

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

- 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

% RONALD DENARD
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) 906-2312

G Gross receipts \$ 46,728,645

F Name and address of principal officer
Ronald DeNard
same as above
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: ▶ <https://liveunitedchicago.org/>

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2004

M State of legal domicile IL

Part I Summary

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 2018 (Part V, line 2a)	122
6 Total number of volunteers (estimate if necessary)	4,819
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	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	48,717,888	45,534,458
9 Program service revenue (Part VIII, line 2g)	233,069	390,497
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	348,386	427,091
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,056	87,208
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,330,399	46,439,254
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	38,925,048	37,671,884
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)	8,047,206	7,479,189
16a Professional fundraising fees (Part IX, column (A), line 11e)	396,000	143,000
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,413,064		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,779,345	3,285,414
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	51,147,599	48,579,487
19 Revenue less expenses Subtract line 18 from line 12	-1,817,200	-2,140,233
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	27,734,364	25,528,571
21 Total liabilities (Part X, line 26)	14,550,253	14,558,919
22 Net assets or fund balances Subtract line 21 from line 20	13,184,111	10,969,652

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: 2020-02-26

RONALD DENARD CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: GRANT THORNTON LLP
Preparer's signature: _____
Date: _____

Check if self-employed PTIN: P00666837
Firm's EIN: _____
Firm's address: 171 N CLARK ST SUITE 200 CHICAGO, IL 60601
Phone no: (312) 856-0200

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 ("UWMC") IMPROVES LIVES BY MOBILIZING CARING PEOPLE TO INVEST IN THE COMMUNITY WHERE THEIR RESOURCES ARE NEEDED MOST

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 \$	16,927,482	including grants of \$	15,588,320)	(Revenue \$	0)
	See Additional Data						

4b	(Code)	(Expenses \$	6,835,545	including grants of \$	4,167,806)	(Revenue \$	0)
	See Additional Data						

4c	(Code)	(Expenses \$	17,915,758	including grants of \$	17,915,758)	(Revenue \$	390,497)
	See Additional Data						

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 41,678,785

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	122		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No	
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (32); 1b Enter the number of voting members included in line 1a, above, who are independent (31); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (IL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply (Own website, Another's website, Upon request, Other (explain in Schedule O)); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (RONALD DENARD 333 S WABASH AVE 30TH FLOOR Chicago, IL 60604 (312) 906-2312).

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	1,936,254	0	262,325

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 10

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Community Counseling Services Co, PO Box 824885 PHILADELPHIA, PA 191824885	Campaign Consulting	341,000
Grant Thornton, 171 N Clark Street Suite 200 CHICAGO, IL 60601	Audit & Consulting	162,963
UPIC Solutions, 334 Beechwood Road Suite 40 FORT MICHELLE, KY 41017	Technology	121,906

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3

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 195,216			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c 617,229			
	d Related organizations	1d			
	e Government grants (contributions)	1e 310,529			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 44,411,484			
	g Noncash contributions included in lines 1a - 1f \$	698,343			
	h Total. Add lines 1a-1f		45,534,458		

Program Service Revenue			Business Code				
	2a MANAGEMENT FEES FROM OTHER UW ORGS		561000	312,255	312,255	0	0
b DESIGNATION FEES		561000	78,242	78,242	0	0	
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			390,497				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			217,432			217,432
	4 Income from investment of tax-exempt bond proceeds			0			0
	5 Royalties			0			0
	6a Gross rents	(i) Real	(ii) Personal				
		1,867					
		b Less rental expenses					
		c Rental income or (loss)	1,867	0			
	d Net rental income or (loss)			1,867			1,867
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		286,916					
		b Less cost or other basis and sales expenses	77,257				
		c Gain or (loss)	209,659				
	d Net gain or (loss)			209,659			209,659
	8a Gross income from fundraising events (not including \$ 617,229 of contributions reported on line 1c) See Part IV, line 18	a					
		297,475					
b Less direct expenses		212,134					
c Net income or (loss) from fundraising events			85,341			85,341	
9a Gross income from gaming activities See Part IV, line 19	a						
	0						
	b Less direct expenses	0					
c Net income or (loss) from gaming activities			0			0	
10a Gross sales of inventory, less returns and allowances	a						
	0						
	b Less cost of goods sold	0					
c Net income or (loss) from sales of inventory			0			0	
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total revenue. See Instructions			46,439,254	390,497	0	514,299	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	37,629,900	37,629,900		
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.	41,984	41,984		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	1,367,930	567,672	345,531	454,727
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.	5,055,919	2,036,828	1,374,757	1,644,334
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	133,258	55,300	33,660	44,298
9 Other employee benefits.	602,158	237,202	175,310	189,646
10 Payroll taxes.	319,924	132,764	80,811	106,349
11 Fees for services (non-employees)				
a Management.	1,365		40	1,325
b Legal.	25,454	9,172	8,485	7,797
c Accounting.	131,061		131,061	
d Lobbying.	5,910	5,910		
e Professional fundraising services. See Part IV, line 17.	143,000			143,000
f Investment management fees.	141,584	49,066	49,253	43,265
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	217,902	84,592	53,316	79,994
12 Advertising and promotion.	174,026	83,063	22,982	67,981
13 Office expenses.	125,888	31,264	68,405	26,219
14 Information technology.	391,986	56,215	268,651	67,120
15 Royalties.	0			
16 Occupancy.	848,922	297,069	303,074	248,779
17 Travel.	75,785	40,622	10,661	24,502
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	19,624	10,622	5,318	3,684
20 Interest.	111,164	2,593	106,109	2,462
21 Payments to affiliates.	503,535	174,792	174,692	154,051
22 Depreciation, depletion, and amortization.	201,669	69,979	69,979	61,711
23 Insurance.	63,753	23,755	21,255	18,743
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 BAD DEBT EXPENSE	168,123	0	168,123	0
b MEMBERSHIP DUES	76,357	37,968	15,712	22,677
c	0			
d	0			
e All other expenses	1,306	453	453	400
25 Total functional expenses. Add lines 1 through 24e.	48,579,487	41,678,785	3,487,638	3,413,064
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	577	1	466
	2 Savings and temporary cash investments	7,150,320	2	5,255,308
	3 Pledges and grants receivable, net	10,083,378	3	8,932,561
	4 Accounts receivable, net	792,575	4	543,516
	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	130,712	9	182,422
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,917,879		
	b Less accumulated depreciation	2,549,084		
	11 Investments—publicly traded securities	6,774,604	11	8,252,629
	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	1,266,516	15	992,874
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,734,364	16	25,528,571	
Liabilities	17 Accounts payable and accrued expenses	5,834,847	17	6,328,945
	18 Grants payable	0	18	0
	19 Deferred revenue	2,492,285	19	2,426,750
	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	1,423,121	25	1,803,224
	26 Total liabilities. Add lines 17 through 25	14,550,253	26	14,558,919
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	-4,400,141	27	-5,864,715
	28 Temporarily restricted net assets	14,350,264	28	13,195,405
	29 Permanently restricted net assets	3,233,988	29	3,638,962
	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	13,184,111	33	10,969,652	
34 Total liabilities and net assets/fund balances	27,734,364	34	25,528,571	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,439,254
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,579,487
3	Revenue less expenses Subtract line 2 from line 1	3	-2,140,233
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,184,111
5	Net unrealized gains (losses) on investments	5	-50,126
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	-24,100
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,969,652

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 30-0200478

Name: United Way of Metropolitan Chicago Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

COMMUNITY FUND For more than 80 years, United Way of Metro Chicago has mobilized caring people to invest in the communities where resources are needed most. We partner with community stakeholders and organizations to harness all of our resources to support individuals and families in four key issue areas: Education, Financial Stability, Health, and Safety Net Services, which we believe are essential to building strong households and strong neighborhoods. More than \$15 million dollars was invested to support these strategies in the Chicago region. Continued in Schedule O

Form 990, Part III, Line 4b:

NEIGHBORHOOD NETWORKS Neighborhood Networks are coalitions of partners providing neighborhood-specific solutions to unique local challenges. Neighborhood Networks are aimed at creating a single table where neighborhood strengths and weaknesses can be evaluated, and decisions made regarding the allocation of resources most likely to address neighborhood needs and create sustainable futures. Continued in Schedule O

Form 990, Part III, Line 4c:

