Software Version:
EIN: 30-0200478
Name: United Way of Metropolitan Chicago Inc

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| McCormick Foundation 205 N Michigan Ave Suite 4300 Chicago, IL 60601 | 36-3689171 | 501(c)(3) | 2,330,790 | | | | Program Support |
| Metropolitan Family Services One North Dearborn Suite 1000 Chicago, IL 60602 | 36-2167940 | 501(c)(3) | 2,043,287 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| American Red Cross of Greater Chicago 2200 W Harrison Street Chicago, IL 60612 | 53-0196605 | 501(c)(3) | 1,044,474 | | | | Program Support |
| Catholic Charities Archdiocese of Chicago 721 North LaSalle Street Chicago, IL 60654 | 36-2170821 | 501(c)(3) | 1,023,753 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| United Way-McCormick Partnership 333 S Wabash Ave 30th Floor Chicago, IL 60604 | 82-5478333 | 501(c)(3) | 1,000,000 | | | | Program Support |
| Jewish Federation of Metropolitan Chicago 30 South Wells St Chicago, IL 606065054 | 36-2167761 | 501(c)(3) | 814,933 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Brighton Park Neighborhood Council 4477 S Archer Ave Chicago, IL 60632 | 36-4229387 | 501(c)(3) | 768,006 | | | | Program Support |
| Bright Star Community Outreach 3473 S King Drive Suite 334 Chicago, IL 60616 | 26-2007088 | 501(c)(3) | 486,427 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Austin Coming Together 5049 W Harrison Chicago, IL 60644 | 45-0920919 | 501(c)(3) | 352,272 | | | | Program Support |
| Youth Crossroads Inc 3401 South Gunderson Avenue Berwyn, IL 60402 | 23-7417420 | 501(c)(3) | 332,676 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Latinos Progresando 3047 W Cermak Chicago, IL 60623 | 36-4355072 | 501(c)(3) | 329,172 | | | | Program Support |
| Evanston Community Foundation 1560 Sherman Ave Ste 535 Evanston, IL 60201 | 36-3466802 | 501(c)(3) | 266,667 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YWCA Metropolitan Chicago 1 N LaSalle St Suite 1150 Tinley Park, IL 60602 | 36-2179765 | 501(c)(3) | 256,782 | | | | Program Support |
| YWCA EvanstonNorthShore 1215 Church Street Evanston, IL 60201 | 36-2193618 | 501(c)(3) | 234,171 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Greater Auburn Gresham Development Corp 1159 W 79th Street Chicago, IL 60620 | 36-4377387 | 501(c)(3) | 215,258 | | | | Program Support |
| Midwest Asian Health Association 230 W Cermak Road 2nd Fl Chicago, IL 60616 | 36-4526722 | 501(c)(3) | 214,770 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| The Center Resources for Teaching and Learning 2626 South Clearbrook Drive Arlington Heights, IL 60005 | 36-4248651 | 501(c)(3) | 209,927 | | | | Program Support |
| Association House of Chicago 1116 N Kedzie Ave Chicago, IL 60651 | 36-2166961 | 501(c)(3) | 195,307 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Outreach Community Ministries 122 West Liberty Drive Wheaton, IL 601875124 | 23-7265066 | 501(c)(3) | 180,318 | | | | Program Support |
| Children's Home & Aid Society of Il 125 S Wacker 14th Fl Chicago, IL 60660 | 36-2167743 | 501(c)(3) | 178,072 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Corazon Community Services 5116 West 14th Street Cicero, IL 60804 | 32-0075474 | 501(c)(3) | 174,260 | | | | Program Support |
| United Way Worldwide Hurricane Harvey Recov 701 N Fairfax Street Alexandria, VA 22314 | 13-1635294 | 501(c)(3) | 174,158 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Chicago Youth Centers 218 S Wabash Avenue Suite 600 Chicago, IL 60604 | 36-2344429 | 501(c)(3) | 172,091 | | | | Program Support |
| Near North Health Service Corporation 1276 North Clybourn Street Chicago, IL 60610 | 36-3197647 | 501(c)(3) | 170,395 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Claretian Associates Inc 9108 S Brandon Ave Chicago, IL 60617 | 36-4087259 | 501(c)(3) | 164,584 | | | | Program Support |
| Ford Heights Community Service Org Inc 943 East Lincoln Highway Ford Heights, IL 60411 | 36-2658308 | 501(c)(3) | 160,081 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Sertoma Centre Inc 4343 West 123rd Street Alsip, IL 60803 | 36-2720586 | 501(c)(3) | 142,168 | | | | Program Support |
| Old St Patrick's Church 700 W Adams St Chicago, IL 60661 | 53-0196617 | 501(c)(3) | 139,498 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Gary Comer Youth Center 7200 South Ingleside Avenue Chicago, IL 60619 | 45-5399472 | 501(c)(3) | 135,330 | | | | Program Support |
| LAF 111 West Jackson Blvd Suite 300 Chicago, IL 60604 | 36-2754650 | 501(c)(3) | 129,200 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BUILD 5100 W Harrison Street Chicago, IL 60644 | 23-7022085 | 501(c)(3) | 124,369 | | | | Program Support |
| Sinai Health System 1500 S Fairfield Ave Chicago, IL 60608 | 36-3166895 | 501(c)(3) | 120,000 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Enlace Chicago 2756 S Harding Chicago, IL 60623 | 36-3727669 | 501(c)(3) | 119,112 | | | | Program Support |
| Bridge Communities Inc 505 Crescent Boulevard Glen Ellyn, IL 60137 | 36-3705951 | 501(c)(3) | 111,919 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| People's Resource Center 201 South Naperville Road Wheaton, IL 60187 | 36-3157600 | 501(c)(3) | 111,458 | | | | Program Support |
| Access Living of Metropolitan Chicago 115 West Chicago Avenue Chicago, IL 60654 | 36-3310774 | 501(c)(3) | 110,960 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WINGS Program Inc PO Box 95615 Palatine, IL 60095 | 36-3456061 | 501(c)(3) | 105,399 | | | | Program Support |
| Center for Economic Progress 567 West Lake Street Suite 1150 Chicago, IL 60661 | 36-3693728 | 501(c)(3) | 105,191 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Loaves & Fishes Community Services 1871 High Grove Lane Naperville, IL 60540 | 36-3786777 | 501(c)(3) | 104,217 | | | | Program Support |
| Boys & Girls Clubs of Dundee Township PO Box 173 Carpentersville, IL 60110 | 36-4184937 | 501(c)(3) | 102,588 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Illinois Action for Children 4753 N Broadway Suite 1200 Chicago, IL 60640 | 36-2712912 | 501(c)(3) | 100,597 | | | | Program Support |
| North Lawndale Employment Network 906 S Homan 7th Floor Chicago, IL 60624 | 36-4295189 | 501(c)(3) | 100,000 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Heartland Human Care Services Inc 208 South LaSalle Street Suite 1300 Chicago, IL 60604 | 36-1877640 | 501(c)(3) | 99,265 | | | | Program Support |
| Cabrin Green Legal Aid Clinic 740 North Milwaukee Avenue Chicago, IL 60642 | 36-2775706 | 501(c)(3) | 97,887 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Chinese American Service League Inc 2141 South Tan Court Chicago, IL 60616 | 36-2984043 | 501(c)(3) | 96,567 | | | | Program Support |
| Institute for Nonviolence Chicago 4926 W Chicago Ave Chicago, IL 60651 | 81-1098722 | 501(c)(3) | 95,000 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| 360 Youth Services 1305 W Oswego Road Naperville, IL 60540 | 36-2936229 | 501(c)(3) | 93,874 | | | | Program Support |
| YMCA of Metropolitan Chicago 1030 W Van Buren Chicago, IL 60607 | 36-2179782 | 501(c)(3) | 93,347 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Prairie State Legal Services 303 North Main Street Suite 600 Rockford, IL 61101 | 37-1030764 | 501(c)(3) | 91,250 | | | | Program Support |
| Heartland Alliance International 208 S LaSalle St Ste 1300 Chicago, IL 60604 | 30-0739799 | 501(c)(3) | 89,806 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| United Cerebral Palsy Seguin of Greater Chicago 3100 S Central Avenue Cicero, IL 60804 | 36-2894174 | 501(c)(3) | 88,343 | | | | Program Support |
| Young Men's Educational Network (YMEN) 1241 South Pulaski PO BOX 23410 Chicago, IL 60623 | 36-4124098 | 501(c)(3) | 88,003 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Lawrence Hall Youth Services 2737 West Peterson Avenue Chicago, IL 60659 | 36-2167771 | 501(c)(3) | 86,942 | | | | Program Support |
| Heartland Health Centers 3048 N Wilton 2nd Floor Chicago, IL 60657 | 36-3843377 | 501(c)(3) | 85,575 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Restoration Ministries Inc 253 East 159th Street Harvey, IL 60426 | 36-3552070 | 501(c)(3) | 83,907 | | | | Program Support |
| Jewish United Fund 30 South Wells Chicago, IL 60606 | 36-2167034 | 501(c)(3) | 82,342 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Together We Cope 17010 South Oak Park Avenue Tinley Park, IL 60477 | 36-3666952 | 501(c)(3) | 82,324 | | | | Program Support |
| Pillars Community Services (Pillars) 333 N LaGrange Road Ste 1 La Grange Park, IL 60526 | 36-4166490 | 501(c)(3) | 82,109 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Family Shelter Service 605 East Roosevelt Road Wheaton, IL 60187 | 36-2883552 | 501(c)(3) | 80,592 | | | | Program Support |
| Bremen Youth Services 15350 South Oak Park Avenue P O Oak Forest, IL 60452 | 36-3502582 | 501(c)(3) | 80,545 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DuPage PADS 601 W Liberty Wheaton, IL 60187 | 36-3675494 | 501(c)(3) | 77,965 | | | | Program Support |
| Chicago Urban League 4510 South Michigan Chicago, IL 60653 | 36-2225483 | 501(c)(3) | 77,176 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| South Suburban Council on Alcoholism 1909 Cheker Squar Section D East Hazel Crest, IL 604292854 | 36-2654921 | 501(c)(3) | 75,280 | | | | Program Support |
| HandsOn Suburban Chicago 2121 South Goebert Road Arlington Heights, IL 60005 | 36-2692866 | 501(c)(3) | 75,093 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| United Way of Lake County (IL) 330 South Greenleaf Street Gurnee, IL 60031 | 36-2167949 | 501(c)(3) | 74,676 | | | | Program Support |
| Infant Welfare Society of Evanston Inc 2200 Main Street Evanston, IL 60202 | 36-2167753 | 501(c)(3) | 72,461 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Erie Neighborhood House 1701 West Superior Street Chicago, IL 60622 | 36-3043253 | 501(c)(3) | 72,248 | | | | Program Support |
| The Cara Program 237 S Desplaines Chicago, IL 60661 | 36-4268095 | 501(c)(3) | 72,143 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Apna Ghar Inc (Our Home) 4350 N Broadway 2nd Floor Chicago, IL 60613 | 36-3698770 | 501(c)(3) | 71,297 | | | | Program Support |
| Mujeres Latinas en Accion 2124 West 21st Place Chicago, IL 60608 | 36-2877520 | 501(c)(3) | 70,716 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Partners for Our Communities 1585 North Rand Road Palatine, IL 60074 | 36-3881109 | 501(c)(3) | 70,377 | | | | Program Support |
