

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
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 333 SOUTH WABASH AVENUE 30TH FL
 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) 906-2350
G Gross receipts \$ 95,639,797

F Name and address of principal officer:
 RONALD DENARD
 333 SOUTH WABASH AVENUE 30TH FL
 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/](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)	3	29
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	114
6 Total number of volunteers (estimate if necessary)	6	3,279
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	22,467
7b Net unrelated business taxable income from Form 990-T, line 39	7b	17,367

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	45,534,458	93,087,597
9 Program service revenue (Part VIII, line 2g)	390,497	485,283
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	427,091	487,260
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	87,208	210,324
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,439,254	94,270,464
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	37,671,884	56,761,740
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)	7,479,189	7,765,866
16a Professional fundraising fees (Part IX, column (A), line 11e)	143,000	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,351,685		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,285,414	3,408,881
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	48,579,487	67,936,487
19 Revenue less expenses. Subtract line 18 from line 12	-2,140,233	26,333,977

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	25,528,571	48,823,180
21 Total liabilities (Part X, line 26)	14,558,919	14,300,229
22 Net assets or fund balances. Subtract line 21 from line 20	10,969,652	34,522,951

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: 2020-12-15

RONALD DENARD CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P00666837
 Firm's name ▶ GRANT THORNTON LLP Firm's EIN ▶ 36-6055558
 Firm's address ▶ 171 N CLARK ST SUITE 200 Phone no. (312) 856-0200
 CHICAGO, IL 60601

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 \$ 15,134,155 including grants of \$ 13,172,234) (Revenue \$ 0)
See Additional Data

4b (Code:) (Expenses \$ 4,928,442 including grants of \$ 3,244,589) (Revenue \$ 0)
See Additional Data

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

(Code:) (Expenses \$ 22,427,245 including grants of \$ 21,740,000) (Revenue \$ 0)

CHICAGO COMMUNITY COVID RELIEF FUND IN RESPONSE TO THE COVID-19 PANDEMIC, THE CHICAGO COMMUNITY TRUST AND UNITED WAY OF METRO CHICAGO ESTABLISHED THE CHICAGO COMMUNITY COVID-19 RESPONSE FUND (CCCRF). IN PARTNERSHIP WITH THE CITY OF CHICAGO, CHICAGO PHILANTHROPY, BUSINESS LEADERS, AND GENEROUS DONORS, THE FUND WILL RAPIDLY DEPLOY RESOURCES TO LOCAL NONPROFIT ORGANIZATIONS SERVING OUR MOST VULNERABLE RESIDENTS IN THE CHICAGO REGION AS A RESULT OF THE PUBLIC HEALTH, SOCIAL AND ECONOMIC CONSEQUENCES OF COVID-19. CCCRF WILL PROVIDE FLEXIBLE RESOURCES TO LOCAL NONPROFIT ORGANIZATIONS ACROSS METROPOLITAN CHICAGO TO SUPPLY ESSENTIAL RESOURCES TO THE INDIVIDUALS AND HOUSEHOLDS WHO ARE MOST IMPACTED BY THE EPIDEMIC. THOSE RESOURCES CURRENTLY INCLUDE ACCESS TO EMERGENCY FOOD AND BASIC SUPPLIES, RENT AND MORTGAGE ASSISTANCE AND UTILITY ASSISTANCE. THE FUND WILL BE DESIGNED TO BE FLEXIBLE SO IT CAN DEPLOY RESOURCES TO ADDRESS POSSIBLE ADDITIONAL AREAS OF COMMUNITY NEED AS THEY DEVELOP. THE FUND WAS STARTED IN MARCH 2020 AND BY FISCAL EOY, \$21,740,000 WAS DISTRIBUTED. SOME MAJOR OUTCOMES: #1 MORE THAN 300 UNIQUE ORGANIZATIONS WERE AWARDED GRANTS; #2 \$4.5M INVESTED IN HEALTHCARE ACCESS SERVICES, \$4.9M INVESTED IN HOUSING AND SHELTER SERVICES, #3 30 MILLION MEALS SERVED.

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

4e Total program service expenses **▶** 61,094,759

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, governance changes, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: IL
18 Section 6104 requires an organization to make its 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.
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 VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, Membership dues, Fundraising events, etc., and 1h Total.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 2a-2f for Management fees, Designation fees, etc., and 2g Total.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 3-11 for Investment income, Rental income, Sales of assets, Fundraising events, Gaming activities, and Sales of inventory, and 12 Total revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	56,761,740	56,761,740		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,261,876	262,993	464,319	534,564
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,481,023	2,521,597	1,419,891	1,539,535
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	135,967	40,912	43,274	51,781
9 Other employee benefits	531,981	258,570	137,547	135,864
10 Payroll taxes	355,019	104,787	114,111	136,121
11 Fees for services (non-employees):				
a Management	160,271	104,418	9,481	46,372
b Legal	505	385	120	
c Accounting	137,269	600	136,669	
d Lobbying	5,067	5,067		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	162,050	44,947	58,393	58,710
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	278,002	203,428	31,158	43,416
12 Advertising and promotion	378,219	194,513	62,489	121,217
13 Office expenses	142,220	54,896	64,602	22,722
14 Information technology	310,441	9,883	259,247	41,311
15 Royalties				
16 Occupancy	820,999	235,326	298,859	286,814
17 Travel	79,639	33,221	10,891	35,527
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,590	9,097	1,877	6,616
20 Interest	90,488	2,100	85,645	2,743
21 Payments to affiliates	499,390	137,181	183,025	179,184
22 Depreciation, depletion, and amortization	183,844	51,289	65,562	66,993
23 Insurance	79,672	30,870	25,925	22,877
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP DUES	57,521	21,245	16,958	19,318
b MISCELLANEOUS EXPENSE	5,694	5,694	0	0
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	67,936,487	61,094,759	3,490,043	3,351,685
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	466	1	1,903
	2 Savings and temporary cash investments	5,255,308	2	13,547,753
	3 Pledges and grants receivable, net	8,932,561	3	22,173,107
	4 Accounts receivable, net	543,516	4	3,555,776
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges	182,422	9	176,508
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,946,661		
	b Less: accumulated depreciation	2,732,928		
	11 Investments—publicly traded securities	8,252,629	11	7,252,886
	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		14	
	15 Other assets. See Part IV, line 11	992,874	15	901,514
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,528,571	16	48,823,180	
Liabilities	17 Accounts payable and accrued expenses	6,328,945	17	6,984,787
	18 Grants payable		18	0
	19 Deferred revenue	2,426,750	19	2,097,248
	20 Tax-exempt bond liabilities		20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	0
	23 Secured mortgages and notes payable to unrelated third parties	4,000,000	23	3,200,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,803,224	25	2,018,194
	26 Total liabilities. Add lines 17 through 25	14,558,919	26	14,300,229
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-5,864,715	27	-3,029,623
	28 Net assets with donor restrictions	16,834,367	28	37,552,574
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	10,969,652	32	34,522,951	
33 Total liabilities and net assets/fund balances	25,528,571	33	48,823,180	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	94,270,464
2	Total expenses (must equal Part IX, column (A), line 25)	2	67,936,487
3	Revenue less expenses. Subtract line 2 from line 1	3	26,333,977
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,969,652
5	Net unrealized gains (losses) on investments	5	-430,506
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,350,172
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	34,522,951

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain 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 (2019)

Form 990, Part III, Line 4a:

COMMUNITY FUND:FOR NEARLY 90 YEARS, UNITED WAY OF METRO CHICAGO HAS MOBILIZED CARING PEOPLE TO INVEST IN THE COMMUNITIES WHERE RESOURCES ARE NEEDED MOST. WE PARTNER WITH COMMUNITY STAKEHOLDERS AND ORGANIZATIONS TO HARNESS RESOURCES TO SUPPORT INDIVIDUALS AND FAMILIES IN FOUR KEY ISSUE AREAS: EDUCATION, FINANCIAL STABILITY, HEALTH, AND SAFETY NET SERVICES, WHICH WE BELIEVE ARE ESSENTIAL TO BUILDING STRONG HOUSEHOLDS AND STRONG NEIGHBORHOODS. MORE THAN \$12 MILLION DOLLARS WAS INVESTED TO SUPPORT THESE STRATEGIES IN THE CHICAGO REGION. EDUCATIONUWMC 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. O SOME MAJOR OUTCOMES: #1 5,197 INFANTS/TODDLERS/CHILDREN SHOWING GROWTH ACROSS DEVELOPMENTAL DOMAINS; #2 6,003 PARENTS/CAREGIVERS REPORT MORE POSITIVE INTERACTIONS WITH THEIR INFANTS/TODDLERS; #3 10,288 MIDDLE SCHOOL STUDENTS PROMOTED TO THE NEXT GRADE ON-TIMEFINANCIAL STABILITY INCOMEUWMC INVESTS IN PROGRAMS THAT HELP UNEMPLOYED AND INCUMBENT WORKERS ACCESS QUALITY TRAINING AND EMPLOYMENT PATHWAYS; EDUCATE CLIENTS ON HOW TO EFFECTIVELY MANAGE DEBT OR CREDIT, INCREASE SAVINGS OR ASSETS, AND IMPROVE FINANCIAL RESILIENCE; AND PROVIDE NO-COST TAX PREPARATION SERVICES TO LOW-INCOME HOUSEHOLDS. O SOME MAJOR OUTCOMES: #1 4,606 INDIVIDUALS PLACED IN JOBS; #2 3,248 PARTICIPANTS IMPROVING FINANCIAL POSITION; #3 \$25,842,005 OF TAX REFUNDS RECEIVED BY FREE TAX PREP RECIPIENTS HEALTH & WELLNESSUWMC 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. O SOME MAJOR OUTCOMES: #1 76,023 BEHAVIORAL AND MENTAL HEALTH SCREENINGS/REFERRALS TO TREATMENT; #2 3,071 YOUTH CONSUMED MORE SERVINGS OF FRUITS & VEGETABLES PER DAY; #3 49,765 PEOPLE CONNECTED TO A HEALTH PROVIDER/PRIMARY CARE PHYSICIAN/REGULAR CARESAFETY NET SERVICESUWMC SUPPORTS PROGRAMS THAT PROVIDE FOR ONE'S MOST INNATE NEEDS - HOUSING, FOOD, SAFETY - AND HELP THEIR CLIENTS ON TO A PATH WHICH PREVENTS FUTURE CRISIS. O SOME MAJOR OUTCOMES: #1 14,295 PEOPLE RECEIVED HOUSING ASSISTANCE; #2 24,038 INDIVIDUALS ACCESSED SAFETY FROM ABUSE SERVICES; #3 12,578 PEOPLE RECEIVED EXTENDED LEGAL REPRESENTATION

Form 990, Part III, Line 4b:

NEIGHBORHOOD NETWORKS: NEIGHBORHOOD NETWORKS ARE COALITIONS OF PARTNERS PROVIDING NEIGHBORHOOD-SPECIFIC SOLUTIONS TO UNIQUE LOCAL CHALLENGES. NEIGHBORHOOD NETWORKS ARE AIMED AT CREATING A SINGLE TABLE WHERE NEIGHBORHOOD STRENGTHS AND WEAKNESSES CAN BE EVALUATED, AND DECISIONS MADE REGARDING THE ALLOCATION OF RESOURCES MOST LIKELY TO ADDRESS NEIGHBORHOOD NEEDS AND CREATE SUSTAINABLE FUTURES. IN EACH NEIGHBORHOOD NETWORK, UWMC DELIVERS FUNDING, RESOURCES, TECHNICAL ASSISTANCE, AND KNOWLEDGE TO BRING COMMUNITY-DRIVEN GOALS TO LIFE. UNITED WAY CURRENTLY WORKS IN 10 NEIGHBORHOODS: CICERO, WEST CHICAGO, EVANSTON, BLUE ISLAND/ROBBINS, AUBURN GRESHAM, SOUTH CHICAGO, BRONZEVILLE, LITTLE VILLAGE, BRIGHTON PARK, AUSTIN. O SOME MAJOR OUTCOMES: #1 AUBURN GRESHAM WINS THE 2020 PRITZKER TRAUBERT FOUNDATION CHICAGO PRIZE AND WAS AWARDED A \$10 MILLION GRANT TO SUPPORT COMMUNITY-LED, INVESTMENT-READY INITIATIVES THAT WILL CREATE A BETTER ECONOMIC FUTURE FOR LOCAL RESIDENTS. #2 SEVERAL NETWORKS LAUNCHED COVID-19 RAPID RESPONSE COMMUNITY HUB, PROVIDING IMMEDIATE AND DIRECT RELIEF VIA CASH ASSISTANCE, FOOD DISTRIBUTION, AND PPE SUPPLIES. #3 FOUR NEIGHBORHOOD NETWORKS WERE SELECTED AS PART OF MAYOR LIGHTFOOT'S INVEST SOUTH/WEST INITIATIVE, AN UNPRECEDENTED COMMUNITY IMPROVEMENT INITIATIVE THAT MARSHALS RESOURCES OF MULTIPLE CITY DEPARTMENTS, COMMUNITY ORGANIZATIONS AND CORPORATE AND PHILANTHROPIC PARTNERS

Form 990, Part III, Line 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			
SEAN GARRETT PRESIDENT & CEO	37.50 0.00	X		X				349,836	0	21,906
JOSEPH VANYO COO (THRU 6/19)	0.00 0.00						X	262,676	0	10,031
ELIZABETH HUGHES ZIMBLER SVP AND CHIEF DEVELOPMENT OFFICER	37.50 0.00			X				210,287	0	20,360
MARILYN JACKSON VP MARKETING & COMMUNICATIONS	37.50 0.00			X				202,370	0	38,298
JOSE RICO SVP OF COMM INVESTMENT	37.50 1.00					X		164,172	0	19,109
JAY ROWELL EXECUTIVE DIRECTOR HIRE360	37.50 0.00					X		128,471	0	26,628
MARY MARCIA MCMAHON CHIEF PROFESSIONAL OFFICER	37.50 0.00					X		123,650	0	16,731
KIMBERLEE GUENTHER CHIEF IMPACT OFFICER	37.50 1.00					X		124,578	0	13,326
TAMIYA AUREL VP HUMAN RESOURCES	37.50 0.00					X		116,153	0	19,482
KEVIN GRAAN CONTROLLER	37.50 1.00			X				117,361	0	13,645