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

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			
Patrick J Canning Chairperson	4 0 0 0	X		X				0	0	0
Deborah L Dehaas Vice Chairperson	2 0 0 0	X		X				0	0	0
Frederick H Waddell Vice Chairperson	2 0 0 0	X		X				0	0	0
Kimberly D Simios Treasurer	2 0 0 0	X		X				0	0	0
Wendy Du Boe President & CEO (Thru 8/18)	37 5 1 0	X		X				304,720	0	41,950
Sean Garrett President & CEO (Beg 9/18)	37 5 0 0	X		X				91,009	0	5,167
Steve Battreall Board Member (Beg 7/18)	1 0 0 0	X						0	0	0
David R Casper Board Member	1 0 0 0	X						0	0	0
Jeffrey Devron Board Member (Beg 7/18)	1 0 0 0	X						0	0	0
Joseph Dominguez Board Member (Beg 12/18)	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	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
W James Farrell Board Member	1 0 0 0	X						0	0	0
Mary Jane Fortin Board Member	1 0 0 0	X						0	0	0
Cheryl A Francis Board Member	1 0 0 0	X						0	0	0
Kevin Geoghegan Board Member (Beg 7/18)	1 0 0 0	X						0	0	0
Cary Grace Board Member	1 0 0 0	X						0	0	0
Joseph M Higgins Board Member	1 0 0 0	X						0	0	0
William A Von Hoene Board Member (Thru 12/18)	1 0 0 0	X						0	0	0
Tony W Hunter Board Member	1 0 0 0	X						0	0	0
Lisa N Johnson Board Member	1 0 0 0	X						0	0	0
Rev Larry L Jackson 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			
James P Kolar Board Member	1 0 0 0	X						0	0	0
Charles Matthews Board Member (Beg 7/18)	1 0 0 0	X						0	0	0
Andrew J McKenna Sr Board Member	1 0 0 0	X						0	0	0
Eileen Mitchell Board Member (Beg 12/18)	1 0 0 0	X						0	0	0
Richard Moore Board Member (Thru 12/18)	1 0 0 0	X						0	0	0
Linda D Nelson Board Member (Beg 3/19)	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 (Thru 7/18)	1 0 0 0	X						0	0	0
Jorge Ramirez Board Member	1 0 0 0	X						0	0	0
Robert Reiter Board Member (Beg 7/18)	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	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
E Scott Santi Board Member	1 0 0 0	X						0	0	0
Paul La Schiazza Board Member (Thru 12/18)	1 0 0 0	X						0	0	0
Scott Swanson Board Member	1 0 0 0	X						0	0	0
Kelly R Welsh Board Member	1 0 0 0	X						0	0	0
Johanns Williams Board Member (Beg 7/18)	1 0 0 0	X						0	0	0
Melvin D Williams Board Member	1 0 0 0	X						0	0	0
Robert A Sullivan Campaign Chair	4 0 0 0	X						0	0	0
Deborah Stevens CFO (Thru 11/18)	37 5 1 0			X				188,134	0	14,357
Deborah Thornton EA/Secretary	37 5 0 0			X				73,148	0	19,710
Joseph Vanyo COO (Thru 6/19)	37 5 1 0			X				258,103	0	20,616

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			
Leah Ray-Seid SVP RD (Thru 7/18)	37 5 0 0			X				134,045	0	21,776
Jose Rico SVP of Comm Investment	37 5 1 0			X				210,972	0	23,027
Kevin Graan Controller	37 5 1 0			X				108,725	0	14,101
Mary Marcia McMahon Chief Professional Officer	37 5 0 0					X		120,045	0	14,798
Marilyn Jackson VP Marketing & Communications	37 5 0 0					X		185,645	0	39,447
Risa Davis VP Corp Devpt (Thru 8/18)	37 5 0 0					X		158,414	0	11,529
Anthony Sulewski Sr Director Donor Services	37 5 0 0					X		103,294	0	35,847

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	48,811,117	50,116,534	50,978,865	48,216,651	45,534,458	243,657,625
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	48,811,117	50,116,534	50,978,865	48,216,651	45,534,458	243,657,625
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)						560,520
6 Public support. Subtract line 5 from line 4						243,097,105

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	48,811,117	50,116,534	50,978,865	48,216,651	45,534,458	243,657,625
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	84,961	102,221	167,809	186,718	219,299	761,008
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	297,475	1,657,975
11 Total support. Add lines 7 through 10						246,076,608

12 Gross receipts from related activities, etc (see instructions) **12** 2,187,419

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 2018 (line 6, column (f) divided by line 11, column (f))	14	98.790 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	99.036 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (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

- 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

OMB No 1545-0047

2018
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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
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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)	2,355													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	3,555													
c	Total lobbying expenditures (add lines 1a and 1b)	5,910													
d	Other exempt purpose expenditures	41,675,443													
e	Total exempt purpose expenditures (add lines 1c and 1d)	41,681,353													
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="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-														
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) 2015	(b) 2016	(c) 2017	(d) 2018	(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	12,039	8,132	7,431	5,910	33,512
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	8,667	4,383	4,499	2,355	19,904

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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

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
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
United Way of Metropolitan Chicago Inc

Employer identification number
30-0200478

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (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 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . 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	6,270,876	5,368,551	4,730,942	4,668,510	3,440,419
b Contributions	974,804	731,697	230,840	113,074	1,261,551
c Net investment earnings, gains, and losses	302,930	425,120	645,625	-50,642	-33,460
d Grants or scholarships					
e Other expenditures for facilities and programs	286,816	254,492	238,856		
f Administrative expenses					
g End of year balance	7,261,794	6,270,876	5,368,551	4,730,942	4,668,510

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 19 600 %
 - b** Permanent endowment ▶ 50 100 %
 - c** Temporarily restricted endowment ▶ 30 300 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | Yes | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | No |
- 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	981,625	1,283,942
d Equipment	0	1,652,312	1,567,459	84,853
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,368,795

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
OBLIGATION FOR RETIREMENT BENEFITS	1,569,064
ASSET RETIREMENT OBLIGATION	234,160
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 1,803,224

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
United Way of Metropolitan Chicago Inc

Employer identification number

30-0200478

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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
Middle East and North Africa	0	0	Grantmaking		41,984
3a Sub-total	0	0			41,984
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			41,984

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)
		Middle East and North Africa	PROGRAM SUPPORT	41,984	ACH WIRE			

- 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)

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
GRANT MONITORING 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 GRANTEEES 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

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			
Community Counseling Service 155 N Wacker Dr Ste1790 Chicago, IL 60606	COMPAGN CONSULTING		No		143,000	
Total					143,000	

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

IL

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		Celeb Event (event type)	YLS Ignite (event type)	9 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	598,103	96,721	219,880	914,704
	2 Less Contributions	568,008	49,221		617,229
	3 Gross income (line 1 minus line 2)	30,095	47,500	219,880	297,475
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	84,646	46,157	37,561	168,364
	8 Entertainment				
	9 Other direct expenses	10,813	2,588	30,369	43,770
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				212,134
11 Net income summary Subtract line 10 from line 3, column (d) ▶				85,341	

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
------------------	-------------

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 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	GRANT MONITORING PROCEDURES FOR AGENCIES WHICH UWMC ELECTS TO FUND, UWMC MONITORS THE USE OF GRANTS IN THE UNITED STATES BY REQUIRING AGENCIES TO SUBMIT, NO LESS THAN ANNUALLY, INFORMATION RELATED TO PROGRAMS BEING FUNDED INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, CLIENT DEMOGRAPHICS, PROGRAM ACTIVITIES, PROGRAM MEASUREMENTS AND PROGRAM OUTCOMES UWMC STAFF ALSO CONVENES AND CONVERSES WITH GRANTEEES ON A REGULAR BASIS FOR ALL FUNDING, INCLUDING DONOR-DESIGNATED GRANTS, UWMC VERIFIES 501(C)(3) CHARITABLE STATUS, COMPLIANCE WITH THE PATRIOT ACT, AND THAT 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 4300 Chicago, IL 60601	36-3689171	501(c)(3)	2,330,865	0			PROGRAM SUPPORT
McCormick Partnership 333 S Wabash Ave 30th Fl Chicago, IL 60604	82-5478333	501(c)(3)	1,500,000	0			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
Metropolitan Family Services 1 N Dearborn Ste 1000 Chicago, IL 60602	36-2167940	501(c)(3)	1,389,640	0			PROGRAM SUPPORT
Catholic Charities Archdiocese of Chicago 721 N LaSalle St Chicago, IL 60654	36-2170821	501(c)(3)	997,441	0			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 P O Box 73857 Chicago, IL 60673	53-0196605	501(c)(3)	997,402	0			PROGRAM SUPPORT
Jewish Federation of Metropolitan Chicago 30 South Wells St Chicago, IL 60606	36-2167761	501(c)(3)	808,398	0			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
Brighton Park Neighborhood Council 4477 South Archer Avenue Chicago, IL 60632	36-4229387	501(c)(3)	256,585	0			PROGRAM SUPPORT
YWCA of Metropolitan Chicago 1 N LaSalle St Ste 1150 Chicago, IL 60602	36-2179765	501(c)(3)	255,983	0			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
Bright Star Community Outreach 3473 S King Dr Ste 334 Chicago, IL 60616	26-2007088	501(c)(3)	243,676	0			PROGRAM SUPPORT
YWCA Evanston-North Shore 1215 Church Street Evanston, IL 60201	36-2193618	501(c)(3)	234,170	0			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 Cntr Resources for Teaching & Learning 2626 S Clearbrook Arlinton Hts, IL 60005	36-4248651	501(c)(3)	200,006	0			PROGRAM SUPPORT
Youth Crossroads Inc 3401 Gunderson Avenue Berwyn, IL 60402	23-7417420	501(c)(3)	190,588	0			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
Outreach Community Ministries 122 West Liberty Drive Wheaton, IL 60187	23-7265066	501(c)(3)	176,600	0			PROGRAM SUPPORT
Corazon Community Services 5339 W 25th St Cicero, IL 60804	32-0075474	501(c)(3)	175,116	0			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
Children's Home & Aid Society of IL 125 S Wacker Dr 14th Fl Chicago, IL 60606	36-2167743	501(c)(3)	172,262				PROGRAM SUPPORT
Ford Heights Community Service Organization Inc 943 East Lincoln Highway Ford Hts, IL 60411	36-4632207	501(c)(3)	160,696				PROGRAM SUPPORT