| CTF Illinois 1902 Fox Drive Ste B Champaign, IL 61820 | 36-4386948 | 501(c)(3) | 68,778 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Easter Seals DupageFox Valley Region 830 S Addison Ave Villa Park, IL 60181 | 36-2476388 | 501(c)(3) | 68,655 | | | | Program Support |
| Primo Center for Women and Children 4241 West Washington Boulevard P O Chicago, IL 60624 | 36-2966006 | 501(c)(3) | 67,098 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Arab American Family Services 9044 S Octavia Bridgeview, IL 60455 | 60-0002593 | 501(c)(3) | 65,656 | | | | Program Support |
| World Relief DuPageAurora 1825 College Avenue Suite 230 Wheaton, IL 60187 | 23-6393344 | 501(c)(3) | 65,393 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Youth & Opportunity United 1911 Church Street Evanston, IL 60201 | 36-2734966 | 501(c)(3) | 64,946 | | | | Program Support |
| Chinese Mutual Aid Association 1016 West Argyle Street Chicago, IL 60640 | 36-3139799 | 501(c)(3) | 64,932 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| New Moms Inc 5317 W Chicago Ave Chicago, IL 60651 | 36-3265804 | 501(c)(3) | 63,541 | | | | Program Support |
| Connections for Abused Women and Children 1116 N Kedzie Ave 5th Floor Chicago, IL 60651 | 36-2950380 | 501(c)(3) | 62,585 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Evanston Township High School Foundation 1600 Dodge Avenue Evanston, IL 60201 | 30-0395044 | 501(c)(3) | 62,505 | | | | Program Support |
| New Star Inc 1624 E 154th St Dolton, IL 60419 | 23-7294685 | 501(c)(3) | 61,341 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| American Cancer Society Illinois Division 225 N Michigan Ave Suite 1200 Chicago, IL 60601 | 13-1788491 | 501(c)(3) | 61,079 | | | | Program Support |
| United Way of Greater Milwaukee & Waukesha County 225 W Vine St Milwaukee, WI 53212 | 39-0806190 | 501(c)(3) | 60,765 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Inner-City Muslim Action Network (IMAN) 2744 West 63rd Street Chicago, IL 60629 | 36-4167433 | 501(c)(3) | 60,000 | | | | Program Support |
| Catholic Charities Diocese of Joliet 16555 Weber Rd Crest Hill, IL 60403 | 36-2170817 | 501(c)(3) | 59,812 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Oak Park and River Forest Day Nursery 1139 Randolph Street Oak Park, IL 60302 | 36-2182082 | 501(c)(3) | 59,793 | | | | Program Support |
| The Chicago Lighthouse 1850 West Roosevelt Road Chicago, IL 60608 | 36-2169139 | 501(c)(3) | 59,636 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Project Vision Inc 236 W 22nd Place Unit 1 Chicago, IL 60616 | 20-0293881 | 501(c)(3) | 59,552 | | | | Program Support |
| Neopolitan Lighthouse 864 North Christiana Avenue Chicago, IL 60651 | 36-3309888 | 501(c)(3) | 56,700 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Jane Addams Resource Corporation 4432 North Ravenswood Chicago, IL 60640 | 36-3682559 | 501(c)(3) | 54,620 | | | | Program Support |
| AIDS Foundation of Chicago 200 W Jackson Boulevard Suite 2100 Chicago, IL 60606 | 36-3412054 | 501(c)(3) | 54,596 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Greater Chicago Food Depository 4100 W Ann Lurie Pl Chicago, IL 60632 | 36-2971864 | 501(c)(3) | 54,030 | | | | Program Support |
| Housing Forward PO Box 797 Oak Park, IL 60303 | 36-3876660 | 501(c)(3) | 53,765 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| McGaw YMCA 100 Grove Street Evanston, IL 602014294 | 36-2169194 | 501(c)(3) | 53,536 | | | | Program Support |
| South Suburban Family Shelter PO Box 937 Homewood, IL 60430 | 36-3089796 | 501(c)(3) | 52,829 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Deborah's Place 2822 W Jackson Blvd Chicago, IL 60612 | 36-3382973 | 501(c)(3) | 52,343 | | | | Program Support |
| Rush University Medical Center 1725 W Harrison St Suite 545 Chicago, IL 60612 | 36-2174823 | 501(c)(3) | 51,750 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Housing Options for the Mentally Ill 2100 Ridge Ave Suite G320 Evanston, IL 60201 | 36-3611260 | 501(c)(3) | 51,394 | | | | Program Support |
| Urban Initiatives 650 W Lake 340 Chicago, IL 60661 | 83-0367521 | 501(c)(3) | 51,166 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Lawndale Christian Health Center 3860 W Ogden Avenue Chicago, IL 60623 | 36-3308953 | 501(c)(3) | 50,420 | | | | Program Support |
| Center for Disability and Elder Law 205 W Randolph Suite 1610 Chicago, IL 60606 | 36-3203809 | 501(c)(3) | 50,180 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Lakeview Pantry 3945 N Sheridan Chicago, IL 60613 | 36-2734184 | 501(c)(3) | 49,411 | | | | Program Support |
| Howard Brown Health Center 4025 North Sheridan Road Chicago, IL 60613 | 36-2894128 | 501(c)(3) | 48,891 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Safer Foundation 571 West Jackson Blvd Chicago, IL 60661 | 36-2762168 | 501(c)(3) | 48,690 | | | | Program Support |
| Bridge Youth and Family Services 721 South Quentin Road Suite 103 Palatine, IL 60067 | 23-7093615 | 501(c)(3) | 48,417 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Year Up Chicago 223 W Jackson Blvd Suite 400 Chicago, IL 60606 | 04-3534407 | 501(c)(3) | 47,000 | | | | Program Support |
| Misericordia Heart of Mercy Center 6300 North Ridge Chicago, IL 60660 | 36-2170153 | 501(c)(3) | 46,966 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Family Service of Lake County 777 Central Ave Highland Park, IL 60035 | 36-2167063 | 501(c)(3) | 46,327 | | | | Program Support |
| Erie Family Health Center 1701 W Superior Street 3rd floor Chicago, IL 60622 | 36-3088628 | 501(c)(3) | 46,270 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PLOWS Council on Aging 7808 College Drive 5 East Palos Heights, IL 60463 | 36-2882809 | 501(c)(3) | 45,501 | | | | Program Support |
| Central States SER - Jobs for Progress Inc 3948 West 26th Street Chicago, IL 60623 | 36-1211270 | 501(c)(3) | 45,449 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Thresholds 4101 North Ravenswood Chicago, IL 60613 | 36-3071248 | 501(c)(3) | 45,232 | | | | Program Support |
| Illinois Sikh Community Center 2131 Creekside Drive Wheaton, IL 60189 | 80-0249107 | 501(c)(3) | 45,000 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Teen Parent Connection 475 Taft Ave Glen Ellyn, IL 60137 | 36-3387034 | 501(c)(3) | 44,415 | | | | Program Support |
| Sarah's Inn 311 Harrison Street Oak Park, IL 60304 | 36-3084461 | 501(c)(3) | 43,749 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ChildServ 8765 W Higgins Rd Suite 450 Chicago, IL 60631 | 36-2171716 | 501(c)(3) | 43,604 | | | | Program Support |
| Access Community Health Network 600 W Fulton St 2nd Fl Chicago, IL 60661 | 36-3317058 | 501(c)(3) | 41,876 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Changing Worlds 329 W 18th Street Suite 506 Chicago, IL 60616 | 36-4340874 | 501(c)(3) | 41,867 | | | | Program Support |
| Esperanza Health Centers 2001 S California Chicago, IL 60608 | 32-0115907 | 501(c)(3) | 41,777 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| The Resurrection Project 1818 S Paulina Chicago, IL 60608 | 36-3576073 | 501(c)(3) | 40,479 | | | | Program Support |
| PEER Services Inc 906 Davis Street Suite 101 Evanston, IL 60201 | 36-2848969 | 501(c)(3) | 40,240 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Chicago Community Trust 225 N Michigan Ave Suite 2200 Chicago, IL 60601 | 36-3432023 | 501(c)(3) | 40,000 | | | | Program Support |
| Ladder Up 233 South Wacker Drive Suite 400 Chicago, IL 60606 | 36-4070692 | 501(c)(3) | 39,824 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Chicago Commons Association 515 E 50th Street Chicago, IL 60615 | 36-2169136 | 501(c)(3) | 39,304 | | | | Program Support |
| New Life Centers of Chicagoland 4101 West 51st Street Chicago, IL 60632 | 20-2380358 | 501(c)(3) | 39,064 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| St Leonard's Ministries 2100 West Warren Blvd Chicago, IL 60612 | 36-2378516 | 501(c)(3) | 38,848 | | | | Program Support |
| National Able Network Inc 567 W Lake Street Suite 1150 Chicago, IL 60661 | 23-7339397 | 501(c)(3) | 38,750 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Inspiration Corporation 4554 N Broadway St Suite 207 Chicago, IL 60640 | 36-3673980 | 501(c)(3) | 38,535 | | | | Program Support |
| Access DuPageDuPage Health Coalition 511 Thornhill Drive Suite E Carol Stream, IL 60188 | 36-4448208 | 501(c)(3) | 38,072 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Connections for the Homeless 2121 Dewey Avenue Evanston, IL 60201 | 36-3346917 | 501(c)(3) | 35,628 | | | | Program Support |
| Children's Advocacy Center of Cook County 640 IL Blvd Hoffman Estates, IL 60169 | 36-3711203 | 501(c)(3) | 35,151 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Namaste Charter School 3737 S Paulina St Chicago, IL 60609 | 20-0285795 | 501(c)(3) | 35,000 | | | | Program Support |
| Tri-Con Child Care Center 425 Laurel Ave Suite B Highland Park, IL 60035 | 36-2708769 | 501(c)(3) | 35,000 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Centers for New Horizons Inc 4150 South King Drive Chicago, IL 60653 | 36-2729721 | 501(c)(3) | 35,000 | | | | Program Support |
| Latino Union of Chicago 4811 N Central Park Ave Chicago, IL 60625 | 61-1403712 | 501(c)(3) | 35,000 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| St Jude Children's Research Hospital 262 Danny Thomas Place Memphis, TN 38105 | 62-0646012 | 501(c)(3) | 34,946 | | | | Program Support |
| National Latino Education Institute 2011 W Pershing Road Chicago, IL 60609 | 36-2755187 | 501(c)(3) | 34,650 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Chicago Alliance Against Sexual Exploitation 307 N Michigan Ave Suite 1818 Chicago, IL 60601 | 26-0220074 | 501(c)(3) | 34,494 | | | | Program Support |
| Bethel New Life Inc 4950 W Thomas St Chicago, IL 60651 | 36-3013241 | 501(c)(3) | 33,900 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| The Children's Clinic 320 Lake Street Oak Park, IL 60302 | 36-9002074 | 501(c)(3) | 33,243 | | | | Program Support |
| Blue Island Citizens 2155 Broadway Blue Island, IL 60406 | 36-2603932 | 501(c)(3) | 33,050 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Hephzibah Children's Association 1144 Lake Street Suite 500 Oak Park, IL 60305 | 36-2167096 | 501(c)(3) | 32,706 | | | | Program Support |
| The Compass Church 1551 E Hobson Rd Naperville, IL 60540 | 41-0721672 | 501(c)(3) | 32,500 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Family Rescue PO Box 17528 Chicago, IL 60617 | 36-3170408 | 501(c)(3) | 32,340 | | | | Program Support |