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			
DEBORAH THORNTON EA/SECRETARY	37.50 0.00			X				74,979	0	18,356
RONALD DENARD CFO (BEG 10/19)	37.50 0.00			X				50,417	0	2,203
PATRICK J CANNING CHAIRPERSON	4.00 0.00	X		X				0	0	0
DEBORAH L DEHAAS VICE CHAIRPERSON	2.00 0.00	X		X				0	0	0
FREDERICK H WADDELL VICE CHAIRPERSON	2.00 0.00	X		X				0	0	0
CHERYL A FRANCIS VICE CHAIRPERSON	1.00 0.00	X		X				0	0	0
KIMBERLY D SIMIOS TREASURER	2.00 0.00	X		X				0	0	0
STEVE BATTREALL BOARD MEMBER	1.00 0.00	X						0	0	0
DAVID R CASPER BOARD MEMBER	1.00 0.00	X						0	0	0
JEFFREY DEVRON BOARD MEMBER	1.00 0.00	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			
JOSEPH DOMINGUEZ BOARD MEMBER	1.00 0.00	X						0	0	0
MARY JANE FORTIN BOARD MEMBER	1.00 0.00	X						0	0	0
KEVIN GEOGHEGAN BOARD MEMBER (THRU 8/19)	1.00 0.00	X						0	0	0
CARY GRACE BOARD MEMBER (THRU 10/19)	1.00 0.00	X						0	0	0
JOSEPH M HIGGINS BOARD MEMBER (THRU 9/19)	1.00 0.00	X						0	0	0
TONY W HUNTER BOARD MEMBER (THRU 3/20)	1.00 0.00	X						0	0	0
LISA N JOHNSON BOARD MEMBER	1.00 0.00	X						0	0	0
REV LARRY L JACKSON BOARD MEMBER	1.00 0.00	X						0	0	0
CHARLES MATTHEWS BOARD MEMBER	1.00 0.00	X						0	0	0
EILEEN MITCHELL BOARD MEMBER	1.00 0.00	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			
LINDA D NELSON BOARD MEMBER	1.00 0.00	X						0	0	0
KRISTIE PASKVAN BOARD MEMBER	1.00 0.00	X						0	0	0
JORGE RAMIREZ BOARD MEMBER	1.00 0.00	X						0	0	0
ROBERT REITER BOARD MEMBER	1.00 0.00	X						0	0	0
E SCOTT SANTI BOARD MEMBER	1.00 0.00	X						0	0	0
SCOTT SWANSON BOARD MEMBER	1.00 0.00	X						0	0	0
KELLY R WELSH BOARD MEMBER	1.00 0.00	X						0	0	0
JOHANN S WILLIAMS BOARD MEMBER	1.00 0.00	X						0	0	0
MELVIN D WILLIAMS BOARD MEMBER	1.00 0.00	X						0	0	0
ROBERT A SULLIVAN CAMPAIGN CHAIR	4.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW DUNN BOARD MEMBER (BEG 10/19)	1.00 0.00	X						0	0	0
EDWARD MCGROGAN BOARD MEMBER (BEG 10/19)	1.00 0.00	X						0	0	0
BRIDGET GAINER BOARD MEMBER (BEG 11/19)	1.00 0.00	X						0	0	0
JAMES P KOLAR BOARD MEMBER	1.00 0.00	X						0	0	0

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 instructions and the latest information.

OMB No. 1545-0047
2019
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 **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	50,116,534	50,978,865	48,216,651	45,744,953	93,087,597	288,144,600
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	50,116,534	50,978,865	48,216,651	45,744,953	93,087,597	288,144,600
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). . .						4,711,821
6	Public support. Subtract line 5 from line 4.						283,432,779

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	50,116,534	50,978,865	48,216,651	45,744,953	93,087,597	288,144,600
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	102,221	167,809	186,718	219,299	282,821	958,868
9	Net income from unrelated business activities, whether or not the business is regularly carried on					22,467	22,467
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	727,623	253,252	203,275	297,475	393,835	1,875,460
11	Total support. Add lines 7 through 10						291,001,395
12	Gross receipts from related activities, etc. (see instructions)					12	1,903,785

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 2019 (line 6, column (f) divided by line 11, column (f))	14	97.400 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	98.790 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	GROSS INCOME FROM FUNDRAISING - 2015 AMOUNT: \$ 727,623. 2016 AMOUNT: \$ 253,252. 2017 AMOUNT: \$ 203,275. 2018 AMOUNT: \$ 297,475. 2019 AMOUNT: \$ 393,835.

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

2019
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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
--	--

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)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

2,920	
2,147	
5,067	
61,089,692	
61,094,759	
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)
- 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?

250,000	
0	
0	

Yes 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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	8,132	7,341	5,910	5,067	26,450
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	4,383	4,499	2,355	2,920	14,157

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

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
UNITED WAY OF METROPOLITAN CHICAGO INC

Employer identification number
30-0200478

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	7,261,794	6,270,876	5,368,551	4,730,942	4,668,510
b Contributions		974,804	731,697	230,840	113,074
c Net investment earnings, gains, and losses	329	302,930	425,120	645,625	-50,642
d Grants or scholarships					
e Other expenditures for facilities and programs	276,000	286,816	254,492	238,856	
f Administrative expenses					
g End of year balance	6,986,123	7,261,794	6,270,876	5,368,551	4,730,942

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 20.400 %
 - b** Permanent endowment ▶ 52.100 %
 - c** Temporarily restricted endowment ▶ 27.500 %
- 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
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 2,018,194

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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
PART V, LINE 4:	THE INTENDED USES OF THE UNITED WAY METROPOLITAN CHICAGO ENDOWMENT FUNDS INCLUDE FUNDING INNOVATIVE PROGRAMS THAT ADDRESS CRITICAL AND EMERGING NEEDS, ENSURING CURRENT NEEDS ARE MET, AND PROVIDING RESOURCES TO RESPOND QUICKLY AND EFFECTIVELY TO UNEXPECTED CRISES.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	UWMC HAS RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE ("IRS") STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 ("IRC") AS AMENDED, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. ACCOUNTING GUIDANCE REQUIRES TAX EFFECTS FROM UNCERTAIN 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.

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

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

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	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law 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
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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**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization
UNITED WAY OF METROPOLITAN CHICAGO INC

Employer identification number
30-0200478

Part I General Information on Grants and Assistance

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

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

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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
UW-MCCORMICK PARTNERSHIP 205 N MICHIGAN AVE CHICAGO, IL 60601	36-3689171	501(C)(3)	3,333,833				PROGRAM SUPPORT
METROPOLITAN FAMILY SERVICES ONE NORTH DEARBORN SUITE 1000 CHICAGO, IL 60602	36-2167940	501(C)(3)	2,590,097				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
CATHOLIC CHARITIES ARCHDIOCESE OF CHICAGO 721 NORTH LASALLE STREET CHICAGO, IL 60654	53-0196617	501(C)(3)	1,732,312				PROGRAM SUPPORT
BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 SOUTH ARCHER AVENUE CHICAGO, IL 60632	36-4229387	501(C)(3)	1,356,417				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
AUSTIN COMING TOGETHER 5049 W HARRISON STREET CHICAGO, IL 60644	45-0920919	501(C)(3)	941,806				PROGRAM SUPPORT
JEWISH FEDERATION OF METROPOLITAN CHICAGO 30 SOUTH WELLS CHICAGO, IL 60606	36-2167761	501(C)(3)	878,884				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
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501(C)(3)	760,888				PROGRAM SUPPORT
CHICAGO FEDERATION OF LABOR 2301 S LAKE SHORE DRIVE CHICAGO, IL 60616	36-3977262	501(C)(3)	754,500				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 PO BOX 73857 CHICAGO, IL 60673	53-0196605	501(C)(3)	738,169				PROGRAM SUPPORT
YMCA OF METROPOLITAN CHICAGO 1030 W VAN BUREN CHICAGO, IL 60607	36-2179782	501(C)(3)	724,814				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	36-3203648	501(C)(3)	714,472				PROGRAM SUPPORT
BRIGHT STAR COMMUNITY OUTREACH 333 EAST 35TH STREET CHICAGO, IL 60616	26-2007088	501(C)(3)	703,987				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
GREATER AUBURN GRESHAM DEVELOPMENT CORPORATION 1159 WEST 79TH STREET CHICAGO, IL 60620	36-4377387	501(C)(3)	678,190				PROGRAM SUPPORT
LAWNDALE CHRISTIAN HEALTH CENTER 3860 W OGDEN AVENUE CHICAGO, IL 60623	36-3308953	501(C)(3)	616,819				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
YWCA METROPOLITAN CHICAGO 1 N LASALLE SUITE 1150 SUITE 1150 CHICAGO, IL 60602	36-2179765	501(C)(3)	559,042				PROGRAM SUPPORT
EVANSTON COMMUNITY FOUNDATION 1560 SHERMAN AVE EVANSTON, IL 60201	36-3466802	501(C)(3)	558,375				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
LATINOS PROGRESANDO 3047 WEST CERMAK CHICAGO, IL 60623	36-4355072	501(C)(3)	554,813				PROGRAM SUPPORT
CHILDREN FIRST FUND 200 W MADISON ST 2ND FLOOR CHICAGO, IL 60606	36-4094830	501(C)(3)	505,180				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
FAMILY INDEPENDENCE INITIATIVE (FII) - NATIONAL 663 13TH STREET STE 200 OAKLAND, CA 946121275	02-0784790	501(C)(3)	500,000				PROGRAM SUPPORT
THE CHICAGO COMMUNITY FOUNDATION CENTRAL INVESTMENT FUND 225 NORTH MICHIGAN AVENUE SUITE 2200 CHICAGO, IL 60601	36-3432023	501(C)(3)	437,750				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
YOUTH CROSSROADS INC 3401 SOUTH GUNDERSON AVENUE BERWYN, IL 60402	23-7417420	501(C)(3)	392,840				PROGRAM SUPPORT
ALL CHICAGO (CHICAGO ALLIANCE TO ENDDHOMELESSNESS) 651 WEST WASHINGTON BLVD STE 504 CHICAGO, IL 606612125	36-4272272	501(C)(3)	375,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 5040 N PULASKI RD CHICAGO, IL 60630	36-2167910	501(C)(3)	334,878				PROGRAM SUPPORT
YOUTH & OPPORTUNITY UNITED 1911 CHURCH STREET EVANSSTON, IL 60201	36-2734966	501(C)(3)	307,655				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
SERTOMA CENTRE INC 1500 S FAIRFIELD AVE CHICAGO, IL 60608	36-3166895	501(C)(3)	306,220				PROGRAM SUPPORT
THRESHOLDS 4101 N RAVENSWOOD CHICAGO, IL 60613	36-2518901	501(C)(3)	299,600				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 DRIVE SUITE 1400 CHICAGO, IL 60660	36-2167743	501(C)(3)	288,675				PROGRAM SUPPORT
FORD HEIGHTS COMMUNITY SERVICE ORGANIZATION INC 943 EAST LINCOLN HIGHWAY FORD HEIGHTS, IL 60411	36-2658308	501(C)(3)	283,056				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
CLARETIAN ASSOCIATES INC 9108 S BRANDON CHICAGO, IL 60617	36-4087259	501(C)(3)	265,000				PROGRAM SUPPORT
ESPERANZA HEALTH CENTERS 2001 S CALIFORNIA AVE SUITE 100 CHICAGO, IL 60608	32-0115907	501(C)(3)	259,665				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY COLLEGES OF CHICAGO FOUNDATION 180 N WABASH AVE CHICAGO, IL 60601	36-3157624	501(C)(3)	250,000				PROGRAM SUPPORT
ACCESS COMMUNITY HEALTH NETWORK 600 W FULTON ST 2ND FL CHICAGO, IL 60661	36-3317058	501(C)(3)	234,533				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
YWCA EVANSTONNORTHSHORE 1215 CHURCH ST EVANSTON, IL 60201	36-2193618	501(C)(3)	219,840				PROGRAM SUPPORT
CAROLE ROBERTSON CENTER FOR LEARNING 2020 W ROOSEVELT RD CHICAGO, IL 60608	36-2882124	501(C)(3)	209,444				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
GARY COMER YOUTH CENTER 7200 SOUTH INGLESIDE AVENUE CHICAGO, IL 60619	45-5399472	501(C)(3)	207,451				PROGRAM SUPPORT
CATHOLIC CHARITIES DIOCESE OF JOLIET 203 N OTTAWA ST JOLIET, IL 60432	36-2170817	501(C)(3)	202,480				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
ALIVIO MEDICAL CENTER 966 WEST 21ST STREET CHICAGO, IL 60608	36-3661051	501(C)(3)	195,995				PROGRAM SUPPORT
BUILD INC 6 BEACON STREET SUITE 415 BOSTON, MA 02108	23-7022085	501(C)(3)	194,190				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
HEARTLAND ALLIANCE FOR HUMAN NEEDS & HUMAN RIGHTS 208 S LASALLE ST SUITE 1300 CHICAGO, IL 60604	36-1877640	501(C)(3)	180,208				PROGRAM SUPPORT
THE RESURRECTION PROJECT 1818 SOUTH PAULINA CHICAGO, IL 60608	36-3576073	501(C)(3)	178,926				PROGRAM SUPPORT

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

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ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY 4415 HARRISON STREET HILLSIDE, IL 60162	20-1880398	501(C)(3)	175,000				PROGRAM SUPPORT
ENLACE CHICAGO 2756 S HARDING CHICAGO, IL 60623	36-3727669	501(C)(3)	174,370				PROGRAM SUPPORT

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

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TOGETHER WE COPE 17010 S OAK PARK AVE TINLEY PARK, IL 60477	36-3666952	501(C)(3)	167,049				PROGRAM SUPPORT
HOWARD BROWN HEALTH CENTER 4025 NORTH SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501(C)(3)	165,545				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)	162,669				PROGRAM SUPPORT
RESPOND NOW 253 EAST 159TH STREET HARVEY, IL 60426	36-3552070	501(C)(3)	159,153				PROGRAM SUPPORT