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

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Sertoma Centre Inc 1500 S Fairfield Ave Chicago, IL 60608	36-2720586	501(c)(3)	141,733	0			PROGRAM SUPPORT
Gary Comer Youth Center Inc 7200 S Ingleside Ave Chicago, IL 60619	45-5399472	501(c)(3)	136,253	0			PROGRAM SUPPORT

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BUILD 5100 W Harrison Street Chicago, IL 60644	23-7022085	501(c)(3)	132,361	0			PROGRAM SUPPORT
LAF 111 W Jackson Bld Ste 300 Chicago, IL 60604	36-2754650	501(c)(3)	129,383	0			PROGRAM SUPPORT

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

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Sinai Health System 1909 Cheker Sq East Hazel Crest, IL 60429	36-3166895	501(c)(3)	120,000	0			PROGRAM SUPPORT
People's Resource Center 201 South Naperville Road Wheaton, IL 60187	36-3157600	501(c)(3)	113,583	0			PROGRAM SUPPORT

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

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Bridge Communities Inc 505 Crescent Boulevard Glen Ellyn, IL 60137	36-3705951	501(c)(3)	111,957	0			PROGRAM SUPPORT
Access Living of Metropolitan Chicago 115 West Chicago Avenue Chicago, IL 60610	36-3310774	501(c)(3)	108,844	0			PROGRAM SUPPORT

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

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Center for Economic Progress 567 W Lake St Suite 1150 Chicago, IL 60661	36-3693728	501(c)(3)	104,714	0			PROGRAM SUPPORT
Wings Program Inc PO Box 95615 Palatine, IL 60095	36-3456061	501(c)(3)	103,063	0			PROGRAM SUPPORT

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

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Association House of Chicago 1116 N Kedzie Ave Chicago, IL 60651	36-2166961	501(c)(3)	101,953	0			PROGRAM SUPPORT
Illinois Action for Children 4753 Broadway Ste 1200 Chicago, IL 60640	36-2712912	501(c)(3)	101,066	0			PROGRAM SUPPORT

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

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Boys & Girls Clubs of Dundee Township PO Box 173 Carpentersville, IL 60110	36-4184937	501(c)(3)	100,000				PROGRAM SUPPORT
Loaves & Fishes Community Services 1871 High Grove Lane Naperville, IL 60540	36-3786777	501(c)(3)	97,121	0			PROGRAM SUPPORT

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

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Evanston Community Foundation 1560 Sherman Ave 335 Evanston, IL 60201	36-3466802	501(c)(3)	96,341	0			PROGRAM SUPPORT
Institute for Nonviolence Chicago 4926 West Chicago Ave Chicago, IL 60651	81-1098722	501(c)(3)	95,000	0			PROGRAM SUPPORT

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

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Cabriní Green Legal Aid Clinic 740 N Milwaukee Ave Chicago, IL 60642	36-2775706	501(c)(3)	95,000	0			PROGRAM SUPPORT
Chinese American Service League 2141 South Tan Court Chicago, IL 60616	36-2984043	501(c)(3)	94,975	0			PROGRAM SUPPORT

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360 Youth Services 1305 W Oswego Road Naperville, IL 60540	36-2936229	501(c)(3)	93,470	0			PROGRAM SUPPORT
Jewish United Fund 30 South Wells Chicago, IL 60606	36-2167034	501(c)(3)	91,527	0			PROGRAM SUPPORT

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

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Heartland Alliance International 208 S LaSalle St Ste 1300 Chicago, IL 60604	30-0739799	501(c)(3)	91,422	0			PROGRAM SUPPORT
Prairie State Legal Services 303 N Main St Ste 600 Rockford, IL 61101	37-1030764	501(c)(3)	91,200	0			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 S LaSalle St Ste 1818 Chicago, IL 60604	36-4053244	501(c)(3)	90,000	0			PROGRAM SUPPORT
American Cancer Society Nat'l Headquarters PO Box 22718 Oklahoma City, OK 73123	13-1788491	501(c)(3)	87,558	0			PROGRAM SUPPORT

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

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Young Men's Educational Network YMEN 1241 South Pulaski Chicago, IL 60623	36-4124098	501(c)(3)	87,005	0			PROGRAM SUPPORT
Lawrence Hall Youth Services 2737 West Peterson Avenue 7th Floor Chicago, IL 60659	36-2167771	501(c)(3)	86,695	0			PROGRAM SUPPORT

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United Cerebral Palsy Seguin Grtr Chicago 3100 South Central Avenue Cicero, IL 60804	36-2894174	501(c)(3)	86,000	0			PROGRAM SUPPORT
Family Shelter Service 605 East Roosevelt Road Wheaton, IL 60187	36-2883552	501(c)(3)	83,358	0			PROGRAM SUPPORT

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

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Restoration Ministries Inc 253 East 159th Street Harvey, IL 60426	36-3552070	501(c)(3)	82,900	0			PROGRAM SUPPORT
Together We Cope 17010 S Oak Park Ave Tinley Park, IL 60477	36-3666952	501(c)(3)	81,381	0			PROGRAM SUPPORT

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Chicago Youth Centers 218 S Wabash Ave 600 Chicago, IL 60604	36-2344429	501(c)(3)	80,874	0			PROGRAM SUPPORT
Pillars Community Health 23 Calendar Ave La Grange, IL 60525	36-2170869	501(c)(3)	80,465	0			PROGRAM SUPPORT

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Bremen Youth Services 15350 Oak Park Ave Oak Forest, IL 60452	36-3502582	501(c)(3)	80,000	0			PROGRAM SUPPORT
Hands On Suburban Chicago 2121 S Geobbert Arlington Hts, IL 60005	36-2692866	501(c)(3)	75,278	0			PROGRAM SUPPORT

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DuPage Pads 601 W Liberty Wheaton, IL 60187	36-3675494	501(c)(3)	75,081	0			PROGRAM SUPPORT
South Suburban Council on Alcoholism PO Box 937 Homewood, IL 60430	36-2654921	501(c)(3)	75,000	0			PROGRAM SUPPORT

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Easter Seals Dupage & Fox Valley Region 830 S Addison Ave Villa Park, IL 60181	36-2476388	501(c)(3)	74,630	0			PROGRAM SUPPORT
United Way of Lake County (IL) 330 S Greenleaf St Gurnee, IL 60031	36-2167949	501(c)(3)	74,293	0			PROGRAM SUPPORT

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Chicago Urban League 4510 South Michigan Chicago, IL 60653	36-2225483	501(c)(3)	74,182	0			PROGRAM SUPPORT
Erie Neighborhood House 1701 W Superior St Chicago, IL 60622	36-3043253	501(c)(3)	73,803	0			PROGRAM SUPPORT

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Cara Program (Cara) 237 South Desplaines Chicago, IL 60661	36-4268095	501(c)(3)	72,148	0			PROGRAM SUPPORT
Infant Welfare Society of Evanston 2200 Main Street Evanston, IL 60202	36-2167753	501(c)(3)	71,463	0			PROGRAM SUPPORT

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YMCA of Metropolitan Chicago 1030 W Van Buren Chicago, IL 60607	36-2179782	501(c)(3)	70,176	0			PROGRAM SUPPORT
Partners for Our Communities 1585 N Rand Road Palatine, IL 60074	36-3881109	501(c)(3)	70,000	0			PROGRAM SUPPORT

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CTF Illinois 1902 Fox Drive Ste B Champaign, IL 61820	36-4386948	501(c)(3)	68,695	0			PROGRAM SUPPORT
Apna Ghar Inc (Our Home) 4350 N Broadway 2nd Fl Chicago, IL 60613	36-3698770	501(c)(3)	68,400	0			PROGRAM SUPPORT

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Primo Center for Women and Children 4241 W Washington Blvd Section D Chicago, IL 60624	36-2966006	501(c)(3)	67,986	0			PROGRAM SUPPORT
Inner-City Muslim Action Network IMAN 2744 W 63rd St Chicago, IL 60629	36-4167433	501(c)(3)	67,925	0			PROGRAM SUPPORT

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Heartland Health Centers 29 East Madison Chicago, IL 60602	36-3143826	501(c)(3)	67,920	0			PROGRAM SUPPORT
Mujeres Latinas en Accion 2124 West 21st Place Chicago, IL 60608	36-2877520	501(c)(3)	66,500	0			PROGRAM SUPPORT

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Arab American Family Services 9044 S Octavia Bridgeview, IL 60455	60-0002593	501(c)(3)	65,000	0			PROGRAM SUPPORT
Chinese Mutual Aid Association 1016 West Argyle Street Chicago, IL 60640	36-3139799	501(c)(3)	64,803	0			PROGRAM SUPPORT