| Life Span 70 East Lake Street Suite 700 Chicago, IL 60601 | 36-2991281 | 501(c)(3) | 32,130 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Chicago House and Social Service Agency 1925 North Clyborne Avenue Chicago, IL 60614 | 36-3376432 | 501(c)(3) | 31,920 | | | | Program Support |
| Respond Now POBox 215 Chicago Heights, IL 60411 | 23-7091808 | 501(c)(3) | 31,814 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Chicago Children's Advocacy Center 1240 S Damen Avenue Chicago, IL 60608 | 36-4251865 | 501(c)(3) | 31,589 | | | | Program Support |
| Crisis Center For South Suburbia PO Box 39 Tinley Park, IL 60477 | 36-3039964 | 501(c)(3) | 31,521 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Aging Care Connections 111 West Harris Avenue La Grange, IL 60525 | 36-2721289 | 501(c)(3) | 31,519 | | | | Program Support |
| Teen Living Programs 162 West Hubbard Street Ste 400 Chicago, IL 60654 | 36-2867274 | 501(c)(3) | 31,380 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Legal Council for Health Justice 17 N State St Suite 900 Chicago, IL 60602 | 36-3563802 | 501(c)(3) | 31,125 | | | | Program Support |
| Ecker Center for Mental Health 1845 Grandstand Place Elgin, IL 60123 | 36-2312495 | 501(c)(3) | 31,055 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Center For Independence Through Conductive Education 100 West Plainfield Road Suite 100 Countryside, IL 60525 | 36-4259162 | 501(c)(3) | 30,895 | | | | Program Support |
| Housing Opportunities for Women 1607 West Howard Street 2nd Floor Chicago, IL 60626 | 36-3263818 | 501(c)(3) | 30,217 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Serenity House Counseling Services Inc 891 S Rohlwing Road Addison, IL 60101 | 36-3350438 | 501(c)(3) | 30,108 | | | | Program Support |
| PODER 1637 S Allport St Chicago, IL 60608 | 36-4251880 | 501(c)(3) | 30,050 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Preservation Of Affordable Housing 6144 S Cottage Grove Ave Chicago, IL 60637 | 31-1616634 | 501(c)(3) | 30,000 | | | | Program Support |
| The Josselyn Center 405 Central Avenue Northfield, IL 60093 | 36-2217996 | 501(c)(3) | 29,789 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UIHSS Office of Community Engagement 828 S Wolcott Ave Suite 231 Chicago, IL 60612 | 37-6000511 | 501(c)(3) | 29,760 | | | | Program Support |
| BEDS Plus Care Inc P O Box 2035 LaGrange, IL 60525 | 36-3741040 | 501(c)(3) | 29,181 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Breaking Free 120 Gale Street Aurora, IL 60506 | 36-2957395 | 501(c)(3) | 28,842 | | | | Program Support |
| NAMI of DuPage County IL 115 N County Farm Rd Wheaton, IL 60187 | 36-3412057 | 501(c)(3) | 28,585 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| American Heart Association 7272 Greenville Avenue Dallas, TX 75231 | 13-5613797 | 501(c)(3) | 28,273 | | | | Program Support |
| Special Olympics Inc 1133 19th Street NW Washington, DC 20036 | 52-0889518 | 501(c)(3) | 27,917 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| OMNI Youth Services 1111 W Lake Cook Road Buffalo Grove, IL 60089 | 36-2777027 | 501(c)(3) | 27,900 | | | | Program Support |
| Lawyers' Committee for Better Housing 33 N LaSalle St Suite 900 Chicago, IL 60602 | 36-3134577 | 501(c)(3) | 27,640 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| La Casa Norte 3533 West North Avenue Chicago, IL 60647 | 36-4041525 | 501(c)(3) | 27,517 | | | | Program Support |
| The Children's Center of Cicero-Berwyn 1447 S 50th Court Cicero, IL 60804 | 36-3025963 | 501(c)(3) | 27,489 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Helping Hand Center 9649 West 55th Street Countryside, IL 60525 | 36-2327271 | 501(c)(3) | 27,300 | | | | Program Support |
| St Paul's Baptist Church 1 Hagerty Blvd West Chester, PA 19382 | 23-7384152 | 501(c)(3) | 27,000 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Harold Colbert Jones Memorial Community Center 220 E 15th Street Chicago Heights, IL 60411 | 36-2182055 | 501(c)(3) | 26,870 | | | | Program Support |
| JOURNEYS - The Road Home 1140 East Northwest Highway Palatine, IL 600747605 | 36-3919018 | 501(c)(3) | 26,527 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| North Side Housing and Supportive Services 4410 N Ravenswood Ave Suite 101 Chicago, IL 60640 | 36-3318158 | 501(c)(3) | 26,500 | | | | Program Support |
| Northwest Compass Inc 1300 W Northwest Highway Mt Prospect, IL 60056 | 36-3382832 | 501(c)(3) | 26,189 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Asian Human Services Inc 4753 North Broadway Suite 700 Chicago, IL 60640 | 36-3005889 | 501(c)(3) | 25,692 | | | | Program Support |
| Arab American Action Network 3148 West 63rd Street 2nd Floor Chicago, IL 60629 | 36-4034958 | 501(c)(3) | 25,553 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Common Threads 3811 Bee Caves Road Suite 108 Austin, TX 78746 | 20-0106847 | 501(c)(3) | 25,410 | | | | Program Support |
| VNA Health Care 400 North Highland Avenue Aurora, IL 60506 | 36-2182095 | 501(c)(3) | 25,349 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Alivio Medical Center 966 West 21st Street Chicago, IL 60608 | 36-3661051 | 501(c)(3) | 25,210 | | | | Program Support |
| Lester and Rosalie Anixter Center 6610 N Clark St Chicago, IL 60626 | 36-2244895 | 501(c)(3) | 25,170 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Center for Changing Lives 1955 N Saint Louis Ave 101 Chicago, IL 60647 | 36-3731388 | 501(c)(3) | 25,100 | | | | Program Support |
| Saint Anthony Hospital 2875 W 19th St Chicago, IL 60623 | 51-0217097 | 501(c)(3) | 25,100 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Family Serv and Mental Health Cent of Cicero 5341 W Cermak Road Cicero, IL 60804 | 36-2246705 | 501(c)(3) | 25,092 | | | | Program Support |
| Centro de Informacion 28 North Grove Avenue Suite 200 Elgin, IL 60120 | 36-2776988 | 501(c)(3) | 25,040 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Hamdard Center for Health and Human Services 228 E Lake Street Addison, IL 60101 | 36-3917885 | 501(c)(3) | 25,013 | | | | Program Support |
| Chicago Symphony Orchestra 220 S Michigan Chicago, IL 60604 | 36-2167823 | 501(c)(3) | 25,000 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Elmhurst Christian Reformed Church 149 W Brush Hill Elmhurst, IL 60126 | 36-2521910 | 501(c)(3) | 25,000 | | | | Program Support |
| Center for Conflict Resolution 11 E Adams St Suite 500 Chicago, IL 60603 | 36-2997680 | 501(c)(3) | 25,000 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Renaissance Social Services Inc 333 N Oakley Blvd Suite 101 Chicago, IL 60612 | 36-3900116 | 501(c)(3) | 25,000 | | | | Program Support |
| Thrive Chicago NFP 211 W Wacker Drive Chicago, IL 60606 | 47-2478889 | 501(c)(3) | 25,000 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Saint Clement Church 642 West Deming Place Chicago, IL 60614 | 36-2170826 | 501(c)(3) | 24,341 | | | | Program Support |
| University of Chicago - Laboratory Schools 1362 E 59th St Chicago, IL 60637 | 36-2177139 | 501(c)(3) | 24,338 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Make-A-Wish Foundation of America 1702 E Highland Ave Suite 400 Phoenix, AZ 85016 | 86-0481941 | 501(c)(3) | 23,734 | | | | Program Support |
| Fox Valley United Way 44 East Galena Blvd Aurora, IL 60505 | 36-2195467 | 501(c)(3) | 23,298 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Lincoln Park Zoological Society 2001 N Clark St Chicago, IL 60614 | 36-2512404 | 501(c)(3) | 23,284 | | | | Program Support |
| United Way of Will County 54 N Ottawa St Ste 300 Joliet, IL 60432 | 36-2515625 | 501(c)(3) | 22,438 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Christ Community Church 37 West 100 Bolcum Road Saint Charles, IL 60175 | 36-3346903 | 501(c)(3) | 22,000 | | | | Program Support |
| Adler Planetarium 1300 South Lake Shore Drive Chicago, IL 60605 | 36-6210902 | 501(c)(3) | 21,000 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Chicago Botanic Garden 1000 Lake Cook Road ATTN Tom Nissl Glencoe, IL 60022 | 36-2225482 | 501(c)(3) | 20,000 | | | | Program Support |
| Make a Wish Foundation of Illinois 640 North LaSalle Drive Suite 280 Chicago, IL 60654 | 36-3422138 | 501(c)(3) | 19,550 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Alzheimer's Association Greater IL Chapter 8430 W Bryn Mawr Ave Suite 800 Chicago, IL 60631 | 13-3039601 | 501(c)(3) | 19,127 | | | | Program Support |
| St Ignatius College Prep 1076 W Roosevelt Road Chicago, IL 60608 | 36-2167867 | 501(c)(3) | 18,819 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| United Way of Greater McHenry County 4508 Prime Parkway McHenry, IL 60050 | 36-6147909 | 501(c)(3) | 18,438 | | | | Program Support |
| Daniel Murphy Scholarship Fund 309 W Washington Suite 1250 Chicago, IL 60606 | 36-3675466 | 501(c)(3) | 16,900 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Kenilworth United Fund Inc 419 Richmond Road Kenilworth, IL 60043 | 36-6118414 | 501(c)(3) | 16,082 | | | | Program Support |
| Willow Creek Community Church Crystal Lake 67 Algonquin Road S Barrington, IL 60010 | 51-0164942 | 501(c)(3) | 15,960 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Heart of Illinois United Way 509 W High Street Peoria, IL 61606 | 37-0661504 | 501(c)(3) | 15,779 | | | | Program Support |
| Breakthrough Urban Ministries 402 North St Louis Ave Chicago, IL 60624 | 36-3810926 | 501(c)(3) | 15,171 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Salvation Army Metropolitan Chicago 5040 North Pulaski Road Chicago, IL 60630 | 36-2167910 | 501(c)(3) | 14,649 | | | | Program Support |
| Boys and Girls Clubs of Chicago 550 W Van Buren Street Suite 350 Chicago, IL 60607 | 36-2166997 | 501(c)(3) | 14,525 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Planned Parenthood Of Illinois 18 South Michigan Ave 6th Floor Chicago, IL 60603 | 36-2170901 | 501(c)(3) | 14,135 | | | | Program Support |
| Earth Share 7735 Old Georgetown Rd Suite 900 Bethesda, MD 20814 | 52-1601960 | 501(c)(3) | 14,128 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Bernard Zell Anshe Emet Day School 3751 N Broadway Street Chicago, IL 60613 | 36-2166955 | 501(c)(3) | 14,000 | | | | Program Support |
| Oak Park River Forest Food Pantry 848 Lake Street Oak Park, IL 60301 | 27-2018997 | 501(c)(3) | 13,970 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Academy For Urban School Leadership (Ausl) 3400 North Austin Chicago, IL 60634 | 36-4447457 | 501(c)(3) | 13,900 | | | | Program Support |
| Habitat For Humanity International 121 Habitat Street Americus, GA 31709 | 91-1914868 | 501(c)(3) | 13,873 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| City Year Chicago 36 S Wabash Suite 1300 Chicago, IL 60603 | 22-2882549 | 501(c)(3) | 13,707 | | | | Program Support |