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

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LAKEVIEW PANTRY 3945 N SHERIDAN RD CHICAGO, IL 60613	36-2734184	501(C)(3)	157,646				PROGRAM SUPPORT
RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON STREET SUITE 300 CHICAGO, IL 606073319	36-2174823	501(C)(3)	155,478				PROGRAM SUPPORT

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

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ERIE NEIGHBORHOOD HOUSE 1701 W SUPERIOR ST CHICAGO, IL 60622	36-3043253	501(C)(3)	154,564				PROGRAM SUPPORT
YOUTH GUIDANCE 1 N LASALLE STREET SUITE 900 CHICAGO, IL 60602	36-2167032	501(C)(3)	153,108				PROGRAM SUPPORT

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

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CORAZON COMMUNITY SERVICES 5339 W 25TH ST CICERO, IL 60804	32-0075474	501(C)(3)	150,706				PROGRAM SUPPORT
UNITED WAY OF LAKE COUNTY 330 S GREENLEAF GURNEE, IL 600313389	36-2167949	501(C)(3)	150,434				PROGRAM SUPPORT

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

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CHINESE AMERICAN SERVICE LEAGUE 2141 SOUTH TAN COURT CHICAGO, IL 60616	36-2984043	501(C)(3)	147,358				PROGRAM SUPPORT
OUTREACH COMMUNITY MINISTRIES 122 WEST LIBERTY DRIVE WHEATON, IL 60187	23-7265066	501(C)(3)	146,514				PROGRAM SUPPORT

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

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OUNCE OF PREVENTION FUND 33 W MONROE SUITE 2400 CHICAGO, IL 60603	36-3186328	501(C)(3)	145,000				PROGRAM SUPPORT
LAWRENCE HALL YOUTH SERVICES 2737 WEST PETERSON AVENUE CHICAGO, IL 60659	36-2167771	501(C)(3)	143,503				PROGRAM SUPPORT

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

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ERIE FAMILY HEALTH CENTER 1701 W SUPERIOR STREET 3RD FLOOR CHICAGO, IL 60622	36-3088628	501(C)(3)	137,342				PROGRAM SUPPORT
PLOWS COUNCIL ON AGING 7808 COLLEGE DRIVE 5 EAST PALOS HEIGHTS, IL 60463	36-2882809	501(C)(3)	137,279				PROGRAM SUPPORT

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

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ACCESS LIVING OF METROPOLITAN CHICAGO 115 W CHICAGO AVE CHICAGO, IL 60654	36-3310774	501(C)(3)	135,884				PROGRAM SUPPORT
MUJERES LATINAS EN ACCION 2124 WEST 21ST PLACE CHICAGO, IL 60608	36-2877520	501(C)(3)	132,811				PROGRAM SUPPORT

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

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DUPAGE PADS 601 W LIBERTY WHEATON, IL 60187	36-3675494	501(C)(3)	132,181				PROGRAM SUPPORT
NEW LIFE CENTERS OF CHICAGOLAND 4101 WEST 51ST STREET CHICAGO, IL 60632	20-2380358	501(C)(3)	131,823				PROGRAM SUPPORT

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

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WINGS PROGRAM INC PO BOX 95615 PALATINE, IL 60095	36-3456061	501(C)(3)	131,294				PROGRAM SUPPORT
YOUNG MEN'S EDUCATIONAL NETWORK (YMEN) 1241 SOUTH PULASKI PO BOX 23410 CHICAGO, IL 60623	36-4124098	501(C)(3)	130,461				PROGRAM SUPPORT

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

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BLUE ISLAND CITIZENS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES INC 2155 BROADWAY BLUE ISLAND, IL 60406	36-2603932	501(C)(3)	127,074				PROGRAM SUPPORT
CHICAGO COMMONS ASSOCIATION 515 E 50TH STREET CHICAGO, IL 60615	36-2169136	501(C)(3)	126,553				PROGRAM SUPPORT

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SAFER FOUNDATION 2875 W 19TH ST CHICAGO, IL 60623	51-0217097	501(C)(3)	126,287				PROGRAM SUPPORT
NORTHWEST SIDE HOUSING CENTER 5233 WEST DIVERSEY AVE CHICAGO, IL 606391501	20-1413891	501(C)(3)	125,000				PROGRAM SUPPORT

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SOUTHWEST ORGANIZING PROJECT 2558 W 63RD STREET CHICAGO, IL 60629	36-4090773	501(C)(3)	124,720				PROGRAM SUPPORT
CHANGING WORLDS 329 W 18TH STREET SUITE 506 CHICAGO, IL 60616	36-4340874	501(C)(3)	124,538				PROGRAM SUPPORT

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UNITED CEREBRAL PALSY SEGUIN OF GREATER CHICAGO 3100 SOUTH CENTRAL AVENUE CICERO, IL 60804	36-2894174	501(C)(3)	123,870				PROGRAM SUPPORT
AIDS FOUNDATION OF CHICAGO 200 W JACKSON BOULEVARD SUITE 2100 CHICAGO, IL 60606	36-3412054	501(C)(3)	121,194				PROGRAM SUPPORT

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PEOPLE'S RESOURCE CENTER 201 SOUTH NAPERVILLE ROAD WHEATON, IL 60187	36-3157600	501(C)(3)	120,068				PROGRAM SUPPORT
THE CARA PROGRAM 1850 WEST ROOSEVELT ROAD CHICAGO, IL 60608	36-2169139	501(C)(3)	119,494				PROGRAM SUPPORT

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INSTITUTE FOR NONVIOLENCE CHICAGO 4926 W CHICAGO AVE CHICAGO, IL 60651	81-1098722	501(C)(3)	115,000				PROGRAM SUPPORT
BEYOND HUNGER 848 LAKE STREET OAK PARK, IL 60301	27-2018997	501(C)(3)	114,781				PROGRAM SUPPORT

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PILLARS COMMUNITY HEALTH 23 CALENDAR AVENUE LAGRANGE, IL 60525	36-2170869	501(C)(3)	112,324				PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF DUNDEE TOWNSHIP PO BOX 173 CARPENTERSVILLE, IL 60110	36-4184937	501(C)(3)	111,414				PROGRAM SUPPORT

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ILLINOIS ACTION FOR CHILDREN 4753 N BROADWAY SUITE 1200 CHICAGO, IL 60640	36-2712912	501(C)(3)	108,060				PROGRAM SUPPORT
HEARTLAND HEALTH OUTEACH INC 906 S HOMAN 7TH FLOOR CHICAGO, IL 60624	36-4295189	501(C)(3)	107,751				PROGRAM SUPPORT

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HAROLD COLBERT JONES MEMORIAL COMMUNITY CENTER 220 E 15TH STREET CHICAGO HEIGHTS, IL 60411	36-2182055	501(C)(3)	107,081				PROGRAM SUPPORT
PRIMO CENTER FOR WOMEN AND CHILDREN 4241 WEST WASHINGTON BOULEVARD P O BOX 24337 CHICAGO, IL 60624	36-2966006	501(C)(3)	106,641				PROGRAM SUPPORT

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CABRINI GREEN LEGAL AID CLINIC 740 NORTH MILWAUKEE AVENUE CHICAGO, IL 60642	36-2775706	501(C)(3)	106,505				PROGRAM SUPPORT
LAF 111 WEST JACKSON BLVD SUITE 300 CHICAGO, IL 60604	36-2754650	501(C)(3)	105,157				PROGRAM SUPPORT

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LOAVES & FISHES COMMUNITY SERVICES 1871 HIGH GROVE LANE NAPERVILLE, IL 60540	36-3786777	501(C)(3)	104,977				PROGRAM SUPPORT
THE CENTER RESOURCES FOR TEACHING AND LEARNING 1447 S 50TH CT CICERO, IL 60804	36-3025963	501(C)(3)	104,961				PROGRAM SUPPORT

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THE NIGHT MINISTRY 4711 N RAVENSWOOD CHICAGO, IL 60640	36-3145764	501(C)(3)	104,404				PROGRAM SUPPORT
360 YOUTH SERVICES 1305 W OSWEGO ROAD NAPERVILLE, IL 60540	36-2936229	501(C)(3)	104,336				PROGRAM SUPPORT

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RESTORATION MINISTRIES INC 571 WEST JACKSON BLVD CHICAGO, IL 60661	36-2762168	501(C)(3)	103,836				PROGRAM SUPPORT
HEARTLAND HEALTH CENTERS 3048 N WILTON 2ND FLOOR CHICAGO, IL 60657	36-3843377	501(C)(3)	103,486				PROGRAM SUPPORT

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GADS HILL CENTER 1919 W CULLERTON ST CHICAGO, IL 60608	36-2167082	501(C)(3)	103,318				PROGRAM SUPPORT
WORLD RELIEF DUPAGEAURORA 1825 COLLEGE AVENUE SUITE 230 WHEATON, IL 60187	23-6393344	501(C)(3)	102,546				PROGRAM SUPPORT

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INSTITUTE FOR LATINO PROGRESS 2520 SOUTH WESTERN AVENUE CHICAGO, IL 60608	36-2937375	501(C)(3)	101,624				PROGRAM SUPPORT
MEALS ON WHEELS CHICAGO 314 WEST SUPERIOR STREET SUITE 300 CHICAGO, IL 60654	36-3667584	501(C)(3)	100,580				PROGRAM SUPPORT

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MANO A MANO FAMILY RESOURCE CENTER 6 EAST MAIN STREET ROUND LAKE PARK, IL 60073	36-4418084	501(C)(3)	100,143				PROGRAM SUPPORT
AGEOPTIONS 1048 LAKE STREET OAK PARK, IL 60301	36-2806193	501(C)(3)	100,000				PROGRAM SUPPORT

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FAMILY CHRISTIAN HEALTH CENTER 31 W 155TH STREET HARVEY, IL 60426	36-4346917	501(C)(3)	100,000				PROGRAM SUPPORT
FAMILY FOCUS INC 310 SOUTH PEORIA STREET SUITE 310 CHICAGO, IL 60607	36-2884048	501(C)(3)	100,000				PROGRAM SUPPORT

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PCC COMMUNITY WELLNESS CENTER 14 LAKE STREET OAK PARK, IL 60302	36-3828320	501(C)(3)	100,000				PROGRAM SUPPORT
PRIMECARE COMMUNITY HEALTH INC 2211 N ELSTON AVE STE 301 CHICAGO, IL 60614	36-3845253	501(C)(3)	100,000				PROGRAM SUPPORT

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CRISIS CENTER FOR SOUTH SUBURBIA PO BOX 39 TINLEY PARK, IL 60477	36-3039964	501(C)(3)	99,682				PROGRAM SUPPORT
SERTOMA CENTRE INC 4343 WEST 123RD STREET ALSIP, IL 60803	36-2720586	501(C)(3)	99,214				PROGRAM SUPPORT

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NEOPOLITAN LIGHTHOUSE 864 NORTH CHRISTIANA AVENUE CHICAGO, IL 60651	36-3309888	501(C)(3)	97,296				PROGRAM SUPPORT
SINAI HEALTH SYSTEM 1909 CHEKER SQUARE SECTION D EAST HAZEL CREST, IL 60429	36-2654921	501(C)(3)	96,481				PROGRAM SUPPORT

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FAMILY SERVICE AND MENTAL HEALTH CENTER OF CICERO 5341 W CERMAK ROAD CICERO, IL 60804	36-2246705	501(C)(3)	96,310				PROGRAM SUPPORT
HOUSING FORWARD PO BOX 797 OAK PARK, IL 60303	36-3876660	501(C)(3)	95,680				PROGRAM SUPPORT

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SOUTH SUBURBAN FAMILY SHELTER 2100 WEST WARREN BLVD CHICAGO, IL 60612	36-2378516	501(C)(3)	93,973				PROGRAM SUPPORT
BRIDGE COMMUNITIES INC 505 CRESCENT BOULEVARD GLEN ELLYN, IL 60137	36-3705951	501(C)(3)	88,800				PROGRAM SUPPORT

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FAMILY SERVICE OF LAKE COUNTY 777 CENTRAL AVE HIGHLAND PARK, IL 60035	36-2167063	501(C)(3)	87,325				PROGRAM SUPPORT
CENTER FOR ECONOMIC PROGRESS 567 WEST LAKE STREET SUITE 1150 CHICAGO, IL 60661	36-3693728	501(C)(3)	86,194				PROGRAM SUPPORT

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APNA GHAR INC (OUR HOME) 4350 N BROADWAY 2ND FLOOR CHICAGO, IL 60613	36-3698770	501(C)(3)	84,959				PROGRAM SUPPORT
INFANT WELFARE SOCIETY OF EVANSTON 2200 MAIN STREET EVANSTON, IL 60202	36-2167753	501(C)(3)	83,959				PROGRAM SUPPORT

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TEEN PARENT CONNECTION 2626 SOUTH CLEARBROOK DRIVE ARLINGTON HEIGHTS, IL 60005	36-4248651	501(C)(3)	83,227				PROGRAM SUPPORT
ACCESS DUPAGEDUPAGE HEALTH COALITION 511 THORNHILL DRIVE SUITE E CAROL STREAM, IL 60188	36-3729319	501(C)(3)	80,340				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
PROJECT VISION INC 236 W 22ND PLACE UNIT 1 CHICAGO, IL 60616	20-0293881	501(C)(3)	79,697				PROGRAM SUPPORT
ARAB AMERICAN FAMILY SERVICES 9044 S OCTAVIA BRIDGEVIEW, IL 60455	60-0002593	501(C)(3)	79,235				PROGRAM SUPPORT

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CHINESE MUTUAL AID ASSOCIATION 1016 WEST ARGYLE STREET CHICAGO, IL 60640	36-3139799	501(C)(3)	78,699				PROGRAM SUPPORT
CASA CENTRAL 1343 W CALIFORNIA AVE CHICAGO, IL 60622	36-2728618	501(C)(3)	78,458				PROGRAM SUPPORT