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Enlace Chicago 2756 S Harding Chicago, IL 60623	36-3727669	501(c)(3)	60,602	0			PROGRAM SUPPORT
World Relief DuPageAurora 1825 Clg Ave Ste 230 Wheaton, IL 60187	23-6393344	501(c)(3)	60,500	0			PROGRAM SUPPORT

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Project VISION Inc 236 W 22nd Place Unt 1 Chicago, IL 60616	20-0293881	501(c)(3)	60,053	0			PROGRAM SUPPORT
New Moms Inc 5317 W Chicago Ave Chicago, IL 60651	36-3265804	501(c)(3)	60,000	0			PROGRAM SUPPORT

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Catholic Charities Diocese of Joliet 16555 Weber Rd Crest Hill, IL 60403	36-2170817	501(c)(3)	59,442	0			PROGRAM SUPPORT
Greater Chicago Food Depository 4100 W Ann Lurie Pl Chicago, IL 60632	36-2971864	501(c)(3)	59,433	0			PROGRAM SUPPORT

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Conn for Abused Women & their Children 1116 N Kedzie Ave Fl 5 Chicago, IL 60651	36-2950380	501(c)(3)	59,291	0			PROGRAM SUPPORT
New Star Inc 1624 E 154th St Suite 230 Dolton, IL 60419	23-7294685	501(c)(3)	59,233	0			PROGRAM SUPPORT

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Youth & Opportunity United 1911 Church Street Evanston, IL 60201	36-2734966	501(c)(3)	59,138	0			PROGRAM SUPPORT
Chicago Lighthouse For Ppl Who Are Blind 1850 West Roosevelt Road Chicago, IL 60608	36-2169139	501(c)(3)	59,016	0			PROGRAM SUPPORT

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Oak Park and River Forest Day Nursery 1139 Randolph St Oak Park, IL 60302	36-2182082	501(c)(3)	58,600	0			PROGRAM SUPPORT
AIDS Foundation of Chicago 200 W Jackson Blv 2100 Chicago, IL 60606	36-3412054	501(c)(3)	57,506	0			PROGRAM SUPPORT

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Heartland Health Outreach Inc 4750 N Sheridan Chicago, IL 60640	36-3775696	501(c)(3)	57,000	0			PROGRAM SUPPORT
Chicago Women in Trades 2444 W 16th Street Chicago, IL 60608	36-3256699	501(c)(3)	56,836	0			PROGRAM SUPPORT

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Lakeview Pantry West 3831 N Broadway Ave Chicago, IL 60613	36-2734184	501(c)(3)	56,752	0			PROGRAM SUPPORT
Neopolitan Lighthouse 864 N Christiana Ave Suite 1200 Chicago, IL 60651	36-3309888	501(c)(3)	56,525	0			PROGRAM SUPPORT

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Near North Health Service Corporation 1276 N Clybourn Ave Chicago, IL 60610	36-3197647	501(c)(3)	56,057	0			PROGRAM SUPPORT
Safer Foundation 571 West Jackson Blvd Chicago, IL 60661	36-2762168	501(c)(3)	53,224	0			PROGRAM SUPPORT

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Housing Forward PO Box 797 Oak Park, IL 60303	36-3876660	501(c)(3)	52,634	0			PROGRAM SUPPORT
Deborah's Place 2822 W Jackson Blvd Chicago, IL 60612	36-3382973	501(c)(3)	51,527	0			PROGRAM SUPPORT

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Jane Addams Resource Corporation 4432 North Ravenswood Chicago, IL 60640	36-3682559	501(c)(3)	51,119	0			PROGRAM SUPPORT
Misericordia Home 6300 N Ridge Ave Chicago, IL 60660	36-2170153	501(c)(3)	51,076	0			PROGRAM SUPPORT

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Claretian Associates Inc 9108 S Crandon Ave Chicago, IL 60617	36-4087259	501(c)(3)	50,924	0			PROGRAM SUPPORT
Central States SER - Jobs for Progress Inc 3948 West 26th Street Chicago, IL 60623	36-1211270	501(c)(3)	50,672	0			PROGRAM SUPPORT

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Housing Options for the Mentally Ill 2100 Ridge Ave Ste G320 Evanston, IL 60201	36-3611260	501(c)(3)	50,643	0			PROGRAM SUPPORT
Lawndale Christian Health Center 3860 W Ogden Avenue Chicago, IL 60623	36-3308953	501(c)(3)	50,590	0			PROGRAM SUPPORT

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Urban Initiatives 650 W Lake 340 Chicago, IL 60661	83-0367521	501(c)(3)	50,106	0			PROGRAM SUPPORT
Rush University Medical Center 1700 W Van Buren 250 Chicago, IL 60612	36-2174823	501(c)(3)	50,000	0			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
Center for Disability and Elder Law 205 W Randolph Ste 1610 Chicago, IL 60606	36-3203809	501(c)(3)	50,000	0			PROGRAM SUPPORT
McGaw YMCA 100 Grove Street Evanston, IL 60201	36-2169194	501(c)(3)	50,000	0			PROGRAM SUPPORT

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

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South Suburban Family Shelter Inc 2100 West Warren Blvd Suite 545 Chicago, IL 60612	36-3089796	501(c)(3)	50,000	0			PROGRAM SUPPORT
United States Conference of Catholic Bishops 711 W Monroe Chicago, IL 60661	53-0196617	501(c)(3)	47,505	0			PROGRAM SUPPORT

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Howard Brown Health Center 4025 North Sheridan Road Chicago, IL 60613	36-2894128	501(c)(3)	47,315	0			PROGRAM SUPPORT
Family Service of Lake County 777 Central Ave Highland Park, IL 60035	36-2167063	501(c)(3)	46,133	0			PROGRAM SUPPORT

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Erie Family Health Center 1701 W Superior 3rd Fl Chicago, IL 60622	36-3088628	501(c)(3)	45,653	0			PROGRAM SUPPORT
PLOWS Council on Aging 7808 College Dr 5 East Palos Hts, IL 60463	36-2882809	501(c)(3)	45,200	0			PROGRAM SUPPORT

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Bridge Youth and Family Services 721 S Quentin Rd 103 Palatine, IL 60067	23-7093615	501(c)(3)	45,000	0			PROGRAM SUPPORT
Year Up Chicago 223 W Jackson Blv Ste 400 Chicago, IL 60606	04-3534407	501(c)(3)	45,000	0			PROGRAM SUPPORT

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ChildServ 8765 W Higgins Rd 450 Chicago, IL 60631	36-2171716	501(c)(3)	44,354	0			PROGRAM SUPPORT
Sarah's Inn 311 Harrison Street Oak Park, IL 60304	36-3084461	501(c)(3)	43,670	0			PROGRAM SUPPORT

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North Lawndale Employment Network 906 S Homan 7th Fl Chicago, IL 60624	36-4295189	501(c)(3)	43,000	0			PROGRAM SUPPORT
Access Community Health Network 600 W Fulton St 2nd Fl Chicago, IL 60661	36-3317058	501(c)(3)	41,793	0			PROGRAM SUPPORT

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Esperanza Health Centers 2001 S California Ave Chicago, IL 60608	32-0115907	501(c)(3)	41,378				PROGRAM SUPPORT
Teen Parent Connection 2626 S Clearbrook Arlington Hgts, IL 60005	36-3387034	501(c)(3)	40,500				PROGRAM SUPPORT

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Changing Worlds 329 W 18th St Ste 506 Chicago, IL 60616	36-4340874	501(c)(3)	40,000	0			PROGRAM SUPPORT
PEER Services Inc 906 Davis St Ste 101 Evanston, IL 60201	36-2848969	501(c)(3)	40,000	0			PROGRAM SUPPORT

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

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Inspiration Corporation 4554 N Broadway Ste 207 Chicago, IL 60640	36-3673980	501(c)(3)	39,312	0			PROGRAM SUPPORT
Ladder Up 233 S Wacker Dr Ste 400 Chicago, IL 60606	36-4070692	501(c)(3)	38,981	0			PROGRAM SUPPORT

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National Able Network Inc 567 W Lake St Ste 1150 Chicago, IL 60661	23-7339397	501(c)(3)	37,500	0			PROGRAM SUPPORT
Elmhurst Christian Reformed Church 149 W Brush Hill Elmhurst, IL 60126	36-2521910	501(c)(3)	37,500	0			PROGRAM SUPPORT

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New Life Centers of Chicagoland 4101 West 51st Street Chicago, IL 60632	20-2380358	501(c)(3)	37,200	0			PROGRAM SUPPORT
Access DuPageDupage Health Coalition 511 Thornhill Dr Carol Stream, IL 60188	36-4448208	501(c)(3)	37,000				PROGRAM SUPPORT

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St Leonard's Ministries 2100 West Warren Blvd Chicago, IL 60612	36-2378516	501(c)(3)	37,000	0			PROGRAM SUPPORT
The Resurrection Project 1818 South Paulina Chicago, IL 60608	36-3576073	501(c)(3)	36,218	0			PROGRAM SUPPORT

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Connections For the Homeless 2121 Dewey Avenue Evanston, IL 60201	36-3346917	501(c)(3)	36,061	0			PROGRAM SUPPORT
Centers for New Horizons Inc 4150 South King Drive Chicago, IL 60653	36-2729721	501(c)(3)	35,000	0			PROGRAM SUPPORT