| LaSalle Street Church - Capital Campaign 1111 N Wells St Suite 500 Chicago, IL 60610 | 36-2601051 | 501(c)(3) | 13,500 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Washington University in St Louis One Brookings Drive Campus Box 1228 Saint Louis, MO 63130 | 43-0653611 | 501(c)(3) | 13,300 | | | | Program Support |
| Community Health Charities 1199 North Fairfax Street Suite 600 Alexandria, VA 22314 | 13-6167225 | 501(c)(3) | 13,245 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Glen Ellyn Food Pantry 493 Forest Avenue Glen Ellyn, IL 60137 | 36-3423123 | 501(c)(3) | 13,050 | | | | Program Support |
| Shelter Inc 1616 N Arlington Heights Rd Arlington Heights, IL 60004 | 23-7399596 | 501(c)(3) | 12,910 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JDRF International Illinois Chapter 1 N LaSalle Street Suite 1200 Chicago, IL 60602 | 23-1907729 | 501(c)(3) | 12,757 | | | | Program Support |
| Ann & Robert H Lurie Children's Hospital 225 E Chicago Ave Box 4 Chicago, IL 60611 | 36-3357006 | 501(c)(3) | 12,380 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Habitat for Humanity Lake County IL 315 N MLK Jr Ave Waukegan, IL 60085 | 36-3659288 | 501(c)(3) | 12,334 | | | | Program Support |
| Mount Pisgah Christian School 9820 Nesbit Ferry Road Johns Creek, GA 30022 | 20-0085243 | 501(c)(3) | 12,000 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Arc of Hope Uganda 9435 Springfield Ave Evanston, IL 60203 | 32-0301689 | 501(c)(3) | 12,000 | | | | Program Support |
| Evangelical Covenant Church of Hinsdale 412 S Garfield Rd Hinsdale, IL 60521 | 36-2167730 | 501(c)(3) | 12,000 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Museum of Science and Industry 5700 S Lakeshore Drive Chicago, IL 60637 | 36-2167797 | 501(c)(3) | 12,000 | | | | Program Support |
| Habitat for Humanity Chicago 100 W Cermak Road 404 Chicago, IL 60608 | 46-0494889 | 501(c)(3) | 11,920 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Evans Scholars Foundation One Briar Road Golf, IL 60029 | 36-2518129 | 501(c)(3) | 11,840 | | | | Program Support |
| United Way of Greater St Louis 910 N 11th Street Saint Louis, MO 63101 | 43-0714167 | 501(c)(3) | 11,631 | | | | Program Support |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| University of Illinois Medical Center 1747 W Rosevelt Rd Suite 302 Chicago, IL 60608 | 37-6006007 | 501(c)(3) | 11,249 | | | | Program Support |
| Yogi Divine Society 2437 N Yeoman St Waukegan, IL 60087 | 36-2918080 | 501(c)(3) | 11,000 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Habilitative Systems 415 S Kilpatrick Chicago, IL 60644 | 36-2969062 | 501(c)(3) | 11,000 | | | | Program Support |
| Duke University Trinity College Alumni and Development Records Box Durham, NC 27708 | 56-0532129 | 501(c)(3) | 11,000 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| United Way of New York City 205 East 42nd street New York, NY 10017 | 13-2617681 | 501(c)(3) | 10,960 | | | | Program Support |
| Loyola Academy 1100 Laramie Ave Wilmette, IL 60091 | 36-2367981 | 501(c)(3) | 10,850 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Sierra Club IL Chapter Summit Circle 70 E Lake St Suite 1500 Chicago, IL 60601 | 94-6069890 | 501(c)(3) | 10,810 | | | | Program Support |
| Northwestern Settlement 1400 W Augusta Boulevard Chicago, IL 60642 | 36-2167818 | 501(c)(3) | 10,537 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Trustees of Tufts College PO Box 3306 Boston, MA 02241 | 04-2103634 | 501(c)(3) | 10,500 | | | | Program Support |
| Arrupe College of Loyola University 1 E Pearson St Chicago, IL 60611 | 36-1408475 | 501(c)(3) | 10,500 | | | | Program Support |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PADS Inc dba Hesed House 659 S River St Aurora, IL 60506 | 36-3285644 | 501(c)(3) | 10,430 | | | | Program Support |
| The Cove School Inc 350 Lee Road Northbrook, IL 60062 | 39-0930993 | 501(c)(3) | 10,360 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Chicago Public Library Foundation 20 N Michigan Ave Suite 520 Chicago, IL 60602 | 36-3480353 | 501(c)(3) | 10,300 | | | | Program Support |
| SOS Children's Villages Illinois Inc 216 W Jackson Blvd Suite 925 Chicago, IL 60606 | 36-3599110 | 501(c)(3) | 10,300 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Northwestern Memorial Foundation 251 East Huron StGalter Pavilion S Chicago, IL 60611 | 36-3155315 | 501(c)(3) | 10,250 | | | | Program Support |
| Ravinia Festival Association 418 Sheridan Road Highland Park, IL 60035 | 36-6002273 | 501(c)(3) | 10,132 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Big Shoulders Fund 212 W Van Buren Suite 900 Chicago, IL 60607 | 36-3490557 | 501(c)(3) | 10,075 | | | | Program Support |
| Ounce of Prevention Fund 33 W Monroe Suite 2400 Chicago, IL 60603 | 36-3186328 | 501(c)(3) | 10,025 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| United Way of the Greater Chippewa Valley Inc 3603 N Hastings May Suite 200 Eau Claire, WI 54703 | 39-1077901 | 501(c)(3) | 10,000 | | | | Program Support |
| Stadia PO Box 699 Uniontown, OH 44685 | 05-0556267 | 501(c)(3) | 10,000 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Art Institute of Chicago 111 South Michigan Avenue Chicago, IL 60603 | 36-2167725 | 501(c)(3) | 10,000 | | | | Program Support |
| Horizons for Youth 703 W Monroe St Chicago, IL 60661 | 36-3796784 | 501(c)(3) | 10,000 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EPIC 1913 W Towline Rd Peoria, IL 61615 | 37-0794792 | 501(c)(3) | 10,000 | | | | Program Support |
| William Penn University 201 Trueblood Ave Oskaloosa, IA 52577 | 42-0707120 | 501(c)(3) | 10,000 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| University of Notre Dame 1100 Grace Hall Notre Dame, IN 46556 | 35-0868188 | 501(c)(3) | 9,620 | | | | Program Support |
| United Way of Elgin 1750 Grandstand Place 5 Elgin, IL 60123 | 36-2167052 | 501(c)(3) | 9,344 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Big Brothers Big Sisters of Metro Chicago 560 W Lake St 5th Floor Chicago, IL 60661 | 36-2681212 | 501(c)(3) | 9,320 | | | | Program Support |
| Youth Guidance 1 N LaSalle Street Suite 900 Chicago, IL 60602 | 36-2167032 | 501(c)(3) | 9,247 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Center On Halsted 3656 N Halsted St Chicago, IL 60613 | 51-0178807 | 501(c)(3) | 9,222 | | | | Program Support |
| By The Hand Club For Kids PO Box 10043 Chicago, IL 60610 | 20-3144284 | 501(c)(3) | 9,200 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Mercy Home for Boys & Girls 1140 West Jackson Boulevard Chicago, IL 60607 | 36-2171726 | 501(c)(3) | 9,180 | | | | Program Support |
| Little Brothers - Friends of the Elderly 355 N Ashland Ave Chicago, IL 60607 | 36-2651505 | 501(c)(3) | 9,120 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| One Hope United 333 South Wabash Ave Suite 2750 Chicago, IL 60604 | 36-2181967 | 501(c)(3) | 9,001 | | | | Program Support |
| The Regents of the Univ of MI Law School 3003 S State Street Ann Arbor, MI 48109 | 38-6006309 | 501(c)(3) | 8,730 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Boys and Girls Club of West Cook County 4000 St Paul Avenue Bellwood, IL 60104 | 36-2374421 | 501(c)(3) | 8,618 | | | | Program Support |
| Fondos Unidos de Puerto Rico PO Box 191914 San Juan, PR 00919 | 66-0269222 | 501(c)(3) | 8,424 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Covenant United Church of Christ 1130 East 154th Street South Holland, IL 60473 | 13-1957221 | 501(c)(3) | 8,325 | | | | Program Support |
| United Way of Massachusetts Bay 51 Sleeper Street Boston, MA 02210 | 04-2382233 | 501(c)(3) | 8,198 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Northwestern University Office of Alumni Relations Develo Evanston, IL 60208 | 36-2167817 | 501(c)(3) | 8,135 | | | | Program Support |
| Northwestern College Advancement Office 101 7th Street S Orange City, IA 51041 | 42-0698196 | 501(c)(3) | 8,000 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Gads Hill Center 1919 W Cullerton St Chicago, IL 60608 | 36-2167082 | 501(c)(3) | 7,899 | | | | Program Support |
| Barrington Area United Way 200 James Sreet Barrington, IL 60010 | 23-7123024 | 501(c)(3) | 7,824 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Advocate Charitable Foundation 3075 Highland Pkwy - Ste 600 Downers Grove, IL 60515 | 36-3297360 | 501(c)(3) | 7,820 | | | | Program Support |
| United Way of the Quad Cities Area Inc 852 Middle Road Suite 401 Bettendorf, IA 52722 | 36-2725960 | 501(c)(3) | 7,625 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Boys Hope Girls Hope of Illinois 1100 Laramie Avenue Wilmette, IL 60091 | 51-0248353 | 501(c)(3) | 7,608 | | | | Program Support |
| Boy Scouts Pathway to Adventure Council 8751 Calumet Avenue Munster, IN 46321 | 35-0867962 | 501(c)(3) | 7,566 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Anshe Emet Synagogue (Sustaining Fund) 3751 North Broadway Chicago, IL 60613 | 36-0739900 | 501(c)(3) | 7,500 | | | | Program Support |
| Rogers Park Montessori School Kim Romain 1800 W Balmoral Ave Chicago, IL 60640 | 36-2597822 | 501(c)(3) | 7,500 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Friends of Payton Association 1034 N Wells St Chicago, IL 60610 | 36-4409659 | 501(c)(3) | 7,500 | | | | Program Support |
| Tulane AB Freeman School of Business 7 McAlister Drive New Orleans, LA 70118 | 72-0423889 | 501(c)(3) | 7,500 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Yellowstone to Yukon Conservation PO Box 157 Bozeman, MT 59771 | 81-0535303 | 501(c)(3) | 7,500 | | | | Program Support |
| Junior Achievement (Chicago) 651 W Washington Blvd Suite 404 Chicago, IL 60661 | 84-1267604 | 501(c)(3) | 7,500 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Chicago Child Care Society 5467 South University Avenue Chicago, IL 60615 | 36-2166998 | 501(c)(3) | 7,340 | | | | Program Support |
| Naperville Christian Academy 1451 Raymond Drive Suite 200 Naperville, IL 60563 | 36-4383292 | 501(c)(3) | 7,200 | | | | Program Support |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Paws Chicago 1997 N Clybourn Avenue Chicago, IL 60614 | 36-4219778 | 501(c)(3) | 7,153 | | | | Program Support |
| Batavia United Way P O Box 372 Batavia, IL 60510 | 36-3208945 | 501(c)(3) | 7,077 | | | | Program Support |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| First Baptist Church of University Park 450 Univ Parkway University Park, IL 60484 | 37-0755264 | 501(c)(3) | 6,950 | | | | Program Support |
| Lake Area United Way 221 West Ridge Road Griffith, IN 46319 | 23-7170019 | 501(c)(3) | 6,938 | | | | Program Support |