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

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CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO - LAKE COUNTY 671 SOUTH LEWIS AVENUE WAUKEGAN, IL 60085	36-2170821	501(C)(3)	78,356				PROGRAM SUPPORT
SAINT ANTHONY HOSPITAL 311 HARRISON STREET OAK PARK, IL 60304	36-3084461	501(C)(3)	77,796				PROGRAM SUPPORT

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FAMILY RESCUE PO BOX 17528 CHICAGO, IL 60617	36-3170408	501(C)(3)	77,339				PROGRAM SUPPORT
NEW MOMS INC 5317 W CHICAGO AVE CHICAGO, IL 60651	36-3265804	501(C)(3)	76,853				PROGRAM SUPPORT

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

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CONNECTIONS FOR THE HOMELESS 2121 DEWEY AVENUE EVANSTON, IL 60201	36-3346917	501(C)(3)	76,493				PROGRAM SUPPORT
SOUTH SUBURBAN PADS 414 WEST LINCOLN HIGHWAY CHICAGO HEIGHTS, IL 60411	36-3744405	501(C)(3)	75,939				PROGRAM SUPPORT

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

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DUPAGE SENIOR CITIZENS COUNCIL 1990 SPRINGER DRIVE LOMBARD, IL 60148	36-2988023	501(C)(3)	75,435				PROGRAM SUPPORT
CHRISTOPHER HOUSE 1611 W DIVISION ST STE 207 CHICAGO, IL 60622	23-7316001	501(C)(3)	75,283				PROGRAM SUPPORT

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

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ROLE MODEL MOVEMENT INCMY BLOCK MY HOOD MY CITY 47 W POLK STREET SUITE 100 CHICAGO, IL 60605	46-2272700	501(C)(3)	75,100				PROGRAM SUPPORT
ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E CHICAGO AVE BOX 4 CHICAGO, IL 60611	36-2170833	501(C)(3)	75,000				PROGRAM SUPPORT

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

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CHICAGO FAMILY HEALTH CENTER 9119 S EXCHANGE AVENUE CHICAGO, IL 60617	36-2893854	501(C)(3)	75,000				PROGRAM SUPPORT
EL VALOR CORPORATION 1850 WEST 21ST STREET CHICAGO, IL 60608	23-7294683	501(C)(3)	75,000				PROGRAM SUPPORT

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

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LATINO POLICY FORUM 180 N MICHIGAN AVE SUITE 1250 CHICAGO, IL 60601	36-3676873	501(C)(3)	75,000				PROGRAM SUPPORT
PUERTO RICAN AGENDA 1650 W NORTH AVE CHICAGO, IL 606222255	82-2899478	501(C)(3)	75,000				PROGRAM SUPPORT

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

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RESIDENT ASSOCIATION OF GREATER ENGLEWOOD 6623 S UNION AVE 1ST CHICAGO, IL 60621	84-3226248	501(C)(3)	75,000				PROGRAM SUPPORT
RESILIENCE PARTNERS NFP 4455 SOUTH KING DRIVE SUITE 1B CHICAGO, IL 606533310	47-3136024	501(C)(3)	75,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPANISH COMMUNITY CENTER 309 N EASTERN JOLIET, IL 60432	36-2679658	501(C)(3)	75,000				PROGRAM SUPPORT
TCA HEALTH INC NFP 1029 E 130TH STREET CHICAGO, IL 60628	36-2743287	501(C)(3)	75,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEAMWORK ENGLEWOOD 815 WEST 63RD STREET 2ND FLOOR CHICAGO, IL 60621	74-3102944	501(C)(3)	75,000				PROGRAM SUPPORT
THE HANA CENTER 4300 N CALIFORNIA AVE CHICAGO, IL 60618	36-2746468	501(C)(3)	75,000				PROGRAM SUPPORT

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

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PRAIRIE STATE LEGAL SERVICES 303 NORTH MAIN STREET SUITE 600 ROCKFORD, IL 61101	37-1030764	501(C)(3)	74,909				PROGRAM SUPPORT
HEARTLAND HUMAN CARE SERVICES INC 208 SOUTH LASALLE STREET SUITE 1818 1818 CHICAGO, IL 60604	36-4053244	501(C)(3)	74,800				PROGRAM SUPPORT

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

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HEARTLAND ALLIANCE FOR HUMAN NEEDS AND HUMAN RIGHTS 208 S LASALLE ST STE 1300 CHICAGO, IL 60604	30-0739799	501(C)(3)	73,807				PROGRAM SUPPORT
JOURNEYS - THE ROAD HOME 1140 EAST NORTHWEST HIGHWAY PALATINE, IL 60074	36-3919018	501(C)(3)	73,422				PROGRAM SUPPORT

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

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BEDS PLUS CARE INC P O BOX 2035 LAGRANGE, IL 60525	36-3741040	501(C)(3)	72,961				PROGRAM SUPPORT
THE JOSSELYN CENTER 405 CENTRAL AVENUE NORTHFIELD, IL 60093	36-2217996	501(C)(3)	72,932				PROGRAM SUPPORT

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

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JEWISH UNITED FUND 30 SOUTH WELLS CHICAGO, IL 60606	36-2167034	501(C)(3)	72,378				PROGRAM SUPPORT
NORTHWEST COMPASS INC 1300 W NORTHWEST HIGHWAY MT PROSPECT, IL 60056	36-3382832	501(C)(3)	71,363				PROGRAM SUPPORT

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CHICAGO YOUTH CENTERS 218 SOUTH WABASH SUITE 600 CHICAGO, IL 60604	36-2344429	501(C)(3)	71,153				PROGRAM SUPPORT
CENTER FOR CHANGING LIVES 1955 N SAINT LOUIS AVE 101 CHICAGO, IL 60647	36-3731388	501(C)(3)	70,505				PROGRAM SUPPORT

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CHILDSERV 8765 W HIGGINS RD SUITE 450 CHICAGO, IL 60631	36-2171716	501(C)(3)	69,489				PROGRAM SUPPORT
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	69,435				PROGRAM SUPPORT

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

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BY THE HAND CLUB FOR KIDSFORMERLY KIDS' CLUB PO BOX 10043 CHICAGO, IL 60610	20-3144284	501(C)(3)	67,408				PROGRAM SUPPORT
CHICAGO WOMEN IN TRADES 2444 W 16TH CHICAGO, IL 60608	36-3256699	501(C)(3)	66,521				PROGRAM SUPPORT

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SOUTH SUBURBAN COUNCIL ON ALCOHOLISM AND SUBSTANCE ABUSE THE PO BOX 937 HOMEWOOD, IL 60430	36-3089796	501(C)(3)	65,213				PROGRAM SUPPORT
FAMILY SHELTER SERVICE 605 E ROOSEVELT RD WHEATON, IL 60187	36-2883552	501(C)(3)	64,624				PROGRAM SUPPORT

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CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN 1116 N KEDZIE AVE 5TH FLOOR CHICAGO, IL 60651	36-2903380	501(C)(3)	63,950				PROGRAM SUPPORT
CHICAGO BOTANIC GARDENS 1000 LAKE COOK GLENCOE, IL 60022	36-2225482	501(C)(3)	62,830				PROGRAM SUPPORT

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AFTER-SCHOOL ALL-STARS 318 W ADAMS STREET SUITE 1523 CHICAGO, IL 60606	95-4441208	501(C)(3)	62,256				PROGRAM SUPPORT
HANDSON SUBURBAN CHICAGO 2121 S GOEBBERT RD ARLINGTON HEIGHTS, IL 60005	36-2692866	501(C)(3)	61,830				PROGRAM SUPPORT

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INSPIRATION CORPORATION 4554 N BROADWAY ST SUITE 207 CHICAGO, IL 60640	36-3673980	501(C)(3)	60,264				PROGRAM SUPPORT
PILLARS COMMUNITY SERVICES (PILLARS) 333 N LA GRANGE ROAD SUITE ONE LA GRANGE PARK, IL 60526	36-4166490	501(C)(3)	59,370				PROGRAM SUPPORT

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PARTNERS FOR OUR COMMUNITIES 1585 N RAND ROAD PALATINE, IL 60074	36-3881109	501(C)(3)	58,360				PROGRAM SUPPORT
EASTER SEALS DUPAGE AND THE FOX VALLEY REGION 830 SOUTH ADDISON AVENUE VILLA PARK, IL 60181	36-2476388	501(C)(3)	57,882				PROGRAM SUPPORT

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CTF ILLINOIS 1902 FOX DRIVE STE B CHAMPAIGN, IL 61820	36-4386948	501(C)(3)	56,136				PROGRAM SUPPORT
CHICAGO URBAN LEAGUE 4510 SOUTH MICHIGAN CHICAGO, IL 60653	36-2225483	501(C)(3)	55,910				PROGRAM SUPPORT

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LADDER UP 233 SOUTH WACKER DRIVE SUITE 400 CHICAGO, IL 60606	36-4070692	501(C)(3)	55,774				PROGRAM SUPPORT
SARAH'S INN 891 S ROHLWING ROAD ADDISON, IL 60101	36-3350438	501(C)(3)	54,761				PROGRAM SUPPORT

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ECKER CENTER FOR MENTAL HEALTH 1845 GRANDSTAND PLACE ELGIN, IL 60123	36-2312495	501(C)(3)	54,542				PROGRAM SUPPORT
AGING CARE CONNECTIONS 111 WEST HARRIS AVENUE LA GRANGE, IL 60525	36-2721289	501(C)(3)	54,414				PROGRAM SUPPORT

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CENTERS FOR NEW HORIZONS INC 4150 SOUTH KING DRIVE CHICAGO, IL 60653	36-2729721	501(C)(3)	53,700				PROGRAM SUPPORT
AUSTIN CHILDCARE PROVIDERS' NETWORK 5701 W DIVISION ST CHICAGO, IL 60651	36-4395447	501(C)(3)	51,677				PROGRAM SUPPORT

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DUPAGE HEALTH COALITION 511 THORNHILL DRIVE SUITE E CAROL STREAM, IL 60188	36-4448208	501(C)(3)	51,496				PROGRAM SUPPORT
LIFE SPAN 70 EAST LAKE STREET SUITE 700 CHICAGO, IL 60601	36-2991281	501(C)(3)	51,350				PROGRAM SUPPORT

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CHICAGO LAWYER'S COMMITTEE FOR CIVILRIGHTS UNDER LAW 100 NORTH LASALLE STREET SUITE 600 CHICAGO, IL 60602	51-0189264	501(C)(3)	51,346				PROGRAM SUPPORT
UHLICH CHILDREN'S ADVANTAGE NETWORKUCAN 3605 W FILLMORE ST CHICAGO, IL 60624	36-2167937	501(C)(3)	51,148				PROGRAM SUPPORT

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SARAH'S CIRCLE 4838 N SHERIDAN RD CHICAGO, IL 60640	36-3043662	501(C)(3)	51,057				PROGRAM SUPPORT
PADS LAKE COUNTY INC 1800 GRAND AVENUE WAUKEGAN, IL 60085	36-2948857	501(C)(3)	50,963				PROGRAM SUPPORT

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GUARDIAN ANGEL COMMUNITY SERVICES 168 N OTTAWA STREET JOLIET, IL 60432	36-2170860	501(C)(3)	50,439				PROGRAM SUPPORT
HEARTLAND ALLIANCE HEALTH 208 S LASALLE ST SUITE 1300 CHICAGO, IL 60604	36-3775696	501(C)(3)	50,202				PROGRAM SUPPORT

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CRADLES TO CRAYONS 4141 WEST GEORGE STREET CHICAGO, IL 60641	04-3584367	501(C)(3)	50,132				PROGRAM SUPPORT
GREATER ELGIN FAMILY CARE CENTER 370 SUMMIT ST ELGIN, IL 60120	36-4249586	501(C)(3)	50,104				PROGRAM SUPPORT

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WESTSIDE HEALTH AUTHORITY 5053 W CHICAGO AVENUE CHICAGO, IL 60651	36-3789879	501(C)(3)	50,046				PROGRAM SUPPORT
ALEXIAN BROTHERS HOUSING AND HEALTH ALLIANCE 825 WEST WELLINGTON AVENUE CHICAGO, IL 60657	36-3527899	501(C)(3)	50,000				PROGRAM SUPPORT

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AMERICAN INDIAN CENTER INC 3401 W AINSLIE STREET CHICAGO, IL 606255105	36-2382840	501(C)(3)	50,000				PROGRAM SUPPORT
BAIL PROJECT INC PO BOX 750 VENICE, CA 90294	81-4985512	501(C)(3)	50,000				PROGRAM SUPPORT

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CENTRO DE TRABAJADORES UNIDOS UNITED WORKERS CENTER 10638 S EWING AVE CHICAGO, IL 60617	27-1492355	501(C)(3)	50,000				PROGRAM SUPPORT
CENTRO ROMERO 6216 N CLARK ST CHICAGO, IL 60660	36-3517408	501(C)(3)	50,000				PROGRAM SUPPORT

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COMMUNITY FOUNDATION OF THE FOX RIVER VALLEY 111 W DOWNER PL STE 312 AURORA, IL 605066106	36-6086742	501(C)(3)	50,000				PROGRAM SUPPORT
COOK COUNTY HEALTH FOUNDATION 1603 ORRINGTON AVE 5TH FLOOR EVANSTON, IL 60201	45-4607769	501(C)(3)	50,000				PROGRAM SUPPORT

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COOK COUNTY SOUTHLAND JUVENILE JUSTICE COUNCIL 336 FOREST BLVD 2ND FLOOR PARK FOREST, IL 60466	47-5564646	501(C)(3)	50,000				PROGRAM SUPPORT
EQUITY & TRANSFORMATION (MEN & WOMEN IN PRISON MINISTRIES) 10 W 35TH STREET SUITE 9C5 CHICAGO, IL 60616	36-3850240	501(C)(3)	50,000				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
FARM WORKER ADVOCACY PROJECT 33 N LASALLE ST STE 900 CHICAGO, IL 606023419	36-4306362	501(C)(3)	50,000				PROGRAM SUPPORT
GARFIELD PARK COMMUNITY COUNCIL 300 N CENTRAL PARK AVE CHICAGO, IL 60624	45-4055306	501(C)(3)	50,000				PROGRAM SUPPORT