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Namaste Charter School 3737 S Paulina St Chicago, IL 60609	20-0285795	501(c)(3)	35,000	0			PROGRAM SUPPORT
Tri-Con Child Care Center 425 Laurel Ave Highland Park, IL 60035	36-2708769	501(c)(3)	35,000	0			PROGRAM SUPPORT

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Chicago Commons Association 515 E 50th Street Chicago, IL 60615	36-2169136	501(c)(3)	34,749	0			PROGRAM SUPPORT
Chicago Alliance Against Sexual Expl 307 N Michigan Ave 1818 Chicago, IL 60601	26-0220074	501(c)(3)	33,742	0			PROGRAM SUPPORT

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

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National Latino Education Institute 2011 W Pershing Road Suite 1150 Chicago, IL 60609	36-2755187	501(c)(3)	33,500	0			PROGRAM SUPPORT
Children's Advocacy Center Cook County 640 Illinois Hoffman Estates, IL 60169	36-3711203	501(c)(3)	33,186	0			PROGRAM SUPPORT

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Ecker Center For Mental Health Inc 1845 Grandstand Place Elgin, IL 60123	36-2312495	501(c)(3)	32,687	0			PROGRAM SUPPORT
CTR for Independence Thru Conductive Edu 100 W Plainfield Rd Countryside, IL 60525	36-4259162	501(c)(3)	32,469	0			PROGRAM SUPPORT

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Family Rescue PO Box 17528 Chicago, IL 60617	36-3170408	501(c)(3)	32,355	0			PROGRAM SUPPORT
Life Span 70 East Lake St Ste 700 Chicago, IL 60601	36-2991281	501(c)(3)	32,130	0			PROGRAM SUPPORT

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Blue Island CitizensBlue Cap 2155 Broadway Suite B Blue Island, IL 60406	36-2603932	501(c)(3)	32,000	0			PROGRAM SUPPORT
Crisis Center For South Suburbia PO Box 39 Tinley Park, IL 60477	36-3039964	501(c)(3)	31,968	0			PROGRAM SUPPORT

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Hephzibah Children's Association 1144 Lake St Ste 500 Oak Park, IL 60301	36-2167096	501(c)(3)	31,882	0			PROGRAM SUPPORT
Chicago House and Social Service Agency 1925 N Clyborne Ave Chicago, IL 60614	36-3376432	501(c)(3)	31,694	0			PROGRAM SUPPORT

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Chicago Childrens Advocacy Center 1240 S Damen Ave Chicago, IL 60608	36-4251865	501(c)(3)	31,188	0			PROGRAM SUPPORT
Aging Care Connections 111 West Harris Avenue Suite 1818 La Grange, IL 60525	36-2721289	501(c)(3)	31,100	0			PROGRAM SUPPORT

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Greater Auburn Gresham Development Corp 7901 South Racine Avenue Chicago, IL 60620	36-4377387	501(c)(3)	31,080	0			PROGRAM SUPPORT
Legal Council for Health Justice 17 N State St Ste 900 Chicago, IL 60602	36-3563802	501(c)(3)	30,877	0			PROGRAM SUPPORT

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Chicago Botanic Garden 1000 Lake Cook Road Glencoe, IL 60022	36-2225482	501(c)(3)	30,430	0			PROGRAM SUPPORT
St Jude Children's Research Hospital 262 Danny Thomas Place Memphis, TN 38105	62-0646012	501(c)(3)	30,277	0			PROGRAM SUPPORT

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Children's Clinic The Total 320 Lake Street Oak Park, IL 60302	36-9002074	501(c)(3)	30,000	0			PROGRAM SUPPORT
PODER 1637 S Allport St Chicago, IL 60608	36-4251880	501(c)(3)	30,000	0			PROGRAM SUPPORT

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Preservation Of Affordable Housing 6144 S Cottage Grove Chicago, IL 60637	31-1616634	501(c)(3)	30,000	0			PROGRAM SUPPORT
Respond Now 253 East 159th Street Harvey, IL 60426	23-7091808	501(c)(3)	30,000	0			PROGRAM SUPPORT

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Thresholds 4101 N Ravenswood Chicago, IL 60613	36-2518901	501(c)(3)	30,000	0			PROGRAM SUPPORT
Housing Opportunities for Women 1607 Howard St 3rd Fl Chicago, IL 60626	36-3263818	501(c)(3)	29,766	0			PROGRAM SUPPORT

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Josselyn Center The 405 Central Avenue Northfield, IL 60093	36-2217996	501(c)(3)	29,109	0			PROGRAM SUPPORT
La Casa Norte 3533 West North Ave Chicago, IL 60647	36-4041525	501(c)(3)	29,031	0			PROGRAM SUPPORT

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UIHSS Off of Comm Engagement & Neig 828 S Wolcott Ave Ste 231 Chicago, IL 60612	37-6000511	501(c)(3)	28,700	0			PROGRAM SUPPORT
American Heart Asso - Nt'l Western State 7272 Greenville Avenue Dallas, TX 75231	13-5613797	501(c)(3)	28,624	0			PROGRAM SUPPORT

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Breaking Free 120 Gale Street Aurora, IL 60506	36-2957395	501(c)(3)	28,500	0			PROGRAM SUPPORT
United Way of Grtr Milwaukee & Waukesha 225 W Vine St Milwaukee, WI 53212	39-0806190	501(c)(3)	28,401	0			PROGRAM SUPPORT

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Breakthrough Urban Ministries PO Box 47200 Chicago, IL 60647	36-3810926	501(c)(3)	28,012	0			PROGRAM SUPPORT
Serenity House Counseling Services Inc 4343 West 123rd Street Alsip, IL 60803	36-3350438	501(c)(3)	28,000	0			PROGRAM SUPPORT

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JOURNEYS The Road Home 1140 East NW Highway Palatine, IL 60074	36-3919018	501(c)(3)	27,886	0			PROGRAM SUPPORT
Helping Hand Center 9649 West 55th Street Countryside, IL 60525	36-2327271	501(c)(3)	27,728	0			PROGRAM SUPPORT

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Make-A-Wish Foundation of America 1702 E Highland Ave Phoenix, AZ 85016	86-0481941	501(c)(3)	27,647	0			PROGRAM SUPPORT
Children's Center of Cicero-Berwyn Inc 1447 S 50th Ct Cicero, IL 60804	36-3025963	501(c)(3)	27,259	0			PROGRAM SUPPORT

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Lawyers' Committee for Better Housing 33 N Lasle St Ste 900 Chicago, IL 60602	36-3134577	501(c)(3)	27,199	0			PROGRAM SUPPORT
Habitat For Humanity International 322 W Lamar St Americus, GA 31709	91-1914868	501(c)(3)	26,776	0			PROGRAM SUPPORT

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Midwest Asian Health Association 230 W Cermak Rd 2nd Fl Chicago, IL 60616	36-4526722	501(c)(3)	26,142	0			PROGRAM SUPPORT
Chicago Symphony Orchestra 220 S Michigan Chicago, IL 60604	36-2167823	501(c)(3)	25,723	0			PROGRAM SUPPORT

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Hamdard Center for Health & Human SVC 228 E Lake Street Addison, IL 60101	36-3917885	501(c)(3)	25,655	0			PROGRAM SUPPORT
Heartland Health Centers 3048 N Wilton 2nd Fl Chicago, IL 60657	36-3843377	501(c)(3)	25,500	0			PROGRAM SUPPORT

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Common Threads 3811 Bee Caves Rd Ste 108 Austin, TX 78746	20-0106847	501(c)(3)	25,260	0			PROGRAM SUPPORT
Lester and Rosalie Anixter Center 6610 N Clark St Chicago, IL 60626	36-2244895	501(c)(3)	25,167	0			PROGRAM SUPPORT

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Family SVC & Mental Health Ctr of Cicero 5341 W Cermak Road Cicero, IL 60804	36-2246705	501(c)(3)	25,093	0			PROGRAM SUPPORT
Alivio Medical Center 966 West 21st Street Chicago, IL 60608	36-3661051	501(c)(3)	25,000	0			PROGRAM SUPPORT

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Arab American Action Network 3148 W 63rd St 2nd Fl Chicago, IL 60629	36-4034958	501(c)(3)	25,000	0			PROGRAM SUPPORT
Asian Human Services Inc 4753 N Broadway Ste 700 Chicago, IL 60640	36-3005889	501(c)(3)	25,000	0			PROGRAM SUPPORT

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BEDS Plus Care Inc P O Box 2035 LaGrange, IL 60525	36-3741040	501(c)(3)	25,000	0			PROGRAM SUPPORT
Center for Changing Lives 1955 N St Louis Ave Chicago, IL 60647	36-3731388	501(c)(3)	25,000	0			PROGRAM SUPPORT

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Center for Conflict Resolution 11 E Adams St Suite 500 Chicago, IL 60603	36-2997680	501(c)(3)	25,000	0			PROGRAM SUPPORT
Centro de Informacion 28 N Grove Ave Ste 200 Elgin, IL 60120	36-2776988	501(c)(3)	25,000	0			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
Harold Colbert Jones Memorial Comm Ctr 220 E 15th St Chicago Hts, IL 60411	36-2182055	501(c)(3)	25,000	0			PROGRAM SUPPORT
NAMI of DuPage County IL 115 N County Farm Road Wheaton, IL 60187	36-3412057	501(c)(3)	25,000	0			PROGRAM SUPPORT