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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Cancer Support Center 19657 S La Grange Rd Mokena, IL 60448 | 36-3880404 | 501(c)(3) | 6,750 | | | | Program Support |
| Joffrey Ballet of Chicago 10 E Randolph Chicago, IL 60601 | 36-4009741 | 501(c)(3) | 6,750 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Career Transitions Center of Chicago 703 W Monroe St Chicago, IL 60661 | 36-4084309 | 501(c)(3) | 6,643 | | | | Program Support |
| Temple Jeremiah 937 Happ Road Northfield, IL 60093 | 13-1663143 | 501(c)(3) | 6,550 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WNY Heros 8205 Main St Suite 1 Williamsville, NY 14221 | 61-1561829 | 501(c)(3) | 6,504 | | | | Program Support |
| United Way of Rock River Valley 612 N Main St Ste 300 Rockford, IL 61103 | 36-2167843 | 501(c)(3) | 6,457 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Ray Graham Assn for People with Disabilities 901 Warrenville Rd Ste 500 Lisle, IL 60532 | 36-2411166 | 501(c)(3) | 6,436 | | | | Program Support |
| Lake County Haven 117 McKinley Ave Libertyville, IL 60048 | 36-3846099 | 501(c)(3) | 6,414 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Working In the Schools (WITS) 641 West Lake Street Suite 200 Chicago, IL 60661 | 36-3891846 | 501(c)(3) | 6,380 | | | | Program Support |
| Feed My Starving Children - Coon Rapids MN 401 93rd Ave NW Coon Rapids, MN 55433 | 41-1601449 | 501(c)(3) | 6,321 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| The Community House 415 West Eighth Street Hinsdale, IL 60521 | 36-2167735 | 501(c)(3) | 6,252 | | | | Program Support |
| Doctors Without Borders USA 333 Seventh Ave 2nd Fl New York, NY 10001 | 13-3433452 | 501(c)(3) | 6,224 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HFS Chicago Scholars HFS Scholarship Fund 1074 W Taylor Street 201 Chicago, IL 60607 | 36-3922345 | 501(c)(3) | 6,160 | | | | Program Support |
| TriCity Family Services 1120 Randall Court Geneva, IL 60134 | 23-7310008 | 501(c)(3) | 6,070 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Lazarus House 214 Walnut Street St Charles, IL 60174 | 36-4187609 | 501(c)(3) | 6,070 | | | | Program Support |
| One Acre Fund 80 Broad Street Suite 2500 New York, NY 10004 | 20-3668110 | 501(c)(3) | 6,000 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| American Indian Center Inc 3401 W Ainslie St Chicago, IL 60625 | 36-2382840 | 501(c)(3) | 6,000 | | | | Program Support |
| Urban Village Church PO Box A3882 Chicago, IL 60690 | 36-2899329 | 501(c)(3) | 6,000 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Stratford Shakespearean Festival of Amer 2290 First National Bldg 660 Woodwa Detroit, MI 48226 | 38-2420887 | 501(c)(3) | 6,000 | | | | Program Support |
| Casa Central 1343 North California Avenue Chicago, IL 60622 | 36-2728618 | 501(c)(3) | 5,797 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Share Our Spare 935 W Chestnut LL 13 Chicago, IL 60642 | 45-2773364 | 501(c)(3) | 5,565 | | | | Program Support |
| Bright Hope International 2060 Stonington Hoffman Estates, IL 60169 | 23-7004991 | 501(c)(3) | 5,507 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| St Mary's Episcopal Church 306 South Prospect Park Ridge, IL 60068 | 23-7075487 | 501(c)(3) | 5,250 | | | | Program Support |
| Park Community Church 1001 North Crosby Street Chicago, IL 60610 | 36-3514586 | 501(c)(3) | 5,250 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Boy Scouts Three Fires Council 415 North 2nd Street St Charles, IL 60174 | 36-3831877 | 501(c)(3) | 5,217 | | | | Program Support |
| St Peter Catholic Church 1891 Kaneville Road Geneva, IL 60134 | 36-2481174 | 501(c)(3) | 5,200 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Breast Cancer Research Foundation 28 W 44th St Suite 609 New York, NY 10036 | 13-3727250 | 501(c)(3) | 5,170 | | | | Program Support |
| Epilepsy Foundation of Greater Chicago 17 North State Street Suite 650 Chicago, IL 60602 | 36-2317619 | 501(c)(3) | 5,143 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Found for Angelman Syndrome Therapeutics 1918 Sweetbriar Lane Darien, IL 60561 | 26-3160079 | 501(c)(3) | 5,123 | | | | Program Support |
| Oscar Mayer Magnet School 2250 N Clifton Chicago, IL 60614 | 36-3094477 | 501(c)(3) | 5,100 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| United Way of Collier County Inc 9015 Strada Stell Court Suite 204 Naples, FL 34109 | 59-1026096 | 501(c)(3) | 5,100 | | | | Program Support |
| Anti-Defamation League Greater Chicago 120 LaSalle Street Ste 1150 Chicago, IL 60603 | 13-1818723 | 501(c)(3) | 5,150 | | | | Program Support |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Fourth Presbyterian Church of Chicago 126 E Chestnut Street Chicago, IL 60611 | 23-6393377 | 501(c)(3) | 6,837 | | | | Program support |
| Saint Athanasios Greek Orthodox church 1855 E Fifth Ave Aurora, IL 60504 | 20-4208942 | 501(c)(3) | 5,790 | | | | Program Support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Northern Illinois Foodbank Backpack Program 273 Dearborn Court Geneva, IL 60134 | 36-3203648 | 501(c)(3) | 5,267 | | | | Program Support |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
United Way of Metropolitan Chicago Inc