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

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GRAND PRAIRIE SERVICES 17746 SOUTH OAK PARK AVENUE TINLEY PARK, IL 60477	36-2362364	501(C)(3)	50,000				PROGRAM SUPPORT
HEALTHCARE ALTERNATIVE SYSTEMS INC 2755 W ARMITAGE AVE CHICAGO, IL 60647	23-7432930	501(C)(3)	50,000				PROGRAM SUPPORT

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

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INNER-CITY MUSLIM ACTION NETWORK IMAN 2744 WEST 63RD STREET CHICAGO, IL 60629	36-4167433	501(C)(3)	50,000				PROGRAM SUPPORT
LORETTO HOSPITAL 645 S CENTRAL AVENUE CHICAGO, IL 60644	36-2200248	501(C)(3)	50,000				PROGRAM SUPPORT

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

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MEALS ON WHEELS FOUNDATION OF NORTHERN ILLINOIS 3239 GROVE AVENUE SUITE 203 BERWYN, IL 60402	36-4461669	501(C)(3)	50,000				PROGRAM SUPPORT
MEALS ON WHEELS-NE 1723 SIMPSON EVANSTON, IL 602013100	36-2662113	501(C)(3)	50,000				PROGRAM SUPPORT

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

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OAK PARK REGIONAL HOUSING CENTER 1041 SOUTH BOULEVARD OAK PARK, IL 60302	23-7181388	501(C)(3)	50,000				PROGRAM SUPPORT
PARTNERSHIP FOR RESILLIENCE 530 E 22ND STREET LOMBARD, IL 601486103	37-1837221	501(C)(3)	50,000				PROGRAM SUPPORT

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

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RESTORE JUSTICE FOUNDATION PO BOX 101099 CHICAGO, IL 60610	45-5441381	501(C)(3)	50,000				PROGRAM SUPPORT
RINCON FAMILY SERVICES 3710 KEDZIE AVENUE CHICAGO, IL 60618	36-2739477	501(C)(3)	50,000				PROGRAM SUPPORT

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

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ROSALIND FRANKLIN UNIVERSITY HEALTH CLINICS 3333 GREEN BAY ROAD NORTH CHICAGO, IL 60064	77-0691998	501(C)(3)	50,000				PROGRAM SUPPORT
SOUTHSIDERS ORGANIZED FOR UNITY & LIBERATION 11211 S ST LAWRENCE AVE CHICAGO, IL 60628	36-4174590	501(C)(3)	50,000				PROGRAM SUPPORT

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

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ST BERNARD HOSPITAL 326 W 64TH ST CHICAGO, IL 60621	36-2264414	501(C)(3)	50,000				PROGRAM SUPPORT
TALLER DE JOSE 2831 W 24TH BLVD CHICAGO, IL 60623	27-2966284	501(C)(3)	50,000				PROGRAM SUPPORT

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

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TASC INC 700 S CLINTON CHICAGO, IL 60607	36-2870923	501(C)(3)	50,000				PROGRAM SUPPORT
TELPOCHCALLI COMMUNITY EDUCATION PROJECT INC 2832 W 24TH BLVD CHICAGO, IL 60623	71-0961074	501(C)(3)	50,000				PROGRAM SUPPORT

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

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THE MONROE FOUNDATION 1547 SOUTH WOLF ROAD HILLSIDE, IL 60162	36-3787503	501(C)(3)	50,000				PROGRAM SUPPORT
TRICKSTER ART GALLERY 190 S ROSELLE ROAD SCHAUMBURG, IL 60193	46-1640865	501(C)(3)	50,000				PROGRAM SUPPORT

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

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UNITY PARENTING AND COUNSELING INC 600 W CERMACK ROAD SUITE 300 CHICAGO, IL 60616	36-4029502	501(C)(3)	50,000				PROGRAM SUPPORT
YWCA OF LAKE COUNTY 1425 TRI STATE PKWY STE 180 GURNEE, IL 60031	36-2222699	501(C)(3)	50,000				PROGRAM SUPPORT

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PODER 1637 S ALLPORT ST CHICAGO, IL 60608	36-4251880	501(C)(3)	49,786				PROGRAM SUPPORT
NEW STAR INC 1624 E 154TH ST DOLTON, IL 60419	23-7294685	501(C)(3)	49,700				PROGRAM SUPPORT

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THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS 1737 W POLK STREET CHICAGO, IL 60612	37-6000511	501(C)(3)	49,580				PROGRAM SUPPORT
NAMI OF DUPAGE COUNTY IL 115 N COUNTY FARM ROAD WHEATON, IL 60187	36-3412057	501(C)(3)	49,209				PROGRAM SUPPORT

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HOUSING OPPORTUNITIES FOR WOMEN 1607 HOWARD ST THIRD FLOOR CHICAGO, IL 60626	36-3263818	501(C)(3)	48,356				PROGRAM SUPPORT
OAK PARK AND RIVER FOREST DAY NURSERY 1139 RANDOLPH ST OAK PARK, IL 60302	36-2182082	501(C)(3)	48,050				PROGRAM SUPPORT

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LA CASA NORTE 3533 WEST NORTH AVENUE CHICAGO, IL 60647	36-4041525	501(C)(3)	47,444				PROGRAM SUPPORT
RENAISSANCE SOCIAL SERVICES INC POBOX 215 CHICAGO HEIGHTS, IL 60411	23-7091808	501(C)(3)	47,201				PROGRAM SUPPORT

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ARAB AMERICAN ACTION NETWORK 3148 WEST 63RD STREET 2ND FLOOR CHICAGO, IL 60629	36-4034958	501(C)(3)	46,994				PROGRAM SUPPORT
BREAKTHROUGH URBAN MINISTRIES PO BOX 47200 CHICAGO, IL 60647	36-3810926	501(C)(3)	46,184				PROGRAM SUPPORT

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VNA HEALTH CARE 400 NORTH HIGHLAND AVENUE AURORA, IL 60506	36-2182095	501(C)(3)	46,183				PROGRAM SUPPORT
FAMILY FOCUS INC 310 SOUTH PEORIA STREET SUITE 310 CHICAGO, IL 60607	36-2884042	501(C)(3)	45,739				PROGRAM SUPPORT

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ASIAN HUMAN SERVICES 4753 NORTH BROADWAY SUITE 700 CHICAGO, IL 60640	36-3005889	501(C)(3)	45,714				PROGRAM SUPPORT
CENTRO DE INFORMACION 28 NORTH GROVE AVENUE SUITE 200 ELGIN, IL 60120	36-2776988	501(C)(3)	45,613				PROGRAM SUPPORT

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NORTH SIDE HOUSING AND SUPPORTIVE SERVICES 4410 N RAVENSWOOD AVE SUITE 101 CHICAGO, IL 60640	36-3318158	501(C)(3)	45,500				PROGRAM SUPPORT
DEBORAH'S PLACE 2822 W JACKSON BLVD CHICAGO, IL 60612	36-3382973	501(C)(3)	44,739				PROGRAM SUPPORT

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CENTER FOR DISABILITY & ELDER LAW 205 W RANDOLPH SUITE 1610 CHICAGO, IL 60606	36-3203809	501(C)(3)	44,687				PROGRAM SUPPORT
MCGAW YMCA 100 GROVE STREET EVANSTON, IL 60201	36-2169194	501(C)(3)	43,463				PROGRAM SUPPORT

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JANE ADDAMS RESOURCE CORPORATION 4432 NORTH RAVENSWOOD CHICAGO, IL 60640	36-3682559	501(C)(3)	42,810				PROGRAM SUPPORT
BETHEL NEW LIFE INC 4950 WTHOMAS ST CHICAGO, IL 60651	36-3013241	501(C)(3)	42,627				PROGRAM SUPPORT

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HOUSING OPTIONS FOR THE MENTALLY ILL 2100 RIDGE AVE SUITE G320 EVANSTON, IL 60201	36-3611260	501(C)(3)	41,907				PROGRAM SUPPORT
BRIDGE YOUTH AND FAMILY SERVICES 721 SOUTH QUENTIN ROAD SUITE 103 PALATINE, IL 60067	23-7093615	501(C)(3)	39,290				PROGRAM SUPPORT

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CENTRAL STATES SER - JOBS FOR PROGRESS INC 3948 WEST 26TH STREET CHICAGO, IL 60623	36-1211270	501(C)(3)	37,658				PROGRAM SUPPORT
YEAR UP CHICAGO 223 W JACKSON BLVD SUITE 400 CHICAGO, IL 60606	04-3534407	501(C)(3)	37,215				PROGRAM SUPPORT

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CHICAGO PUBLIC LIBRARY FOUNDATION 20 N MICHIGAN AVE SUITE 520 CHICAGO, IL 60602	36-3480353	501(C)(3)	35,880				PROGRAM SUPPORT
TEEN LIVING PROGRAMS 237 S DESPLAINES CHICAGO, IL 60661	36-4268095	501(C)(3)	35,055				PROGRAM SUPPORT

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MISERICORDIA HEART OF MERCY CENTER 6300 RIDGE AVENUE CHICAGO, IL 60660	36-2170153	501(C)(3)	34,767				PROGRAM SUPPORT
PUBLIC ACTION TO DELIVER SHELTER INC 659 S RIVER STREET AURORA, IL 60506	36-3285644	501(C)(3)	33,815				PROGRAM SUPPORT

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ST LEONARD'S MINISTRIES 475 TAFT AVE GLEN ELLYN, IL 60137	36-3387034	501(C)(3)	33,409				PROGRAM SUPPORT
PEER SERVICES INC 906 DAVIS STREET SUITE 101 EVANSTON, IL 60201	36-2848969	501(C)(3)	32,800				PROGRAM SUPPORT

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ELCA 8765 W HIGGINS ROAD CHICAGO, IL 60631	41-1568278	501(C)(3)	32,776				PROGRAM SUPPORT
URBAN INITIATIVES 650 W LAKE ST SUITE 340 CHICAGO, IL 60661	83-0367521	501(C)(3)	31,432				PROGRAM SUPPORT

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NATIONAL ABLE NETWORK INC 567 W LAKE STREET SUITE 1150 CHICAGO, IL 60661	23-7339397	501(C)(3)	31,385				PROGRAM SUPPORT
ALZHEIMER'S ASSOCIATION NATIONAL OFFICE 225 NORTH MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 60601	13-3039601	501(C)(3)	30,722				PROGRAM SUPPORT

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NATIONAL LATINO EDUCATION INSTITUTE 2011 W PERSHING ROAD CHICAGO, IL 60609	36-2755187	501(C)(3)	30,311				PROGRAM SUPPORT
CIVIC CONSULTING ALLIANCE 21 S CLARK ST SUITE 3120 CHICAGO, IL 60603	45-0467524	501(C)(3)	30,004				PROGRAM SUPPORT

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ESPERANZA COMMUNITY SERVICES 520 N MARSHFIELD AVE CHICAGO, IL 60622	36-2678083	501(C)(3)	29,556				PROGRAM SUPPORT
FANCONI ANEMIA RESEARCH FUND INC 1801 WILLAMETTE STREET SUITE 200 EUGENE, OR 97401	93-0995453	501(C)(3)	29,492				PROGRAM SUPPORT

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TRI-CON CHILD CARE CENTER 425 LAUREL AVENUE SUITE B HIGHLAND PARK, IL 60035	36-2708769	501(C)(3)	29,249				PROGRAM SUPPORT
RAY GRAHAM ASSOCIATIONFOR PEOPLE WITH DISABILITIES 901 WARRENVILLE ROAD SUITE 500 LISLE, IL 60532	36-2411166	501(C)(3)	29,055				PROGRAM SUPPORT

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NAMASTE CHARTER SCHOOL 3737 S PAULINA ST CHICAGO, IL 60609	20-0285795	501(C)(3)	28,700				PROGRAM SUPPORT
TRICITY FAMILY SERVICES 1120 RANDALL COURT GENEVA, IL 60134	23-7310008	501(C)(3)	28,619				PROGRAM SUPPORT

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SUNSHINE GOSPEL MINISTRIES - OUTREACH PROGRAMS 500 E 61ST ST CHICAGO, IL 60637	36-2317631	501(C)(3)	27,881				PROGRAM SUPPORT
ONWARD NEIGHBORHOOD HOUSE 5413 W DIVERSEY AVE CHICAGO, IL 60639	36-2167822	501(C)(3)	27,620				PROGRAM SUPPORT

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HEPHZIBAH CHILDREN'S ASSOCIATION 1144 LAKE STREET FIFTH FLOOR OAK PARK, IL 60305	36-2167096	501(C)(3)	27,510				PROGRAM SUPPORT
SHRIVER CENTER ON POVERTY LAW 67 E MADISON ST STE 2000 CHICAGO, IL 60603	36-3151279	501(C)(3)	27,492				PROGRAM SUPPORT

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UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY 225 W VINE ST MILWAUKEE, WI 53212	39-0806190	501(C)(3)	27,469				PROGRAM SUPPORT
AURORA AREA INTERFAITH FOOD PANTRY PO BOX 2606 AURORA, IL 60507	36-3206531	501(C)(3)	27,322				PROGRAM SUPPORT

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LAWNDALE CHRISTIAN LEGAL CENTER 1530 S HAMLIN AVENUE CHICAGO, IL 60623	27-2285007	501(C)(3)	26,928				PROGRAM SUPPORT
THE CHILDREN'S CLINIC 320 LAKE STREET OAK PARK, IL 60302	36-9002074	501(C)(3)	26,866				PROGRAM SUPPORT

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MUTUAL GROUND INC 418 OAK AVENUE AURORA, IL 60506	36-2921680	501(C)(3)	26,833				PROGRAM SUPPORT
CHICAGO ALLIANCE AGAINSTSEXUAL EXPLOTATION 307 N MICHIGAN AVE SUITE 1818 CHICAGO, IL 60601	26-0220074	501(C)(3)	26,542				PROGRAM SUPPORT