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

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North Side Housing & Supportive SVCS 4410 N Ravenswood Chicago, IL 60640	36-3318158	501(c)(3)	25,000	0			PROGRAM SUPPORT
Northwest Compass Inc 1300 W NW Highway Mt Prospect, IL 60056	36-3382832	501(c)(3)	25,000	0			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 Buffalo Grove, IL 60089	36-2777027	501(c)(3)	25,000	0			PROGRAM SUPPORT
Renaissance Social Services PO Box 215 Chicago Heights, IL 60411	36-3900116	501(c)(3)	25,000	0			PROGRAM SUPPORT

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Saint Anthony Hospital 311 Harrison Street Oak Park, IL 60304	51-0217097	501(c)(3)	25,000	0			PROGRAM SUPPORT
Teen Living Programs 237 S Desplaines Chicago, IL 60661	36-2867274	501(c)(3)	25,000	0			PROGRAM SUPPORT

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

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VNA Health Care 400 North Highland Ave Aurora, IL 60506	36-2182095	501(c)(3)	25,000	0			PROGRAM SUPPORT
Lincoln Park Zoological Society 2001 N Clark St Chicago, IL 60614	36-2512404	501(c)(3)	23,450	0			PROGRAM SUPPORT

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Bethel New Life Inc 4950 W Thomas St Chicago, IL 60651	36-3013241	501(c)(3)	20,000	0			PROGRAM SUPPORT
United Way of Will County 54 N Ottawa St Ste 300 Joliet, IL 60432	36-2515625	501(c)(3)	19,702	0			PROGRAM SUPPORT

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Adler Planetarium 1300 S Lake Shore Drive Chicago, IL 60605	36-6210902	501(c)(3)	19,692	0			PROGRAM SUPPORT
United Way of Greater McHenry County 4508 Prime Parkway McHenry, IL 60050	36-6147909	501(c)(3)	18,678	0			PROGRAM SUPPORT

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The Compass Church- Hobson Campus 1551 E Hobson Rd Naperville, IL 60540	36-3256985	501(c)(3)	17,859	0			PROGRAM SUPPORT
Fox Valley United Way 44 E Galena Blvd Aurora, IL 60505	36-2195467	501(c)(3)	17,555	0			PROGRAM SUPPORT

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University of Chicago-Laboratory Schools 5235 S Harper Ct Ste 450 Chicago, IL 60615	36-2177139	501(c)(3)	17,500	0			PROGRAM SUPPORT
Arrupe College of Loyola University 1 E Pearson St Suite 400 Chicago, IL 60611	36-1408475	501(c)(3)	17,029	0			PROGRAM SUPPORT

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Special Olympics Inc 1133 19th Street NW Washington, DC 20036	52-0889518	501(c)(3)	17,006	0			PROGRAM SUPPORT
Chicago Public Library Foundation 20 N Michigan Ste 520 Chicago, IL 60602	36-3480353	501(c)(3)	15,390	0			PROGRAM SUPPORT

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Austin Coming Together 5049 West Harrison Chicago, IL 60644	45-0920919	501(c)(3)	15,291	0			PROGRAM SUPPORT
Chicago Community Trust Spring board FDN 225 N Michigan Ave Chicago, IL 60601	36-2167000	501(c)(3)	15,000	0			PROGRAM SUPPORT

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Earth Share PO Box 426056 Washington, DC 20042	52-1601960	501(c)(3)	14,877	0			PROGRAM SUPPORT
Glen Ellyn Food Pantry 493 Forest Avenue Glen Ellyn, IL 60137	36-3423123	501(c)(3)	14,737	0			PROGRAM SUPPORT

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Alzheimer's Association Greater IL 8430 W Bryn Mawr Ave Chicago, IL 60631	13-3039601	501(c)(3)	14,597	0			PROGRAM SUPPORT
Shelter Inc 1616 N Arlington Rd Arlington Hts, IL 60004	23-7399596	501(c)(3)	14,132				PROGRAM SUPPORT

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Habitat for Humanity Lake County IL 315 N MLK Jr Ave Waukegan, IL 60085	36-3659288	501(c)(3)	14,007	0			PROGRAM SUPPORT
Oak Park River Forest Food Pantry 848 Lake Street Oak Park, IL 60301	27-2018997	501(c)(3)	13,819	0			PROGRAM SUPPORT

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Feeding America 35 E Wacker Dr Ste 2000 Chicago, IL 60601	36-3673599	501(c)(3)	13,562				PROGRAM SUPPORT
Community Health Charities 1199 N Fairfax St Alexandria, VA 22314	13-6167225	501(c)(3)	13,465	0			PROGRAM SUPPORT

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The Cove School Inc 350 Lee Road Northbrook, IL 60062	39-0930993	501(c)(3)	13,436	0			PROGRAM SUPPORT
Daniel Murphy Scholarship Fund 309 W Washington Chicago, IL 60606	36-3675466	501(c)(3)	13,333	0			PROGRAM SUPPORT

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Washington Univ Olin School of Business 7425 Forsythe Blvd Saint Louis, MO 63105	43-0653611	501(c)(3)	13,300	0			PROGRAM SUPPORT
By The Hand Club For Kids PO Box 10043 Chicago, IL 60610	20-3144284	501(c)(3)	13,258	0			PROGRAM SUPPORT

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Northern Illinois Food Bank 273 Dearborn Court Geneva, IL 60134	36-3203648	501(c)(3)	12,853	0			PROGRAM SUPPORT
United Way of MA Bay & Merrimack Valley 51 Sleeper St Boston, MA 02210	04-2382233	501(c)(3)	12,683	0			PROGRAM SUPPORT

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Loyola Academy 1100 Laramie Ave Wilmette, IL 60091	36-2367981	501(c)(3)	12,226	0			PROGRAM SUPPORT
Arc of Hope Uganda 9435 Springfield Ave Evanston, IL 60203	32-0301689	501(c)(3)	12,000	0			PROGRAM SUPPORT

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Habitat for Humanity Chicago 100 W Cermak Road 404 Chicago, IL 60608	46-0494889	501(c)(3)	11,998	0			PROGRAM SUPPORT
Community Christian Church 1635 Emerson Ln Naperville, IL 60540	36-3848018	501(c)(3)	11,920	0			PROGRAM SUPPORT

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JDRF International Illinois Chapter 1 N LaSalle St Ste 1200 Chicago, IL 60602	23-1907729	501(c)(3)	11,901	0			PROGRAM SUPPORT
The Compass Church- Wheaton Campus 520 E Roosevelt Road Wheaton, IL 60187	41-0721672	501(c)(3)	11,625	0			PROGRAM SUPPORT

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Ravinia Festival Association 418 Sheridan Rd Highland Park, IL 60035	36-6002273	501(c)(3)	11,431	0			PROGRAM SUPPORT
Museum of Science and Industry 5700 S Lakeshore Drive Chicago, IL 60637	36-2167797	501(c)(3)	11,250	0			PROGRAM SUPPORT

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PADS Inc dba Hesed House 659 S River St Aurora, IL 60506	36-3285644	501(c)(3)	11,066	0			PROGRAM SUPPORT
Habilitative Systems 415 S Kilpatrick Ave Chicago, IL 60644	36-2969062	501(c)(3)	10,875	0			PROGRAM SUPPORT

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Evangelical Covenant Church of Hinsdale 412 S Garfield Rd Hinsdale, IL 60521	36-2167730	501(c)(3)	10,846	0			PROGRAM SUPPORT
United Way of the Greater Chippewa Valley 3603 N Hastings Way Eau Claire, WI 54703	39-1077901	501(c)(3)	10,769	0			PROGRAM SUPPORT

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City Year Chicago 287 Columbus Ave Box 4 Boston, MA 02116	22-2882549	501(c)(3)	10,669	0			PROGRAM SUPPORT
Horizons for Youth 703 W Monroe St Chicago, IL 60661	36-3796784	501(c)(3)	10,667	0			PROGRAM SUPPORT

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St Ignatius College Prep 1076 W Roosevelt Road Chicago, IL 60608	36-2167867	501(c)(3)	10,597	0			PROGRAM SUPPORT
Art Institute of Chicago 111 South Michigan Ave Chicago, IL 60603	36-2167725	501(c)(3)	10,462	0			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)	10,288	0			PROGRAM SUPPORT
Boys and Girls Clubs of Chicago 2012 W Monroe Street Chicago, IL 60612	36-2166997	501(c)(3)	10,231	0			PROGRAM SUPPORT

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Northwestern Memorial Foundation 541 N Fairbanks Ct Chicago, IL 60611	36-3155315	501(c)(3)	10,060	0			PROGRAM SUPPORT
Ounce of Prevention Fund 33 W Monroe Ste 2400 Chicago, IL 60603	36-3186328	501(c)(3)	10,060	0			PROGRAM SUPPORT