Employer identification number
30-0200478

Part I Questions Regarding Compensation

| | | Yes | No | | | | | | | | |
|--|---|--|---|--|---|---|---|--|--|--|--|
| <p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <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 (e.g., maid, chauffeur, chef) | | | |
| <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 (e.g., maid, chauffeur, chef) | | | | | | | | | | |
| <p>b If any of the boxes in 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</p> | 1b | | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <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 | | | | | |
| <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 | | | | | | | | | | |
| <p>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</p> | | | | | | | | | | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | 4a | | No | | | | | | | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | 4b | | No | | | | | | | | |
| <p>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</p> | 4c | | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> | | | | | | | | | | | |
| <p>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</p> | | | | | | | | | | | |
| <p>a The organization?</p> | 5a | | No | | | | | | | | |
| <p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p> | 5b | | No | | | | | | | | |
| <p>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</p> | | | | | | | | | | | |
| <p>a The organization?</p> | 6a | | No | | | | | | | | |
| <p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p> | 6b | | No | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p> | 7 | Yes | | | | | | | | | |
| <p>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</p> | 8 | | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | | |

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 are not listed on Form 990, Part VII

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Wendy Du Boe President & CEO | (i) | 362,538 ----- | 15,000 ----- | 27,435 ----- | 8,100 ----- | 31,126 ----- | 444,199 ----- | 18,000 ----- |
| | (ii) | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- |
| 2 Deborah Stevens Chief Financial Officer | (i) | 203,195 ----- | 0 ----- | 2,813 ----- | 6,124 ----- | 8,811 ----- | 220,943 ----- | 0 ----- |
| | (ii) | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- |
| 3 Joseph Vanyo COO | (i) | 233,599 ----- | 0 ----- | 19,035 ----- | 7,669 ----- | 12,619 ----- | 272,922 ----- | 18,000 ----- |
| | (ii) | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- |
| 4 Leah Ray-Seid SVP Resource Development | (i) | 206,981 ----- | 0 ----- | 388 ----- | 6,424 ----- | 29,295 ----- | 243,088 ----- | 0 ----- |
| | (ii) | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- |
| 5 Jose Rico SVP of Comm Investment | (i) | 205,323 ----- | 0 ----- | 670 ----- | 0 ----- | 23,153 ----- | 229,146 ----- | 0 ----- |
| | (ii) | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- |
| 6 Risa Davis VP Corporate Development | (i) | 163,790 ----- | 0 ----- | 2,287 ----- | 5,073 ----- | 13,562 ----- | 184,712 ----- | 0 ----- |
| | (ii) | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- |
| 7 Marilyn Jackson VP Marketing & Communications | (i) | 185,371 ----- | 0 ----- | 926 ----- | 4,833 ----- | 29,460 ----- | 220,590 ----- | 0 ----- |
| | (ii) | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- | 0 ----- |
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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.

| Return Reference | Explanation |
|------------------|--|
| BONUS PAYMENTS | <p>SCHEDULE J, PART I, LINE 7 BONUS PAYMENTS ARE DISCRETIONARY IN NATURE, AND ARE BASED ON INDIVIDUALS' PERFORMANCE AGAINST PREDETERMINED GOALS AND/OR A RECRUITMENT INCENTIVE. THE PRESIDENT AND CEO'S BONUS IS BASED ON BENCHMARKS FROM OTHER UNITED WAYS AND CHICAGO-AREA NOT FOR PROFIT ORGANIZATIONS, IT IS RECOMMENDED BY THE CHAIR OF THE BOARD OF DIRECTORS AND APPROVED BY THE FULL BOARD OF DIRECTORS. TOTAL COMPENSATION FOR SENIOR MANAGEMENT, INCLUDING ANY BONUS PAYMENTS, IS APPROVED BY THE COMPENSATION AND HUMAN RESOURCE COMMITTEE OF THE BOARD OF DIRECTORS.</p> |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
United Way of Metropolitan Chicago Inc

Employer identification number
30-0200478

Part I Types of Property

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

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

29

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 is not required to be used for exempt purposes for the entire holding period?

| | Yes | No |
|-----|-----|----|
| 30a | | No |

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

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

| | | |
|----|-----|--|
| 31 | Yes | |
|----|-----|--|

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

| | | |
|-----|--|----|
| 32a | | No |
|-----|--|----|

b If "Yes," describe in Part II

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

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.

| Return Reference | Explanation |
|---------------------|--|
| Method of Reporting | UWMC IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