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A JUST HARVESTGOOD NEWS COMMUNITY KITCHEN PO BOX 608033 CHICAGO, IL 60626	36-4381962	501(C)(3)	26,450				PROGRAM SUPPORT
CHICAGO COALITION FOR THE HOMELESS 70 E LAKE STREET SUITE 720 CHICAGO, IL 60601	36-3292607	501(C)(3)	26,300				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
FRANCISCAN OUTREACH 717B W 18TH STREET CHICAGO, IL 60616	36-2928835	501(C)(3)	26,108				PROGRAM SUPPORT
RESILIENCE 180 NORTH MICHIGAN AVE SUITE 600 CHICAGO, IL 60601	36-3049386	501(C)(3)	26,024				PROGRAM SUPPORT

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

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MARYVILLE ACADEMY 1150 NORTH RIVER ROAD DES PLAINES, IL 60016	36-2170873	501(C)(3)	26,004				PROGRAM SUPPORT
COMMUNITY CRISIS CENTER 17 S GENEVA ST PO BOX 1390 ELGIN, IL 60120	36-2855797	501(C)(3)	25,977				PROGRAM SUPPORT

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

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CHICAGO HOUSE AND SOCIAL SERVICE AGENCY 1925 NORTH CLYBORNE AVENUE CHICAGO, IL 60614	36-3376432	501(C)(3)	25,963				PROGRAM SUPPORT
VOCEL VIEWING OUR CHILDREN AS EMERGING LEADERS NFP 5317 W CHICAGO AVE CHICAGO, IL 60651	46-2159711	501(C)(3)	25,905				PROGRAM SUPPORT

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

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A SAFE PLACELAKE COUNTY CRISIS CENTER 2710 17TH STREET ZION, IL 60099	36-3032700	501(C)(3)	25,775				PROGRAM SUPPORT
ROSELAND CHRISTIAN MINISTRIES CENTER 10858 SOUTH MICHIGAN AVENUE CHICAGO, IL 60628	36-3094828	501(C)(3)	25,750				PROGRAM SUPPORT

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

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INDO AMERICAN CENTER 6328 N CALIFORNIA AVE CHICAGO, IL 60659	36-3689665	501(C)(3)	25,692				PROGRAM SUPPORT
ACCION CHICAGO 135 N KEDZIE AVENUE CHICAGO, IL 60612	36-3966573	501(C)(3)	25,668				PROGRAM SUPPORT

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

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ST JOSEPH SERVICES INC 1501 N OAKLEY BLVD CHICAGO, IL 60622	35-2163901	501(C)(3)	25,600				PROGRAM SUPPORT
NAMI CHICAGO 1801 W WARNER AVENUE SUITE 202 CHICAGO, IL 60613	36-3075407	501(C)(3)	25,578				PROGRAM SUPPORT

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

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NAMI METRO SUBURBAN INC 816 HARRISON ST OAK PARK, IL 603041101	36-3851968	501(C)(3)	25,546				PROGRAM SUPPORT
LADIES OF VIRTUE NFP 1245 S MICHIGAN AVE SUITE 149 CHICAGO, IL 60605	80-0530610	501(C)(3)	25,455				PROGRAM SUPPORT

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

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A SAFE HAVEN FOUNDATION 2750 W ROOSEVELT RD CHICAGO, IL 60608	36-4444200	501(C)(3)	25,346				PROGRAM SUPPORT
HOUSE OF THE GOOD SHEPHERD PO BOX 13453 CHICAGO, IL 60613	36-2167738	501(C)(3)	25,331				PROGRAM SUPPORT

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

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LEGAL COUNCIL FOR HEALTH JUSTICE 17 N STATE ST SUITE 900 CHICAGO, IL 60602	36-3563802	501(C)(3)	25,320				PROGRAM SUPPORT
THE NETWORK ADVOCATING AGAINST DOMESTIC VIOLENCE 1 EAST WACKER DRIVE CHICAGO, IL 60601	36-3331605	501(C)(3)	25,308				PROGRAM SUPPORT

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

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PUI TAK CENTER 2216 S WENTWORTH AVENUE CHICAGO, IL 60616	36-3972943	501(C)(3)	25,308				PROGRAM SUPPORT
THE WEST COOK YMCAS INC 255 S MARION ST OAK PARK, IL 60302	36-2179780	501(C)(3)	25,221				PROGRAM SUPPORT

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

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PADS OF ELGIN INC 1730 BERKLEY STREET ELGIN, IL 60123	36-3895063	501(C)(3)	25,220				PROGRAM SUPPORT
EXECUTIVE SERVICE CORPS OF CHICAGO 207 E OHIO ST 212 CHICAGO, IL 60611	36-2984270	501(C)(3)	25,192				PROGRAM SUPPORT

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

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ICNA RELIEF USA PROGRAMS INC 1793 BLOOMINGDALE ROAD SUITE 4 GLENDALE HEIGHTS, IL 60139	04-3810161	501(C)(3)	25,185				PROGRAM SUPPORT
ADA S MCKINLEY COMMUNITY SERVICES 1359 WEST WASHINGTON BLVD CHICAGO, IL 60607	36-2144820	501(C)(3)	25,184				PROGRAM SUPPORT

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

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INNER CITY IMPACT 3327 W FULLERTON AVE CHICAGO, IL 606472513	23-7165220	501(C)(3)	25,115				PROGRAM SUPPORT
NICASA NFP 31979 N FISH LAKE ROAD ROUND LAKE, IL 600739517	36-2605412	501(C)(3)	25,112				PROGRAM SUPPORT

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

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CENTER FOR INDEPENDENCE THROUGH CONDUCTIVE EDUCATION INC 100 W PLAINFIELD RD STE 100 COUNTRYSIDE, IL 60525	36-4259162	501(C)(3)	25,064				PROGRAM SUPPORT
FAMILY SERVICE ASSOCIATION OF GREATER ELGIN 22 SOUTH SPRING STREET ELGIN, IL 60120	36-2169149	501(C)(3)	25,017				PROGRAM SUPPORT

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

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WAY BACK INN INC 104 OAK ST MAYWOOD, IL 60153	51-0138232	501(C)(3)	25,010				PROGRAM SUPPORT
4 KIDS SAKE INC 684 W BOUGHTON STE 101 BOLINGBROOK, IL 60490	46-3379182	501(C)(3)	25,000				PROGRAM SUPPORT

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

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ACTION NOW INSTITUTE 1901 W CARROLL STE 201A CHICAGO, IL 60612	27-1253912	501(C)(3)	25,000				PROGRAM SUPPORT
AFRICAN AMERICAN CHRISTIAN FOUNDATION 6707 NORTH AVENUE OAK PARK, IL 60302	36-3398925	501(C)(3)	25,000				PROGRAM SUPPORT

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

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ALIANZA LEADERSHIP INSTITUTE 9204 S COMMERCIAL STE 301 CHICAGO, IL 60617	02-0536466	501(C)(3)	25,000				PROGRAM SUPPORT
ARISE CHICAGO 1436 W RANDOLPH ST STE 202 CHICAGO, IL 60607	20-1072983	501(C)(3)	25,000				PROGRAM SUPPORT

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ASI 2619 W ARMITAGE AVE CHICAGO, IL 606474208	36-2930670	501(C)(3)	25,000				PROGRAM SUPPORT
ASIAN AMERICANS ADVANCING JUSTICE 4753 NORTH BROADWAY STE 502 CHICAGO, IL 60640	36-3844385	501(C)(3)	25,000				PROGRAM SUPPORT

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

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AUSTIN PEOPLES ACTION CENTER 5125 W CHICAGO AVE CHICAGO, IL 60651	36-3080683	501(C)(3)	25,000				PROGRAM SUPPORT
BELLA CUISINE 8228 S MOZART CHICAGO, IL 60652	26-2384800	501(C)(3)	25,000				PROGRAM SUPPORT

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BETWEEN FRIENDS 2301 W HOWARD CHICAGO, IL 60645	36-3460990	501(C)(3)	25,000				PROGRAM SUPPORT
BICKERDIKE REDEVELOPMENT CORPORATION 2550 W NORTH AVE CHICAGO, IL 60647	23-7087890	501(C)(3)	25,000				PROGRAM SUPPORT

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CENTRO SAN BONIFACIO INC 2959 N PULASKI ROAD CHICAGO, IL 60641	36-3776185	501(C)(3)	25,000				PROGRAM SUPPORT
CHICAGO COMMUNITY AND WORKER'S RIGHTS 2801 S HAMLIN CHICAGO, IL 60623	80-0442573	501(C)(3)	25,000				PROGRAM SUPPORT

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CHICAGO COMMUNITY LOAN FUND 29 E MADISON STREET STE 1700 CHICAGO, IL 606024404	36-3762123	501(C)(3)	25,000				PROGRAM SUPPORT
CHICAGO RECOVERING COMMUNITIES COALITION 1663 S HOMAN 2 CHICAGO, IL 60623	61-1692051	501(C)(3)	25,000				PROGRAM SUPPORT

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CHICAGO VETERANS 5031 W MONTROSE AVE CHICAGO, IL 60641	46-4960662	501(C)(3)	25,000				PROGRAM SUPPORT
CHILDREN'S LEGAL CENTER INC 939 W NORTH AVE SUITE 750 CHICAGO, IL 60642	83-0994270	501(C)(3)	25,000				PROGRAM SUPPORT

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COMMUNITIES UNITED 4749 N KEDZIE 2ND FLOOR CHICAGO, IL 60625	36-4394374	501(C)(3)	25,000				PROGRAM SUPPORT
COMMUNITY PARTNERS FOR AFFORDABLE HOUSING 800 S MILWAUKEE AVE STE 201 LIBERTYVILLE, IL 600483254	36-3096133	501(C)(3)	25,000				PROGRAM SUPPORT

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CONCORDIA PLACE 3300 N WHIPPLE ST CHICAGO, IL 606185718	32-0033719	501(C)(3)	25,000				PROGRAM SUPPORT
COVENANT HOUSE INTERNATIONAL 5 PENN PLZ 3RD FLOOR NEW YORK, NY 10001	13-2725416	501(C)(3)	25,000				PROGRAM SUPPORT

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EDUCARE OF WEST DUPAGE 851 PEARL ROAD WEST CHICAGO, IL 60185	36-2259307	501(C)(3)	25,000				PROGRAM SUPPORT
EL HOGAR DEL NINO 1710-18 SOUTH LOOMIS STREET CHICAGO, IL 60608	36-2749858	501(C)(3)	25,000				PROGRAM SUPPORT

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ELEVATE ENERGY 333 S GREEN STREET SUITE 300 CHICAGO, IL 60607	36-4443093	501(C)(3)	25,000				PROGRAM SUPPORT
ENDELEO INSTITUTE INC 542 W 95TH STREET CHICAGO, IL 60628	45-3209641	501(C)(3)	25,000				PROGRAM SUPPORT

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FACING FORWARD TO END HOMELESSNESS 642 N KEDZIE CHICAGO, IL 60612	36-3397005	501(C)(3)	25,000				PROGRAM SUPPORT
FAMILY HEALTH PARTNERSHIP CLINIC 401 E CONGRESS PARKWAY CRYSTAL LAKE, IL 60014	36-4277029	501(C)(3)	25,000				PROGRAM SUPPORT

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FRIEND FAMILY HEALTH CENTER INC 800 EAST 55TH STREET CHICAGO, IL 60615	36-4161801	501(C)(3)	25,000				PROGRAM SUPPORT
GREATER SOUTHWEST DEVELOPMENT CORPORATION 2601 W 63RD STREET CHICAGO, IL 60629	36-2858304	501(C)(3)	25,000				PROGRAM SUPPORT

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GROW GREATER ENGLEWOOD 6620 S UNION AVE CHICAGO, IL 60621	47-2755538	501(C)(3)	25,000				PROGRAM SUPPORT
HANUL FAMILY ALLIANCE 5008 NORTH KEDZIE AVE CHICAGO, IL 60625	36-3519498	501(C)(3)	25,000				PROGRAM SUPPORT

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HCP OF ILLINOIS 401 S LASALLE STREET STE 1101 CHICAGO, IL 60605	36-4016158	501(C)(3)	25,000				PROGRAM SUPPORT
HIGH JUMP 59 W NORTH BOULEVARD CHICAGO, IL 606101403	36-4470186	501(C)(3)	25,000				PROGRAM SUPPORT

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HIGHLAND PARK-HIGHWOOD LEGAL AID CLINIC 491 LAUREL AVE HIGHLAND PARK, IL 600352652	47-2859426	501(C)(3)	25,000				PROGRAM SUPPORT
HISPANIC AMERICAN COMMUNITY EDUCATION & SERVICES INC 820 W GREENWOOD AVE WAUKEGAN, IL 600875034	38-3725489	501(C)(3)	25,000				PROGRAM SUPPORT

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HOPE CENTER FOUNDATION 10909 S COTTAGE GROVE AVE CHICAGO, IL 60628	47-3874040	501(C)(3)	25,000				PROGRAM SUPPORT
HOUSING OPPORTUNITIES AND MAINTENANCE FOR THE ELDERLY 1419 W CARROLL AVE FLOOR 2 CHICAGO, IL 60607	36-3172591	501(C)(3)	25,000				PROGRAM SUPPORT

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

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HOWARD AREA COMMUNITY CENTER 7648 NORTH PAULINA STREET CHICAGO, IL 60626	36-3008606	501(C)(3)	25,000				PROGRAM SUPPORT
HUMANITARIAN SERVICE PROJECT 465 RANDY ROAD CAROL STREAM, IL 60188	36-3187979	501(C)(3)	25,000				PROGRAM SUPPORT

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I GROW CHICAGO NFP 6402 S HONORE ST CHICAGO, IL 60636	46-1200279	501(C)(3)	25,000				PROGRAM SUPPORT
ILLINOIS COALITION FOR IMMIGRANT & REFUGEE RIGHTS 222 S WABASH AVE SUITE 800 CHICAGO, IL 60604	36-3783551	501(C)(3)	25,000				PROGRAM SUPPORT

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INDIA AMERICAN MEDICAL ASSOCIATION ILLINOIS CHARITABLE FOUNDATION INC 2645 W PETERSON AVE CHICAGO, IL 60659	36-3910201	501(C)(3)	25,000				PROGRAM SUPPORT
KAN-WIN 1440 RENAISSANCE DR SUITE 460 PARK RIDGE, IL 60068	36-3752338	501(C)(3)	25,000				PROGRAM SUPPORT