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Fondos Unidos de Puerto Rico PO Box 191914 San Juan, PR 00919	66-0269222	501(c)(3)	10,058	0			PROGRAM SUPPORT
Academy For Urban School Leadership(Ausl) 3400 North Austin Suite 302 Chicago, IL 60634	36-4447457	501(c)(3)	10,000	0			PROGRAM SUPPORT

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Duke Univ Trinity College of Arts & Sci Alumni Dvlpnt Box 90581 Durham, NC 27708	56-0532129	501(c)(3)	10,000	0			PROGRAM SUPPORT
EPIC PO Box 3418 Peoria, IL 61612	37-0794792	501(c)(3)	10,000	0			PROGRAM SUPPORT

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Friends of Payton Association 1034 N Wells Street Chicago, IL 60610	36-4409659	501(c)(3)	10,000	0			PROGRAM SUPPORT
Tufts University PO Box 3306 Boston, MA 02241	04-2103634	501(c)(3)	10,000	0			PROGRAM SUPPORT

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Tulane Univ A B Freeman School of Business PO Box 61075 New Orleans, LA 70161	72-0423889	501(c)(3)	10,000	0			PROGRAM SUPPORT
Junior Achievement (Chicago) 651 W Washington Blv Chicago, IL 60661	84-1267604	501(c)(3)	9,891	0			PROGRAM SUPPORT

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Ann & Robert Lurie Children's Hospital 225 East Chicago Ave Chicago, IL 60611	36-3357006	501(c)(3)	9,801	0			PROGRAM SUPPORT
Willow Creek Community Church-CrystalLake 67 Algonquin Rd South Barrington, IL 60010	51-0164942	501(c)(3)	9,530	0			PROGRAM SUPPORT

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Planned Parenthood Of Illinois 18 S Michigan Ave Chicago, IL 60603	36-2170901	501(c)(3)	9,401	0			PROGRAM SUPPORT
Kenilworth United Fund Inc 419 Richmond Road Kenilworth, IL 60043	36-6118414	501(c)(3)	9,009	0			PROGRAM SUPPORT

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Salvation Army Metropolitan Chicago 5040 N Pulaski Rd Chicago, IL 60630	36-2167910	501(c)(3)	8,987	0			PROGRAM SUPPORT
Paws Chicago 1997 N Clyborn Avenue Chicago, IL 60614	36-4219778	501(c)(3)	8,918	0			PROGRAM SUPPORT

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Gads Hill Center 1919 W Cullerton St Chicago, IL 60608	36-2167082	501(c)(3)	8,896	0			PROGRAM SUPPORT
Lake Area United Way 221 West Ridge Road Griffith, IN 46319	23-7170019	501(c)(3)	8,572	0			PROGRAM SUPPORT

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United Way of Elgin 1750 Grandstand Place 5 Elgin, IL 60123	36-2167052	501(c)(3)	8,444	0			PROGRAM SUPPORT
Saint Clement Church 642 W Deming Place Chicago, IL 60614	36-2170826	501(c)(3)	8,308	0			PROGRAM SUPPORT

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Mercy Home for Boys & Girls 1140 W Jackson Boulevard Chicago, IL 60607	36-2171726	501(c)(3)	8,305	0			PROGRAM SUPPORT
The Community House 415 West Eighth Street Hinsdale, IL 60521	36-2167735	501(c)(3)	8,245	0			PROGRAM SUPPORT

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Naperville Christian Academy 1451 Raymond Dr Naperville, IL 60563	36-4383292	501(c)(3)	8,000	0			PROGRAM SUPPORT
Northwestern College 101 7th St SW Orange City, IA 51041	42-0698196	501(c)(3)	8,000	0			PROGRAM SUPPORT

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William Penn University 201 Trueblood Ave Oskaloosa, IA 52577	42-0707120	501(c)(3)	8,000	0			PROGRAM SUPPORT
Soaring Eagle Academy 800 Parkview Blvd Lombard, IL 60148	20-2286699	501(c)(3)	7,901	0			PROGRAM SUPPORT

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Anshe Emet Synagogue (Sustaining Fund) 3751 N Broadway Chicago, IL 60613	36-0739900	501(c)(3)	7,750	0			PROGRAM SUPPORT
Nativity Miguel Middle School of Buffalo 21 Davidson Ave Buffalo, NY 14215	27-2855965	501(c)(3)	7,750	0			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
Civic Consulting Alliance 21 S Clark St Ste 3120 Chicago, IL 60603	45-0467524	501(c)(3)	7,694	0			PROGRAM SUPPORT
Evans Scholars Foundation One Briar Road Golf, IL 60029	36-2518129	501(c)(3)	7,613	0			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
Rogers Park Montessori School Kim Romain 1800 W Balmoral Ave Chicago, IL 60640	36-2597822	501(c)(3)	7,500	0			PROGRAM SUPPORT
First Baptist Church of University Park 450 Univ Parkway Univ Park, IL 60484	37-0755264	501(c)(3)	7,354	0			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
Joffrey Ballet of Chicago 10 E Randolph Chicago, IL 60601	36-4009741	501(c)(3)	7,288	0			PROGRAM SUPPORT
Little Bro-Frnds of the Elderly Chicago 355 N Ashland Ave Chicago, IL 60607	36-2651505	501(c)(3)	7,250	0			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 Ste 204 Naples, FL 34109	59-1026096	501(c)(3)	7,250	0			PROGRAM SUPPORT
HFS Chicago Scholars HFS Scholarship Fund 1074 W Taylor St 201 Suite 2750 Chicago, IL 60607	36-3922345	501(c)(3)	7,069	0			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
Casa Central 1343 N California Ave Chicago, IL 60622	36-2728618	501(c)(3)	7,061	0			PROGRAM SUPPORT
Advocate Charitable Foundation-Young Hearts 3075 Highland Pkwy Downers Grv, IL 60515	36-3297360	501(c)(3)	7,000	0			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 Rock River Valley 612 N Main St Ste 300 Rockford, IL 61103	36-2167843	501(c)(3)	6,948	0			PROGRAM SUPPORT
Working In the Schools (WITS) 641 W Lake St Ste 200 Chicago, IL 60661	36-3891846	501(c)(3)	6,895	0			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
Yellowstone Yukon Conservation Initiative PO Box 157 Bozeman, MT 59771	81-0535303	501(c)(3)	6,731	0			PROGRAM SUPPORT
Mount Olivet Rolling Acres 18986 Lake Drive East Chanhassen, MN 55317	41-0907046	501(c)(3)	6,731	0			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
Big Brothers Big Sisters Metro Chicago 560 W Lake St 5th Floor Chicago, IL 60661	36-2681212	501(c)(3)	6,707	0			PROGRAM SUPPORT
Center On Halsted 3656 N Halsted St Chicago, IL 60613	51-0178807	501(c)(3)	6,572	0			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
Make a Wish Foundation of Illinois 640 N LaSalle Ste 280 Chicago, IL 60654	36-3422138	501(c)(3)	6,526	0			PROGRAM SUPPORT
Temple Jeremiah 937 Happ Road Northfield, IL 60093	13-1663143	501(c)(3)	6,500	0			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
Fordham University 45 Columbus Ave 8th Fl New York, NY 10023	13-1740451	501(c)(3)	6,354	0			PROGRAM SUPPORT
The Neighbor Project 73 S Lasalle St Aurora, IL 60505	55-0791780	501(c)(3)	6,326	0			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
Northwestern University 1201 Davis St Evanston, IL 60208	36-2167817	501(c)(3)	6,246	0			PROGRAM SUPPORT
Heartland Alliance For Human Needs 208 S Lasalle St Ste 1300 Chicago, IL 60604	36-1877640	501(c)(3)	6,155	0			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
Cancer Support Center 19657 S La Grange Rd Mokena, IL 60448	36-3880404	501(c)(3)	6,149	0			PROGRAM SUPPORT
Stratford Shakespearean Festival of Amer 660 Woodward Ave Detroit, MI 48226	38-2420887	501(c)(3)	6,000	0			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
Urban Village Church PO Box A3882 Chicago, IL 60690	36-2899329	501(c)(3)	6,000	0			PROGRAM SUPPORT
Lazarus House 214 Walnut Street St Charles, IL 60174	36-4187609	501(c)(3)	5,821	0			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
Lake County Haven PO Box 127 Suite 404 Libertyville, IL 60048	36-3846099	501(c)(3)	5,766	0			PROGRAM SUPPORT
SOS Children's Villages Illinois Inc 216 W Jackson Blvd Chicago, IL 60606	36-3599110	501(c)(3)	5,652	0			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 Asso for PPL with Disabilities 901 Warrenville Rd Lisle, IL 60532	36-2411166	501(c)(3)	5,627	0			PROGRAM SUPPORT
Batavia United Way P O Box 372 Batavia, IL 60510	36-3208945	501(c)(3)	5,615	0			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)	5,615	0			PROGRAM SUPPORT
Friends of Oscar Mayer School 2250 N Clifton Ave Chicago, IL 60614	36-3094477	501(c)(3)	5,600	0			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
Bright Hope Int'L (Missionary Ent) 2060 Stonington Hoffman Estates, IL 60169	23-7004991	501(c)(3)	5,502	0			PROGRAM SUPPORT
Univ of Notre Dame Annual Fund PO Box 519 Notre Dame, IN 46556	35-0868188	501(c)(3)	5,400	0			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
Good Shepard Lutheran Church 1310 Shepherd Dr Naperville, IL 60565	36-2944356	501(c)(3)	5,369	0			PROGRAM SUPPORT
After School Matters 66 East Randolph Street Chicago, IL 60601	36-4409182	501(c)(3)	5,281	0			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
Point of Change Church of the Nazarene 2407 Beich Rd Bloomington, IL 61705	45-4560577	501(c)(3)	5,167	0			PROGRAM SUPPORT
St Mary's Episcopal Church 306 South Prospect Park Ridge, IL 60068	23-7075487	501(c)(3)	5,100	0			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
Cystic-Fibrosis Foundation 4550 Montgomery Ave Bethesda, MD 20814	13-1930701	501(c)(3)	5,091				PROGRAM SUPPORT
Dartmouth College 6066 Development Office Hanover, NH 03755	02-0222111	501(c)(3)	5,030	0			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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