United Way of Metropolitan Chicago Inc

Employer identification number

30-0200478

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|--|
| GENERAL INFORMATION | <p>UNITED WAY OF METROPOLITAN CHICAGO, INC ("UWMC") IS AN ILLINOIS NON-PROFIT PHILANTHROPIC CORPORATION WHOSE MISSION IS TO IMPROVE LIVES IN THE METROPOLITAN CHICAGO AREA BY MOBILIZING CARING PEOPLE TO INVEST IN THE COMMUNITY WHERE THEIR RESOURCES ARE NEEDED MOST UNITED WAY OF METRO CHICAGO FIGHTS FOR THE HEALTH, EDUCATION, FINANCIAL STABILITY AND SAFETY OF EVERY PERSON IN EVERY NEIGHBORHOOD ACROSS THE REGION WE ADVANCE THE COMMON GOOD ON BOTH A REGIONAL AND NEIGHBORHOOD LEVEL BY FOCUSING ON THE BUILDING BLOCKS FOR THRIVING PEOPLE AND COMMUNITIES ACCESS TO QUALITY HEALTH CARE, A GOOD EDUCATION, FINANCIAL STABILITY AND ENSURING BASIC NEEDS ARE MET UNITED WAY'S NEIGHBORHOOD NETWORK INITIATIVE SUPPORTS AND COORDINATES INVESTMENT AND PROGRAMMING IN 10 CITY AND SUBURBAN COMMUNITIES TO ADDRESS COMMUNITY CHALLENGES AND IMPROVE THE LIVES OF RESIDENTS OUR NEW IMPACT PLAN, STRONGER NEIGHBORHOODS FOR A STRONGER CHICAGO REGION SHIFTS OUR STRATEGY FROM WORKING WITH INDIVIDUALS IN SILOS TO WORKING WITH FAMILIES AS PART OF A NEIGHBORHOOD UNITED WAY OF METRO CHICAGO HAS LONG WORKED TO ENSURE PEOPLE HAVE THE RESOURCES THEY NEED TO IMPROVE THEIR LIVES AND REACH THEIR HIGHEST POTENTIAL THROUGH THAT WORK, UNITED WAY SAW THE OPPORTUNITY TO LEVERAGE ITS GREATEST ASSETS-FINANCIAL INVESTMENT, CONVENING AND COORDINATING POWER, AND TREMENDOUS PARTNERS AND VOLUNTEERS- ON BEHALF OF NOT JUST INDIVIDUAL AND FAMILY SUCCESS, BUT TO STRENGTHEN ENTIRE NEIGHBORHOODS UNITED WAY OF METRO CHICAGO SUPPORTS 175 AGENCIES WORKING IN 60 COMMUNITIES FUNDING SERVICES AND STRATEGIES MOST NEEDED IN THOSE COMMUNITIES HOWEVER, TO FURTHER ADDRESS THE COMPLEX CHALLENGES IN HIGH-NEED COMMUNITIES THROUGHOUT THE REGION, UNITED WAY OF METRO CHICAGO DEVELOPED THE UNITED WAY NEIGHBORHOOD NETWORK INITIATIVE THE INITIATIVE UTILIZES A COLLECTIVE IMPACT MODEL TO WORK WITH COMMUNITY COALITIONS TO GUIDE STRATEGIES WITH PARTNERS, COORDINATE RESOURCES AND PROGRAMMING, AND COLLABORATE ON MEASUREMENT - ALL AIMING TOWARDS ACHIEVING A COMMON COMMUNITY GOAL AS OF THIS REPORTING PERIOD, UNITED WAY OF METROPOLITAN CHICAGO IS WORKING IN TEN UNDER-RESOURCED COMMUNITIES IN THE CITY AND SUBURBS AUBURN GRESHAM, AUSTIN, BRIGHTON PARK, BRONZEVILLE, CICERO, EVANSTON, LITTLE VILLAGE, ROBBINS/BLUE ISLAND, SOUTH CHICAGO AND WEST CHICAGO EACH COMMUNITY IS IN A DIFFERENT STAGE OF IMPLEMENTATION BASED ON PLANNING AND ROLLOUT HOWEVER, UNITED WAY STAFF WORK WITH, AND IN EACH NEIGHBORHOOD, IDENTIFYING A BOLD COMMUNITY GOAL TO TACKLE, ALIGNING RESOURCES AND STRATEGIES IN THE NEIGHBORHOOD TOWARD THAT GOAL AND BRINGING ADDITIONAL PARTNERS AND RESOURCES TO THE TABLE AS WELL AS ACCOUNTABILITY TO ACHIEVE RESULTS UNITED WAY IS MEASURING EDUCATION, FINANCIAL STABILITY, HEALTH AND SAFETY METRICS IN ALL NEIGHBORHOOD NETWORK COMMUNITIES THROUGH A COMMON FRAMEWORK TO AGGREGATE RESULTS TOWARD GOALS AS WELL AS GENERAL COMMUNITY WELLNESS INDICATORS</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------|---|
| NUMBER OF VOLUNTEERS | FORM 990, PART I, LINE 6 BOARD/POLICY MAKING VOLUNTEERS - 109 ACTIVE CAMPAIGN LEADERS - 820 COMMUNITY IMPACT VOLUNTEERS - 4,186 TOTAL VOLUNTEERS - 5,115 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART III - PROGRAM SERVICE, LINE 4B | (CONTINUED FROM PART III) ADDITIONALLY, UWMC ADDRESSES SAFETY NET ISSUES - BASIC NEEDS AND CRISIS SUPPORT - THROUGH AGENCY PARTNERS, WHO PROVIDE FOOD, SHELTER AND SAFETY FROM VIOLENCE FOR THE YEAR ENDING JUNE 2018, UWMC HELPED CONNECT 101,829 INDIVIDUALS TO A PRIMARY CARE PHYSICIAN AND ANOTHER 78,364 INDIVIDUALS TO MENTAL HEALTH CARE 3,832 INDIVIDUALS INCREASED THEIR INTAKE OF FRUITS AND VEGETABLES, AND 6,146 INDIVIDUALS INCREASED THE AMOUNT OF PHYSICAL ACTIVITY IN WHICH THEY ENGAGED AS THE RECIPIENT OF A FEDERAL GRANT, UWMC HAS ASSISTED IN HEALTH INSURANCE ENROLLMENT FOR THE PAST FOUR YEARS ASSISTERS PROVIDE FREE IN-PERSON HELP TO INDIVIDUALS IN FAMILIES TO ENROLL IN HEALTH COVERAGE IN THE PREVIOUS YEAR, PARTNER ORGANIZATIONS AND THEIR ASSISTERS HELPED FACILITATE 17,000 ENROLLMENTS TOTAL EXPENSES \$4,995,942, TOTAL GRANTS \$4,008,205 SAFETY NET SERVICES FOR THE YEAR ENDING JUNE 2018, UWMC SERVED A TOTAL OF 952,443 PEOPLE, INCLUDING 23,214 PEOPLE WHO RECEIVED SAFETY SERVICES RELATED TO DOMESTIC ABUSE TOTAL EXPENSES \$5,805,164, TOTAL GRANTS \$5,012,292 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III - PROGRAM SERVICE, LINE 4C | <p>(CONTINUED FROM PART III) OUR WORK FOR THE YEAR ENDING JUNE 2018 ENSURED THAT 6,227 CHILDREN IMPROVED THEIR SCREENING SCORES FOR KINDERGARTEN READINESS, AND THAT 6,923 PREVIOUSLY STRUGGLING MIDDLE SCHOOL STUDENTS WERE PROMOTED TO THE NEXT GRADE LEVEL ON TRACK FOR GRADUATION TOTAL EXPENSES \$4,498,697, TOTAL GRANTS \$3,917,851 OTHER PROGRAM SERVICES FORM 990, PART III, LINE 4D FINANCIAL STABILITY-INCOME SECURING THE FINANCIAL STABILITY OF MORE HOUSEHOLDS IS ONE OF THE KEY STRATEGIES TOWARD UWMC'S EFFORTS TO IMPROVE LIVES IN GREATER CHICAGO EMPLOYMENT, FINANCIAL LITERACY, AND INCOME SUPPORTS ARE THE THREE PILLARS OF THIS WORK FOR THE YEAR ENDING JUNE 30, 2018, UWMC'S PROGRAMS PLACED 5,739 PEOPLE IN JOBS ADDITIONALLY, 7,550 INDIVIDUALS GAINED FINANCIAL KNOWLEDGE THROUGH PROGRAMS AND CLASSES 6,315 PEOPLE IMPROVED THEIR FINANCIAL POSITION, MOVING TOWARDS GREATER FINANCIAL STABILITY TOTAL EXPENSES \$3,569,230, TOTAL GRANTS \$3,108,958 NEIGHBORHOOD NETWORKS TO ADDRESS THE COMPLEX CHALLENGES IN HIGH NEED COMMUNITIES THROUGHOUT THE REGION, UNITED WAY OF METROPOLITAN CHICAGO DEVELOPED THE UNITED WAY NEIGHBORHOOD NETWORK INITIATIVE TOTAL EXPENSES \$5,750,477, TOTAL GRANTS \$4,113,611 IN ADDITION TO GRANTS TO NEIGHBORHOOD AGENCIES WHO PROVIDE DIRECT, COORDINATED SERVICES THROUGH THE NEIGHBORHOOD NETWORK MODEL, UNITED WAY OF METROPOLITAN CHICAGO PROVIDES THE NEIGHBORHOOD NETWORKS WITH TECHNICAL ASSISTANCE FOR PLANNING, COORDINATION, CAPACITY BUILDING AND MEASUREMENT GATHERING AND ANALYSIS THE NEIGHBORHOOD NETWORK MODEL WAS RECOGNIZED AS A PROMISING MODEL OF COORDINATED NEIGHBORHOOD RESPONSES BY THE BOSTON CONSULTING GROUP, WHICH RELEASED A WHITE PAPER ON THE ISSUES CHICAGO FACES AND HOW TO SPECIFICALLY ADDRESS THE NEIGHBORHOOD ISSUES IN THEIR REPORT, THE FOUR IMPERATIVES FOR BOOSTING WELL-BEING IN CHICAGO, THE REPORT STATES THAT COMMUNITY INTERVENTIONS SHOULD -FUND BEYOND SPECIFIC PROGRAMS AND CREATE INTEGRATED PROGRAMS -BUILD SUSTAINABLE SYSTEMS -GO BEYOND INDIVIDUAL OUTCOMES AND FOCUS ON LARGE POPULATION GROUPS -FOCUS ON METRICS AND CONVEY MEASURABLE PROGRESS AT UNITED WAY OF METRO CHICAGO, WE LEVERAGE THE FOLLOWING THEORY OF CHANGE IN OUR INVESTMENT STRATEGIES -COMMUNITY LEADERS AND RESIDENTS DEVELOP A SHARED SOLUTION -THE COMMUNITY MUST ADOPT A COORDINATED APPROACH THAT SUPPORTS INCREASED ACCESS TO SERVICES AND OPPORTUNITIES FOR RESIDENTS -THE APPROACH MUST LEVERAGE VARIED STAKEHOLDERS TO CONTRIBUTE TO DRIVING THE SOLUTION -ALL STAKEHOLDERS MUST ADOPT A SHARED MEASUREMENT SYSTEM THAT MEASURES PROGRESS AND REINFORCES ALIGNMENT UWMC HAS 10 FULLY OPERATIONAL NEIGHBORHOOD NETWORKS WITH -AN ON THE GROUND NETWORK COORDINATOR -DEDICATED UNITED WAY STAFF FOR TECHNICAL ASSISTANCE -BOLD GOALS -TWO YEARS OF OPERATING PLANS -THREE-YEAR STRATEGIC PLANS -COMMITTED FUNDING FOR CAPACITY BUILDING AND TRAININGS -A MEASUREMENT FRAMEWORK AND PERFORMANCE METRICS EACH OF THE 10 NEIGHBORHOODS NETWORKS SET AGGRESSIVE BOLD GOALS -BRIGHTON PARK INCREASE HIGH SCHOOL</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| <p>FORM 990, PART III - PROGRAM SERVICE, LINE 4C</p> | <p>L GRADUATION RATE FROM 78% TO 90% AT KELLY HIGH SCHOOL -WEST CHICAGO BY 2025, 90% OF K-8 STUDENTS WILL MEET PROJECTED IMPROVEMENTS IN READING AND MATH AND THE OBESITY RATE AMONG Y OUTH WILL DECREASE BY 6% -EVANSTON INCREASE OVERALL KINDERGARTEN READINESS FROM 54% TO 85 % BY 2025 WHILE SIGNIFICANTLY INCREASING PARITY FOR AFRICAN AMERICAN AND LATINO CHILDREN - AUSTIN ENSURE 3,900 CHILDREN HAVE ACCESS TO QUALITY EARLY LEARNING PROGRAMS BY 2025 LIFT 2,775 FAMILIES WITH YOUNG CHILDREN OUT OF POVERTY BY 2025 -LITTLE VILLAGE INCREASE THE P ERCENTAGE OF HEALTHY WEIGHT CHILDREN FROM 51% TO 60% BY 2020 -CICERO BY 2027, 10,000 CICE RO CHILDREN WILL SUCCESSFULLY MEET DEVELOPMENTAL AND ACADEMIC BENCHMARKS -AUBURN-GRESHAM 80% OF 3RD GRADE STUDENTS READ AT OR ABOVE GRADE LEVEL BY 2027 -BLUE ISLAND ROBBINS REDUC E FOOD INSECURITY FOR 15% OF FAMILIES SERVED BY THE BLUE ISLAND-ROBBINS NEIGHBORHOOD NETWO RK BY 2027 -BRONZEVILLE CONNECT 5000 GREATER BRONZEVILLE RESIDENTS AGES 16-55 WITH HOUSEH OLD SUSTAINING JOBS BY 2027 -SOUTH CHICAGO REDUCE TRAUMA-RELATED CRIMES INVOLVING YOUTH B Y 5% BY 2027 THE PROCESS FOR DRIVING COMMUNITY CHANGE HAS 3 PHASES -PHASE 1 CONNECTING S TAKEHOLDERS, CREATING ALIGNMENT, & DEVELOPING EFFICIENCIES -PHASE 2 BUILDING NEIGHBORHOOD SYSTEMS -PHASE 3 DRIVING RESULTS TOWARDS POPULATION CHANGE THE NEIGHBORHOOD NETWORKS WER E LAUNCHED IN 3 SUCCESSIVE COHORTS CREATING