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

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KENWOOD-OAKLAND COMMUNITY ORGANIZATION 4242 S COTTAGE GROVE AVE CHICAGO, IL 606532908	36-2598637	501(C)(3)	25,000				PROGRAM SUPPORT
LATIN UNITED COMMUNITY HOUSING ASSOCIATION 3541 W NORTH AVE CHICAGO, IL 60647	36-3213453	501(C)(3)	25,000				PROGRAM SUPPORT

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LATINO RESOURCE INSTITUTE OF 8910 S COMMERCIAL AVE CHICAGO, IL 60617	36-2592416	501(C)(3)	25,000				PROGRAM SUPPORT
LATINO UNION 4811 N CENTRAL PARK AVE CHICAGO, IL 60625	61-1403712	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAWNDALE CHRISTIAN DEVELOPMENT CORPORATION 3843 W OGDEN AVE CHICAGO, IL 60623	36-3573036	501(C)(3)	25,000				PROGRAM SUPPORT
LIFT INC 200 W MADISON ST FLOOR 3 CHICAGO, IL 60606	52-2168409	501(C)(3)	25,000				PROGRAM SUPPORT

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

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LITTLE VILLAGE COMMUNITY FOUNDATION CORP 3610 W 26TH STREET 2ND FL CHICAGO, IL 60623	83-1667740	501(C)(3)	25,000				PROGRAM SUPPORT
LIVE FREE CHICAGO 4445 S KING DRIVE CHICAGO, IL 60653	81-5487128	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOGAN SQUARE NEIGHBORHOOD ASSOCIATION 2840 N MILWAUKEE AVENUE CHICAGO, IL 60618	36-2638491	501(C)(3)	25,000				PROGRAM SUPPORT
MANUFACTURING RENAISSANCE 3411 W DIVERSEY AVE SUITE 10 CHICAGO, IL 60647	36-3197648	501(C)(3)	25,000				PROGRAM SUPPORT

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

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MATTHEW HOUSE (CHICAGO) 3722 SOUTH INDIANA CHICAGO, IL 60653	36-3838286	501(C)(3)	25,000				PROGRAM SUPPORT
MIDDLE EASTERN IMMIGRANT & REFUGEE ALLIANCE 6420 N CALIFORNIA AVENUE UPPR 1 CHICAGO, IL 606455256	26-4325931	501(C)(3)	25,000				PROGRAM SUPPORT

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

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MUSLIM COMMUNITY CENTER INCORPORATE 4380 N ELSTON AVENUE CHICAGO, IL 60641	23-7060038	501(C)(3)	25,000				PROGRAM SUPPORT
NEIGHBORHOOD HOUSING SERVICES OF CHICAGO 1279 NORTH MILWAUKEE AVE 4TH FLOOR CHICAGO, IL 60622	23-7443009	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NTDSE-ED FOUNDATION 5825 WASHINGTON STREET MORTON GROVE, IL 60053	32-0393662	501(C)(3)	25,000				PROGRAM SUPPORT
OAI INC 180 N WABASH AVE SUITE 750 CHICAGO, IL 606013600	36-4385280	501(C)(3)	25,000				PROGRAM SUPPORT

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

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OPEN COMMUNITIES 927 GREY EVANSTON, IL 60202	36-2934709	501(C)(3)	25,000				PROGRAM SUPPORT
ORGANIZING NEIGHBORHOODS FOR EQUALITY NORTHSIDE 4648 N RACINE AVE CHICAGO, IL 60640	51-0137583	501(C)(3)	25,000				PROGRAM SUPPORT

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

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PEOPLE FOR COMMUNITY RECOVERY 13330 S CORLISS AVENUE CHICAGO, IL 60827	36-3415767	501(C)(3)	25,000				PROGRAM SUPPORT
PILSEN ALLIANCE 1744 WEST 18TH STREET CHICAGO, IL 60608	36-4486055	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRECIOUS BLOOD MINISTRY OF RECONCILIATION NFP P O BOX 9379 CHICAGO, IL 60609	37-1447869	501(C)(3)	25,000				PROGRAM SUPPORT
PRESENCE CHICAGO HOSPITALS NETWORK 200 SOUTH WACKER DR CHICAGO, IL 606065829	36-2235165	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROACTIVE COMMUNITY SERVICES 19740 GOVERNORS HIGHWAY SUITE 118 FLOSSMOOR, IL 60422	87-0743740	501(C)(3)	25,000				PROGRAM SUPPORT
PROJECT HOOD COMMUNITIES 6330 SOUTH KING DRIVE CHICAGO, IL 60637	45-3964886	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO 180 NORTH MICHIGAN AVE SUITE 1200 CHICAGO, IL 606017480	36-3959353	501(C)(3)	25,000				PROGRAM SUPPORT
QUAD COUNTY URBAN LEAGUE 1685 N FARNSWORTH AVENUE AURORA, IL 60505	36-2882693	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REAL MEN CHARITIES INC 7417 BENNETT AVE CHICAGO, IL 606493617	30-0052728	501(C)(3)	25,000				PROGRAM SUPPORT
SGA YOUTH & FAMILY SERVICES 11 EAST ADAMS STREET SUITE 1500 CHICAGO, IL 60603	36-2167916	501(C)(3)	25,000				PROGRAM SUPPORT

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

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SIRAT CHICAGO 4572 S LAKE PARK AVE CHICAGO, IL 60653	47-4847984	501(C)(3)	25,000				PROGRAM SUPPORT
SOUTH SUBURBAN MAYORS & MANAGERS ASSOCIATION 1904 W 174TH STREET EAST HAZEL CREST, IL 60429	36-2981932	501(C)(3)	25,000				PROGRAM SUPPORT

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

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SPANISH COALITION FOR HOUSING 1922 N PULASKI RD CHICAGO, IL 60639	23-7230578	501(C)(3)	25,000				PROGRAM SUPPORT
ST THOMAS OF CANTERBURY PARISH & SCHOOL 4827 N KENMORE AVE CHICAGO, IL 60640	36-2240480	501(C)(3)	25,000				PROGRAM SUPPORT

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

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ST JAMES PARISH 2907 S WABASH AVE CHICAGO, IL 60616	36-3171023	501(C)(3)	25,000				PROGRAM SUPPORT
SWEDISH COVENANT HOSPITAL 5140 N CALIFORNIA AVE CHICAGO, IL 60625	36-2179813	501(C)(3)	25,000				PROGRAM SUPPORT

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

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SYRIAN COMMUNITY NETWORK 138 CIRCLE RIDGE DRIVE WILLOWBROOK, IL 60527	47-3105667	501(C)(3)	25,000				PROGRAM SUPPORT
THE BEACON PLACE NFP 1000 S RIDGELAND AVE OAK PARK, IL 60304	46-1578189	501(C)(3)	25,000				PROGRAM SUPPORT

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

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THE LATINO ALZHEIMERS AND MEMORY DISORDERS ALLIANCE 4327 N OTTAWA AVE NORRIDGE, IL 60706	35-2288467	501(C)(3)	25,000				PROGRAM SUPPORT
THE TROTTER LEGACY 902 SOUTH RANDALL ROAD SUITE C334 SAINT CHARLES, IL 60174	47-1315007	501(C)(3)	25,000				PROGRAM SUPPORT

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

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THRIVE COUNSELING CENTER 120 SOUTH MARION STREET OAK PARK, IL 60302	36-2179793	501(C)(3)	25,000				PROGRAM SUPPORT
TRI-TOWN YOUNG MENS CHRISTIAN ASSOCIATION 105 W MAPLE ST LOMBARD, IL 60148	36-2643097	501(C)(3)	25,000				PROGRAM SUPPORT

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

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UNITED AFRICAN ORGANIZATION INC 4910 S KING DRIVE CHICAGO, IL 60615	01-0897461	501(C)(3)	25,000				PROGRAM SUPPORT
URBAN GROWERS COLLECTIVE INC 1200 W 35TH ST STE 118 CHICAGO, IL 60609	82-3336616	501(C)(3)	25,000				PROGRAM SUPPORT

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WHITE CRANE WELLNESS CENTER 1657 W FOSTER AVE CHICAGO, IL 60640	36-3719545	501(C)(3)	25,000				PROGRAM SUPPORT
WORKING FAMILY SOLIDARITY 1857 W 19TH STREET CHICAGO, IL 60608	82-0652673	501(C)(3)	25,000				PROGRAM SUPPORT

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CHILDREN'S ADVOCACY CENTER OF NORTH AND NORTHWEST COOK COUNTY 640 ILLINOIS BLVD HOFFMAN ESTATES, IL 60169	36-3711203	501(C)(3)	24,728				PROGRAM SUPPORT
PRESERVATION OF AFFORDABLE HOUSING 6144 S COTTAGE GROVE AVE CHICAGO, IL 60637	31-1616634	501(C)(3)	24,675				PROGRAM SUPPORT

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BREAKING FREE 120 GALE STREET AURORA, IL 60506	36-2957395	501(C)(3)	24,453				PROGRAM SUPPORT
AMERICAN CANCER SOCIETY ILLINOIS DIV 225 NORTH MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	13-1788491	501(C)(3)	24,157				PROGRAM SUPPORT

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OMNI YOUTH SERVICES 1111 W LAKE COOK ROAD BUFFALO GROVE, IL 60089	36-2777027	501(C)(3)	23,217				PROGRAM SUPPORT
HELPING HAND CENTER 9649 WEST 55TH STREET COUNTRYSIDE, IL 60525	36-2327271	501(C)(3)	23,056				PROGRAM SUPPORT

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MCHENRY COUNTY GOVERNMENT 2200 SEMINARY AVE WOODSTOCK, IL 60098	36-6006623	501(C)(3)	22,879				PROGRAM SUPPORT
RYAN BANKS ACADEMY 6620 S KING DR CHICAGO, IL 60637	47-3666107	501(C)(3)	22,413				PROGRAM SUPPORT

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LAWYERS' COMMITTEE FOR BETTER HOUSING 33 N LASALLE ST SUITE 900 CHICAGO, IL 60602	36-3134577	501(C)(3)	22,240				PROGRAM SUPPORT
HAMDARD CENTER FOR HEALTH AND HUMAN SERVICES 228 E LAKE STREET ADDISON, IL 60101	36-3917885	501(C)(3)	22,223				PROGRAM SUPPORT

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THE COMPASS CHURCH 1551 E HOBSON RD NAPERVILLE, IL 60540	41-0721672	501(C)(3)	22,105				PROGRAM SUPPORT
NATIONAL JEWISH HEALTH 1400 JACKSON ST DENVER, CO 80206	74-2044647	501(C)(3)	21,827				PROGRAM SUPPORT

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CHICAGO CHILDREN'S ADVOCACY CENTER 1240 S DAMEN AVENUE CHICAGO, IL 60608	36-4251865	501(C)(3)	21,520				PROGRAM SUPPORT
THE CHILDREN'S PLACE ASSOCIATION 700 N SACRAMENTO BLVD STE 300 CHICAGO, IL 60612	36-3641017	501(C)(3)	21,022				PROGRAM SUPPORT

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ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	20,932				PROGRAM SUPPORT
LESTER AND ROSALIE ANIXTER CENTER 6610 N CLARK ST CHICAGO, IL 60626	36-2244895	501(C)(3)	20,773				PROGRAM SUPPORT

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LOYOLA ACADEMY 1100 LARAMIE AVENUE WILMETTE, IL 60091	36-2367981	501(C)(3)	20,628				PROGRAM SUPPORT
COMMON THREADS 3811 BEE CAVES ROAD SUITE 108 AUSTIN, TX 78746	20-0106847	501(C)(3)	20,560				PROGRAM SUPPORT

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NEAR NORTH HEALTH SERVICE CORPORATION 1276 NORTH CLYBOURN STREET CHICAGO, IL 60610	36-3197647	501(C)(3)	20,550				PROGRAM SUPPORT
CENTER FOR COMMUNITY ARTS PARTNERSHIPS AT COLUMBIA COLLEGE CHICAGO 600 S MICHIGAN AVENUE CHICAGO, IL 60605	36-6112087	501(C)(3)	20,500				PROGRAM SUPPORT

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CENTER FOR CONFLICT RESOLUTION 11 E ADAMS ST SUITE 500 CHICAGO, IL 60603	36-2997680	501(C)(3)	20,500				PROGRAM SUPPORT
KIDS FIRST CHICAGO 21 S CLARK ST STE 4301 CHICAGO, IL 60603	83-0399727	501(C)(3)	20,000				PROGRAM SUPPORT

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THE LYNN SAGE FOUNDATION 226 W KINZIE 2ND FLOOR CHICAGO, IL 60654	30-0176955	501(C)(3)	20,000				PROGRAM SUPPORT
HOMELESS SOLUTIONS INC 6 DUMONT PLACE 3RD FLOOR MORRISTOWN, NJ 07960	22-2491675	501(C)(3)	19,779				PROGRAM SUPPORT

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HABILITATIVE SYSTEMS 415 S KILPATRICK AVE CHICAGO, IL 60644	36-2969062	501(C)(3)	19,750				PROGRAM SUPPORT
ANN & ROBERT LURIE CHILDREN'S HOSPITAL 225 EAST CHICAGO AVENUE CHICAGO, IL 60611	36-3357006	501(C)(3)	18,968				PROGRAM SUPPORT

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RAVINIA FESTIVAL ASSOCIATION 418 SHERIDAN RD HIGHLAND PARK, IL 60035	36-6002273	501(C)(3)	18,750				PROGRAM SUPPORT
FOREFRONT 208 S LASALLE CHICAGO, IL 60604	23-7376023	501(C)(3)	18,000				PROGRAM SUPPORT

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ELMHURST CHRISTIAN REFORMED CHURCH 149 WEST BRUSH HILL ROAD ELMHURST, IL 60126	36-2521910	501(C)(3)	17,960				PROGRAM SUPPORT
BREMEN YOUTH SERVICES 15350 OAK PARK AVE OAK FOREST, IL 60452	36-3502582	501(C)(3)	16,788				PROGRAM SUPPORT