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	Yes									
<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 (Thru 8/18)	(i)	262,637	23,000	19,083	8,250	33,700	346,670	
	(ii)	0	0	0	0	0	0	0
2 Deborah Stevens CFO (Thru 11/18)	(i)	185,412	0	2,722	5,616	8,741	202,491	0
	(ii)	0	0	0	0	0	0	0
3 Joseph Vanyo COO (Thru 6/19)	(i)	239,068	0	19,035	7,837	12,779	278,719	0
	(ii)	0	0	0	0	0	0	0
4 Leah Ray-Seid SVP RD (Thru 7/18)	(i)	133,764	0	281	3,582	18,194	155,821	0
	(ii)	0	0	0	0	0	0	0
5 Jose Rico SVP of Comm Investment	(i)	210,297	0	675	5,938	17,089	233,999	0
	(ii)	0	0	0	0	0	0	0
6 Marilyn Jackson VP Marketing & Communications	(i)	184,698	0	947	5,899	33,548	225,092	0
	(ii)	0	0	0	0	0	0	0
7 Risa Davis VP Corp Devpt (Thru 8/18)	(i)	110,839	0	47,575	3,442	8,087	169,943	0
	(ii)	0	0	0	0	0	0	0

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
SEVERENCE PAYMENT	SCHEDULE J, PART I, LINE 4A RISA DAVIS, VP CORPORATE DEVELOPMENT, RECEIVED A SEVERANCE PAYMENT OF \$46,097 PER THE TERMS OF HER EMPLOYMENT CONTRACT. THE AMOUNT IS INCLUDED AS TAXABLE COMPENSATION IN HER W-2.

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



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

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

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	19	698,343	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
31	Yes	
32a		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?

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

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
 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
 ► Attach to Form 990 or 990-EZ.
 ► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Department of the Treasury
 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	UNITED WAY OF METROPOLITAN CHICAGO, INC ("UWMC") IS AN ILLINOIS NON-PROFIT PHILANTHROPIC CORPORATION WHOSE MISSION IS TO IMPROVE LIVES IN THE METROPOLITAN CHICAGO AREA BY MOBILIZING CARING PEOPLE TO INVEST IN THE COMMUNITY WHERE THEIR RESOURCES ARE NEEDED MOST AT UNITED WAY, WE ARE ALWAYS THERE FOR OUR NEIGHBORS IN THEIR TIME OF NEED BUT, MORE IMPORTANTLY, WE ARE WORKING TO REDUCE AND ELIMINATE THE ROOT CAUSES OF THESE NEEDS BY PROVIDING FOOD, SHELTER, LEGAL ASSISTANCE AND SAFETY FROM ABUSE, WE HELP INDIVIDUALS AND FAMILIES WHEN A CRISIS STRIKES WE SOLVE ISSUES USING AN INTEGRATED APPROACH THAT FOCUSES ON THE HEALTH, EDUCATION, FINANCIAL STABILITY AND BASIC NEEDS OF EVERY PERSON IN EVERY NEIGHBORHOOD WE ARE ALSO WORKING IN SEVERAL NEIGHBORHOODS TO TACKLE THE SYSTEMIC ISSUES THAT HAVE PLAGUED OUR REGION, CREATING COMMUNITIES WHERE CHILDREN AND FAMILIES CAN THRIVE OUR 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'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 UNITED WAY IS CURRENTLY WORKING IN TEN UNDER-RESOURCED COMMUNITIES IN THE CITY AND SUBURBS AUBURN GRESHAM, AUSTIN, BRIGHTON PARK, BRONZEVILLE, CICERO, EVANSTON, LITTLE VILLAGE, ROBBINS/BLEU ISLAND, SOUTH CHICAGO AND WEST CHICAGO

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Return Reference	Explanation
NUMBER OF VOLUNTEERS	FORM 990, PART I, LINE 6 BOARD/POLICY MAKING VOLUNTEERS - 113 ACTIVE CAMPAIGN LEADERS - 74 6 COMMUNITY IMPACT VOLUNTEERS - 3,960 TOTAL VOLUNTEERS - 4,819

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Return Reference	Explanation
<p>FORM 990, PART III - PROGRAM SERVICE, LINE 4A</p>	<p>EDUCATION UWMC invests in programs and initiatives that prepare children, youth and their families to make two crucial transitions successful the early years of a child's life, before and leading up to formal schooling, and the middle school years, in preparation for entering the critical years of high school - SOME MAJOR OUTCOMES #1 - 7,152 infants/toddlers/children showing growth across developmental domains, #2 14,658 middle school students promoted to the next grade on time, #3 13,574 middle school students meeting social-emotional standards FINANCIAL STABILITY INCOME UWMC invests in programs that help unemployed and incumbent workers access quality training and employment pathways, educate clients on how to effectively manage debt or credit, increase savings or assets, and improve financial resilience, and provide no-cost tax preparation services to low-income households - SOME MAJOR OUTCOMES #1 4,630 individuals placed in jobs, #2 6,014 participants improving financial position, #3 - \$25,947,324 of tax refunds received by free tax prep recipients HEALTH & WELLNESS UWMC invests in providers of mental and behavioral health services that work with clients across the lifespan, support healthy living initiatives across the lifespan in multiple venues (schools, community centers, places of worship) that increase physical activity and fruit and vegetable consumption in youth and families, and support programs that enhance health access and literacy, and connect those who may not be eligible for insurance to available health care - SOME MAJOR OUTCOMES #1 72,104 behavioral and mental health screenings/referrals to treatment, #2 4,267 youth consumed more servings of fruits & vegetables per day, #3 112,803 people connected to a health provider/primary care physician/regular care SAFETY NET SERVICES UWMC supports programs that provide for ones most innate needs - housing, food, safety - and help their clients on to a path which prevents future crises - SOME MAJOR OUTCOMES #1 - 21,311 people received housing assistance, #2 29,261 individuals gained safety from abuse, #3 10,770 people received extended legal representation Form 990, Part III - Program Service, Line 4B In each Neighborhood Network, UWMC delivers funding, resources, technical assistance, and knowledge to bring community-driven goals to life United Way currently works in 10 neighborhoods Cicero, West Chicago, Evanston, Blue Island/Robbins, Auburn Gresham, South Chicago, Bronzeville, Little Village, Brighton Park, Austin - SOME MAJOR OUTCOMES #1 Chicagos Austin neighborhood created 1,170 high-quality early learning slots, #2 Chicagos Brighton Park neighborhood engaged 450 youth in its annual Let Youth Be Youth</p>

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Return Reference	Explanation
EXECUTIVE COMMITTEE	<p>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 Business Relationships Form 990, Part VI, Line 2 Wendy Duboe, Joseph Vanyo, Deborah Stevens, Diane Griffin, Kevin Graan, Kimberlee Guenther, and Jose Rico have a business relationship with each other as employees at a related organization, United Way - McCormick Partnership for Strong Neighborhoods, Inc</p> <p>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</p>

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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

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Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	<p>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, 2019</p>

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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 HTTPS //LIVEUNITEDCHICAGO ORG/ UWMC MAKES ITS FORM 990 AVAILABLE UPON REQUEST

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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 ETHICS POINT AVAILABLE ON THE UWMC WEBSITE HTTPS //LIVEUNITEDCHICAGO ORG/

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Return Reference	Explanation
FUNCTIONAL EXPENSES	FORM 990, PART IX UWMC CALCULATES ITS 2018 TAX YEAR (FISCAL YEAR ENDED JUNE 30, 2019) 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 2018 IS 14.9%. 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

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Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 PENSION RELATED (\$375,957) DESIGNATION FEES (\$78,242) CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT \$39,317 SETTLEMENT OF PRIOR YEAR LIABILITY \$120,528 TRANSFER OF NET ASSETS \$1,610,254 PROVISION OF UNCOLLECTED PLEDGES (\$1,340,000) ----- TOTAL (\$24,100) =====

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
United Way of Metropolitan Chicago Inc

Employer identification number

30-0200478

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

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

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	Yes	

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

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

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

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

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

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

	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	Yes
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
(1) UNITED WAY - MCCORMICK PARTNERSHIPS	q	166,500	FMV

Part VII **Supplemental Information**

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

Return Reference	Explanation