EFFICIENCIES THIS COHORT MADE UP OF BRONZEVIL LE, BLUE ISLAND/ROBBINS, AUBURN-GRESHAM AND SOUTH CHICAGO ARE NEW COALITIONS IN THEIR FIR ST YEAR OF IMPLEMENTATION AND HAVE COMPLETED THE PLANNING PHASE WHICH DRIVES ALIGNMENTS AN D EFFICIENCIES BY -DEVELOPING A COMMITTEE STRUCTURE -COMPLETING A STRATEGIC AND OPERATION AL PLAN -ESTABLISHING DIVERSE ORGANIZATIONAL PARTNERSHIPS FOR THE FIRST TIME RESIDENTS HAV E A COORDINATED PLAN, SHARED METRICS AND RESOURCES AND THEIR PROGRAMS FOCUS ON -WORKFORCE DEVELOPMENT -FOOD SECURITY -ELEMENTARY SCHOOL READING -RESILIENCE AGAINST TRAUMA THESE CO ALITIONS HAVE ACHIEVED THE FOLLOWING OUTCOMES -1,644 BEHAVIORAL AND MENTAL HEALTH SESSION S PROVIDED -1,988 RESIDENTS PLACED IN JOBS -314 CLIENTS SERVED BY FINANCIAL STABILITY PROG RAMS -78 MIDDLE SCHOOL STUDENTS PROMOTED TO THE NEXT GRADE ON TIME BUILDING SYSTEMS THIS COHORT MADE UP OF EVANSTON, CICERO, LITTLE VILLAGE AND AUSTIN IS IN ITS THIRD AND FOURTH Y EARS OF IMPLEMENTATION AND THEY ARE FOCUSING ON BUILDING CAPACITY FOR LONG-TERM SYSTEM CHA NGE THEY HAVE IDENTIFIED THEIR POPULATION CHANGE WITH FORMAL PLANS WITH SHARED METRICS AN D RESOURCES AND A FORMALIZED COMMUNICATION AND COMMITTEE STRUCTURE, THEY ARE ROLLING OUT T HE FOLLOWING PROGRAMS -PARENT MENTORS AND PARENT TRAINING WORKSHOPS -HEALTH PROMOTERS -HI GH-QUALITY EARLY LEARNING PROVIDERS -EQUITY TRAINING -WORKFORCE DEVELOPMENT THESE COALITIO NS HAVE ACHIEVED THE FOLLOWING OUTCOMES -6,721 PEOPLE CONNECTED TO A HEALTH PROVIDER/PRIM ARY CARE PHYSICIAN -4,785 INDIVIDUALS RECEIVED MENTAL AND BEHAVIORAL HEALTH SERVICES -486 MIDDLE SCHOOL STUDENTS PROMOTE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| <p>FORM 990, PART III - PROGRAM SERVICE, LINE 4C</p> | <p>D TO THE NEXT GRADE ON TIME -156 INFANTS/TODDLERS SHOWING GROWTH ACROSS DEVELOPMENTAL DOMAINS -191 INDIVIDUALS IMPROVING FINANCIAL POSITION DRIVING POPULATION CHANGE THIS COHORT MADE UP OF WEST CHICAGO AND BRIGHTON PARK ARE IN THEIR FOURTH AND FIFTH YEAR OF IMPLEMENTATION RESPECTIVELY, AND ARE EXPERIENCING SIGNIFICANT MEASURABLE RESULTS THE FIRST NEIGHBORHOOD NETWORK, BRIGHTON PARK, WAS LAUNCHED IN MARCH 2013 AND HAS DELIVERED SIGNIFICANT RESULTS ACROSS ALL DIMENSIONS INCLUDING IN THE BOLD GOAL OF IMPROVING THE PERCENTAGE OF YOUNG PEOPLE WHO GRADUATE FROM HIGH SCHOOL -FRESHMEN ON TRACK AT THE NEIGHBORHOOD HIGH SCHOOL HAS GROWN BY 8.6 PERCENTAGE POINTS FROM 73.2% IN 2015 TO 81.8% IN 2018, AND THE GRADUATION RATE AT THE LOCAL HIGH SCHOOL HAS INCREASED BY 12.9% FROM 64.9% IN 2012 TO 78.0% IN 2018 THE FOLLOWING TACTICS AND INTERVENTIONS HAVE CONTRIBUTED TO THE RESULTS -54 PARENT MENTORS ARE ENGAGED IN MIDDLE SCHOOLS THAT FEED THE LOCAL HIGH SCHOOL -1,322 STUDENTS PARTICIPATED IN AFTER SCHOOL PROGRAMS -\$1,294,250 IN TAX REFUNDS WERE GENERATED FOR LOW-INCOME FAMILIES -483 INDIVIDUALS WERE NEWLY ENROLLED IN HEALTH INSURANCE BENEFITS -9,749 BEHAVIORAL AND MENTAL HEALTH SESSIONS WERE PROVIDED THE SECOND NEIGHBORHOOD NETWORK, WEST CHICAGO WAS LAUNCHED IN AUGUST 2014 AND THE FOLLOWING RESULTS HAVE BEEN ACHIEVED TO DATE -ON-TRACK READING/MATH GROWTH RATES HAVE MOVED 6 POINTS FROM 46%-52% AND THE COMMUNITY IS ADDRESSING OBEISITY RATES BY DISTRIBUTING HEALTHY FOOD AND INCORPORATING MOVEMENT INTO THEIR SCHOOL PROGRAMS THE FOLLOWING TACTICS AND INTERVENTIONS HAVE CONTRIBUTED TO THE RESULTS -100% OF THE 46 STUDENTS SERVED IN AFTER SCHOOL PROGRAMS WERE PROMOTED TO THE NEXT GRADE ON TIME -4.5 MENTAL HEALTH CLINICIANS SERVED CLIENTS THROUGHOUT THE WEST CHICAGO NEIGHBORHOOD NETWORK, WITH 83% OF CLIENTS CLOSING CASES COMPLETING AT LEAST ONE TREATMENT GOAL -1,294 PEOPLE WERE CONNECTED TO A HEALTH PROVIDER/PRIMARY CARE PHYSICIAN -THE MIDDLE SCHOOL PANTRY CONTINUES TO SERVE NEW FAMILIES, WITH APPROXIMATELY 111 HOUSEHOLDS SERVED EACH MONTH -VOLUNTEER TAX ASSISTANCE PROVIDED IN THE COMMUNITY GENERATED \$912,939 IN STATE AND FEDERAL REFUNDS FOR LOW-INCOME FAMILIES</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|---|
| EXECUTIVE COMMITTEE | FORM 990, PART VI, LINE 1A THE EXECUTIVE COMMITTEE CONSISTS OF NOT LESS THAN FIVE MEMBERS OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE MEETS BETWEEN BOARD MEETINGS WHERE THE COMMITTEE EXERCISES THE POWERS OF THE BOARD OF DIRECTORS ALL SUCH ACTIONS BY THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD OF DIRECTORS AT THE NEXT MEETING OF THE BOARD FORM 990 REVIEW PROCESS FORM 990, PART VI, LINE 11B THE FORM 990 WAS PREPARED BY A NATIONAL INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S INTERNAL FINANCE DEPARTMENT A REVIEW OF THE FORM 990 WAS CONDUCTED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO THE FILING FOLLOWING THE REVIEW AND APPROVAL OF THE AUDIT COMMITTEE, THE FORM 990 WAS PROVIDED BY EMAIL TO EACH OF THE OTHER VOTING MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO THE FILING |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------------|---|
| WRITTEN CONFLICT OF INTEREST POLICY | FORM 990, PART VI, LINE 12C THE ORGANIZATION HAS A FORMALIZED BUSINESS ETHICS POLICY, APPLICABLE TO ALL EMPLOYEES, DIRECTORS OF UWMC, VOLUNTEER COMMITTEE MEMBERS, THEIR SPOUSES AND CLOSE FAMILY MEMBERS THE AFOREMENTIONED INDIVIDUALS ARE REQUIRED TO COMPLETE AN ANNUAL COMPLIANCE QUESTIONNAIRE DISCLOSING CLOSE RELATIONSHIPS BETWEEN THE INDIVIDUAL AND THIRD PARTIES WHO MAY HAVE A RELATIONSHIP TO THE ORGANIZATION THE RESULTS OF THE QUESTIONNAIRE ARE REPORTED TO THE AUDIT COMMITTEE ANNUALLY THE POLICY COVERS COMPLIANCE WITH LAWS, POLICIES, RULES AND REGULATIONS, CONFLICTS OF INTEREST, BRIBES AND KICKBACKS, MISAPPROPRIATION OR DISREGARD OF DONOR, EMPLOYEE, OR VOLUNTEER DATA, ACCOUNTING PRACTICES, PROVIDING OR RECEIVING GIFTS, ENTERTAINMENT OR PRIZES AND POLITICAL ACTIVITY IN CONNECTION WITH UWMC OTHER THAN PUBLIC POLICY ADVOCACY THE POLICY PROHIBITS PARTICIPATION IN OUTSIDE BUSINESS VENTURES FOR FINANCIAL GAIN WHICH CONFLICTS WITH THE ORGANIZATION'S ACTIVITIES THE ORGANIZATION ALSO HAS A WHISTLEBLOWER POLICY COVERING ALL EMPLOYEES, DIRECTORS OF UWMC, VOLUNTEER COMMITTEE MEMBERS, DONORS AND FUNDED AGENCIES INDIVIDUALS MAY MAKE ANONYMOUS REPORTS TO A THIRD-PARTY PROVIDER, WHICH WILL BE INVESTIGATED BY THE STAFF ETHICS OFFICER, PRESIDENT & CEO, AND/OR CHIEF OPERATING OFFICER AS APPROPRIATE RETALIATION OF ANY KIND IS EXPRESSLY PROHIBITED BY THE ORGANIZATION |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| PROCESS FOR DETERMINING COMPENSATION | FORM 990, PART VI, LINES 15A AND 15B THE COMPENSATION AND HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS ("CHRC") REVIEWS THE PERFORMANCE AND COMPENSATION OF THE PRESIDENT AND CEO, AND OTHER SENIOR MANAGEMENT THE CHRC CONSIDERS INFORMATION FROM (1) UNITED WAY WORLDWIDE SALARY DATA FOR EQUIVALENT POSITIONS AT OTHER SIMILAR UNITED WAY ORGANIZATIONS IN TERMS OF MARKET SIZE AND REVENUE SIZE AND (2) CHICAGO MARKET DATA FOR OTHER COMPARABLE HUMAN SERVICE ORGANIZATIONS DELIBERATIONS AND DECISIONS OF THE CHRC ARE CONTEMPORANEOUSLY DOCUMENTED IN MEETING MINUTES PERFORMANCE EVALUATIONS ARE COMPLETED FOR ALL EMPLOYEES, INCLUDING THE PRESIDENT & CEO AS WELL AS SENIOR MANAGEMENT AT THE CONCLUSION OF EACH FISCAL YEAR THE CHAIRPERSON OF THE BOARD OF DIRECTORS SEMIANNUALLY SOLICITS INPUT FROM BOARD MEMBERS ON THE PRESIDENT & CEO'S PERFORMANCE THE PERFORMANCE REVIEW IS PROVIDED TO THE CHRC FOR ITS APPROVAL AND FOR REPORTING TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ONCE REVIEWED BY THE EXECUTIVE COMMITTEE, ANY ACTION OF THE EXECUTIVE COMMITTEE IS REPORTED TO THE BOARD OF DIRECTORS AT ITS NEXT MEETING THIS REVIEW OF THE PRESIDENT & CEO'S PERFORMANCE AND SALARY WAS MOST RECENTLY PERFORMED FOR THE FISCAL YEAR ENDED JUNE 30, 2018 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| HOW FORMS ARE MADE AVAILABLE TO THE PUBLIC | FORM 990, PART VI, LINE 18 UWMC'S FORM 1023, APPLICATION FOR RECOGNITION OF EXEMPTION, IS AVAILABLE ON UWMC'S WEBSITE AT WWW UW-MC ORG UWMC MAKES ITS FORM 990 AVAILABLE UPON REQUEST |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| OTHER CHANGES IN NET ASSETS | FORM 990, PART XI, LINE 9 PENSION RELATED 226,002 DESIGNATION FEES (\$90,869) CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT \$62,919 ----- TOTAL \$198,052 ===== |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
United Way of Metropolitan Chicago Inc

Employer identification number

30-0200478

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) United Way - McCormick Partnership 333 s wabash avenue chicago, IL 60604 82-5478333 | Neighborhood | IL | 501(c)(3) | 7 | UWMC | | No |
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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 | |
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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 |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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 |
|-------------------------------------|-------------------------------|------------------------|--|
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Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)