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FOX VALLEY UNITED WAY 44 E GALENA BLVD AURORA, IL 60505	36-2195467	501(C)(3)	15,398				PROGRAM SUPPORT
LIVINGWELL CANCER RESOURCE CENTER 442 WILLIAMSBURG AVENUE GENEVA, IL 60134	36-3155315	501(C)(3)	15,302				PROGRAM SUPPORT

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

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GASTRO-INTESTINAL RESEARCH FOUNDATION 20 W KINZIE CHICAGO, IL 60654	36-6108156	501(C)(3)	15,000				PROGRAM SUPPORT
HABITAT FOR HUMANITY CHICAGO 6040 N PULASKI CHICAGO, IL 60646	46-0494889	501(C)(3)	14,885				PROGRAM SUPPORT

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

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ADLER PLANETARIUM 1300 SOUTH LAKESHORE DRIVE CHICAGO, IL 60605	36-6210902	501(C)(3)	14,869				PROGRAM SUPPORT
HABITAT FOR HUMANITY LAKE COUNTY IL 315 N MARTIN LUTHER KING JR AVE WAUKEGAN, IL 60085	36-3659288	501(C)(3)	14,750				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
BOYS AND GIRLS CLUBS OF CHICAGO 2102 W MONROE STREET CHICAGO, IL 60612	36-2166997	501(C)(3)	14,619				PROGRAM SUPPORT
UNITED WAY OF WILL COUNTY 54 N OTTAWA ST STE 300 JOLIET, IL 60432	36-2515625	501(C)(3)	13,503				PROGRAM SUPPORT

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

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WASHINGTON UNIVERSITY IN ST LOUIS ONE BROOKINGS DRIVE CAMPUS BOX 1228 SAINT LOUIS, MO 63130	43-0653611	501(C)(3)	13,300				PROGRAM SUPPORT
THE FIELD MUSEUM 1400 SOUTH LAKE SHORE DRIVE CHICAGO, IL 60605	36-2167011	501(C)(3)	13,279				PROGRAM SUPPORT

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

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HABITAT FOR HUMANITY INTERNATIONAL 322 W LAMAR ST AMERICUS, GA 31709	91-1914868	501(C)(3)	13,219				PROGRAM SUPPORT
ST IGNATIUS COLLEGE PREP 1076 W ROOSEVELT/ DEVELOPMENT OFFICE CHICAGO, IL 60608	36-2167867	501(C)(3)	13,075				PROGRAM SUPPORT

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

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UNITED WAY OF GREATER MCHENRY COUNTY 4508 PRIME PARKWAY MCHENRY, IL 60050	36-6147909	501(C)(3)	12,841				PROGRAM SUPPORT
COMMUNITY CHRISTIAN CHURCH 1635 EMERSON LANE NAPERVILLE, IL 60540	36-3848018	501(C)(3)	12,760				PROGRAM SUPPORT

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

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LOYOLA UNIVERSITY SCHOOL OF EDUCATION 1032 WEST SHERIDAN ROAD DAMEN STUDENT CENTER ROOM 216 CHICAGO, IL 60660	36-1408475	501(C)(3)	12,236				PROGRAM SUPPORT
NORTH PARK ELEMENTARY SCHOOL ASSOC 2017 W MONTROSE CHICAGO, IL 60618	36-3087255	501(C)(3)	12,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC OF HOPE UGANDA 9435 SPRINGFIELD AVENUE NONE EVANSTON, IL 60203	32-0301689	501(C)(3)	12,000				PROGRAM SUPPORT
EVANS SCHOLARS FOUNDATION 2501 PATRIOT BLVD GLENVIEW, IL 60026	36-2518129	501(C)(3)	11,922				PROGRAM SUPPORT

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

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ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	36-2167725	501(C)(3)	11,704				PROGRAM SUPPORT
CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN PO BOX 477916 CHICAGO, IL 60647	36-2950380	501(C)(3)	11,694				PROGRAM SUPPORT

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

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GLEN ELLYN FOOD PANTRY 493 FOREST AVE GLEN ELLYN, IL 60137	36-3423123	501(C)(3)	11,390				PROGRAM SUPPORT
JUNIOR ACHIEVEMENT (CHICAGO) 651 WEST WASHINGTON BLVD SUITE 404 CHICAGO, IL 60661	84-1267604	501(C)(3)	11,385				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
MARQUETTE UNIVERSITY 1250 W WISCONSIN AVE MILWAUKEE, WI 53233	39-0806251	501(C)(3)	11,300				PROGRAM SUPPORT
PLANNED PARENTHOOD OF ILLINOIS 18 SOUTH MICHIGAN AVE 6TH FLOOR CHICAGO, IL 60603	36-2170901	501(C)(3)	11,248				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
FIRST BAPTIST CHURCH OF UNIVERSITY PARK 450 UNIVERSITY PARKWAY UNIVERSITY PARK, IL 60484	37-0755264	501(C)(3)	11,005				PROGRAM SUPPORT
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN STREET URBANA, IL 61801	37-6006007	501(C)(3)	10,932				PROGRAM SUPPORT

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

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THE COMMUNITY HOUSE 415 WEST EIGHTH STREET HINSDALE, IL 60521	36-2167735	501(C)(3)	10,449				PROGRAM SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY 954 W WASHINGTON BLVD STE 305 CHICAGO, IL 60607	13-5644916	501(C)(3)	10,423				PROGRAM SUPPORT

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

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HEBREW IMMIGRANT AID SOCIETY OF CHICAGO 216 W JACKSON ST SUITE 700 CHICAGO, IL 60606	36-2167757	501(C)(3)	10,320				PROGRAM SUPPORT
CHRISTEL HOUSE 10 WEST MARKET STREET STE 1990 INDIANAPOLIS, IN 46204	35-2051932	501(C)(3)	10,200				PROGRAM SUPPORT

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

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UNITED WAY OF THE GREATER CHIPPEWAVALLEY INC 3603 N HASTINGS WAY SUITE 200 EAU CLAIRE, WI 54703	39-1077901	501(C)(3)	10,000				PROGRAM SUPPORT
ANSHE EMET SYNAGOGUE (SUSTAINING FUND) 3751 NORTH BROADWAY CHICAGO, IL 60613	36-0739900	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO CLUB PRESERVATION FUND 81 E VAN BUREN ST CHICAGO, IL 60605	37-1539642	501(C)(3)	10,000				PROGRAM SUPPORT
FRIENDS OF PAYTON ASSOCIATION 1034 N WELLS STREET CHICAGO, IL 60610	36-4409659	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUFTS UNIVERSITY 419 BOSTON AVENUE MEDFORD, MA 02155	04-2103634	501(C)(3)	10,000				PROGRAM SUPPORT
TULANE UNIVERSITYAB FREEMAN SCHOOL OF BUSINESS 7 MCALISTER DRIVE NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF AIKEN COUNTY INC PO BOX 699 AIKEN, SC 29802	57-0360086	501(C)(3)	10,000				PROGRAM SUPPORT
BOY SCOUTS OF AMERICA CHICAGO AREACOUNCIL 1218 W ADAMS CHICAGO, IL 60706	47-5066720	501(C)(3)	9,914				PROGRAM SUPPORT

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

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MARKET STREET MISSION 9 MARKET STREET MORRISTOWN, NJ 07960	22-6047486	501(C)(3)	9,889				PROGRAM SUPPORT
PAWS CHICAGO 1997 N CLYBORN AVENUE CHICAGO, IL 60614	36-4219778	501(C)(3)	9,870				PROGRAM SUPPORT

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CHURCH IN THE SQUARE 2020 NORTH CALIFORNIA AVE SUITE 7 BOX 376 CHICAGO, IL 60647	83-0742990	501(C)(3)	9,436				PROGRAM SUPPORT
EPIC 1913 W TOWNLINE ROAD PEORIA, IL 61615	37-0794792	501(C)(3)	9,231				PROGRAM SUPPORT

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WILLIAM PENN UNIVERSITY 201 TRUEBLOOD AVE OSKALOOSA, IA 52577	42-0707120	501(C)(3)	9,000				PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION MIDWESTAFFILIATE 208 SOUTH LASALLE STREET STE 1500 CHICAGO, IL 60604	13-5613797	501(C)(3)	8,914				PROGRAM SUPPORT

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NAPERVILLE CHRISTIAN ACADEMY 1451 RAYMOND DRIVE SUITE 200 NAPERVILLE, IL 60563	36-4383292	501(C)(3)	8,714				PROGRAM SUPPORT
NORTHWESTERN UNIVERSITY OFFICE OF ALUMNI RELATIONS DEVELOPMENT 1201 DAVIS ST EVANSTON, IL 60208	36-2167817	501(C)(3)	8,635				PROGRAM SUPPORT

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BRIGHT HOPE INTERNATIONAL 2060 STONINGTON AVE HOFFMAN ESTATES, IL 60169	23-7004991	501(C)(3)	8,355				PROGRAM SUPPORT
NORTHWESTERN COLLEGE ADVANCEMENT OFFICE 101 7TH STREET SOUTHWEST ORANGE CITY, IA 51041	42-0698196	501(C)(3)	8,110				PROGRAM SUPPORT

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LAKE AREA UNITED WAY 221 WEST RIDGE ROAD GRIFFITH, IN 46319	23-7170019	501(C)(3)	8,053				PROGRAM SUPPORT
TRINITY UNITED CHURCH OF CHRISTACCOUNTING DEPARTMENT 400 WEST 95TH STREET CHICAGO, IL 60628	13-1957221	501(C)(3)	7,874				PROGRAM SUPPORT

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FOURTH PRESBYTERIAN CHURCH OF CHICAGO 126 EAST CHESTNUT STREET CHICAGO, IL 60611	23-6393377	501(C)(3)	7,564				PROGRAM SUPPORT
MAKE-A-WISH FOUNDATION OF AMERICA 1702 E HIGHLAND AVE STE 400 PHOENIX, AZ 85016	86-0481941	501(C)(3)	7,536				PROGRAM SUPPORT

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JOFFREY BALLET OF CHICAGO 10 E RANDOLPH CHICAGO, IL 60601	36-4009741	501(C)(3)	7,525				PROGRAM SUPPORT
DANIEL MURPHY SCHOLARSHIP FUND 309 W WASHINGTON SUITE 700 CHICAGO, IL 60606	36-3675466	501(C)(3)	7,500				PROGRAM SUPPORT

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

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ROGERS PARK MONTESSORI SCHOOL KIM ROMAIN 1800 W BALMORAL AVE CHICAGO, IL 60640	36-2597822	501(C)(3)	7,500				PROGRAM SUPPORT
THE COVE SCHOOL INC 350 LEE ROAD NORTHBROOK, IL 60062	39-0930993	501(C)(3)	7,310				PROGRAM SUPPORT

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UNITED WAY OF KNOX COUNTY INC 311 E MAIN STREET SUITE 511 PO BOX 807 GALESBURG, IL 61402	37-0844009	501(C)(3)	7,247				PROGRAM SUPPORT
CLEVELAND AVENUE FOUNDATION FOREducation 222 N CANAL ST FLOOR 3 CHICAGO, IL 60606	46-3851243	501(C)(3)	7,120				PROGRAM SUPPORT

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

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WILLOW CREEK COMMUNITY CHURCH - SOUTHBARRINGTON 67 EAST ALGONQUIN ROAD SOUTH BARRINGTON, IL 60010	51-0164942	501(C)(3)	6,936				PROGRAM SUPPORT
HORIZONS FOR YOUTH 703 WEST MONROE STREET CHICAGO, IL 60661	36-3796784	501(C)(3)	6,866				PROGRAM SUPPORT

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JDRF INTERNATIONAL ILLINOIS CHAPTER 1 N LASALLE ST STE 1200 CHICAGO, IL 60602	23-1907729	501(C)(3)	6,783				PROGRAM SUPPORT
AMERICAN BRAIN TUMOR ASSOCIATION 8550 WEST BRYN MAWR AVENUE STE 550 CHICAGO, IL 60631	23-7286648	501(C)(3)	6,723				PROGRAM SUPPORT

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

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WOUNDED WARRIOR PROJECT- JACKSONVILLE 4899 BELFORT RD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	6,702				PROGRAM SUPPORT
CHICAGO CHURCH OF CHRIST 755 IL ROUTE 83 SUITE 209 BENSENVILLE, IL 60106	36-3188417	501(C)(3)	6,667				PROGRAM SUPPORT

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

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CAREER TRANSITIONS CENTER OF CHICAGO 703 WEST MONROE STREET CHICAGO, IL 60661	36-4084309	501(C)(3)	6,654				PROGRAM SUPPORT
UNITED WAY OF ROCK RIVER VALLEY 612 N MAIN ST STE 300 ROCKFORD, IL 61103	36-2167843	501(C)(3)	6,612				PROGRAM SUPPORT

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

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STEP UP WOMEN'S NETWORK - LOS ANGELES PO BOX 20179 NEW YORK, NY 10001	95-4701468	501(C)(3)	6,610				PROGRAM SUPPORT
LATIN SCHOOL OF CHICAGO SCHOLARSHIP FUND 59 WEST NORTH BLVD CHICAGO, IL 60610	36-2258525	501(C)(3)	6,583				PROGRAM SUPPORT

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

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NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER ILLINOIS 525 W MONROE ST SUITE 1510 CHICAGO, IL 60661	13-5661935	501(C)(3)	6,571				PROGRAM SUPPORT
BERNARD ZELL ANSHE EMET DAY SCHOOL 3751 NORTH BROADWAY STREET CHICAGO, IL 60613	36-2166955	501(C)(3)	6,470				PROGRAM SUPPORT

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POINT OF CHANGE CHURCH OF THE NAZARENE 2407 BEICH RD BLOOMINGTON, IL 61705	45-4560577	501(C)(3)	6,417				PROGRAM SUPPORT
SHELTER INC 1616 N ARLINGTON HEIGHTS RD ARLINGTON HEIGHTS, IL 60004	23-7399596	501(C)(3)	6,264				PROGRAM SUPPORT

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GIFT OF ADOPTION FUND 2001 WAUKEGAN ROAD PO BOX 567 TECHNY, IL 60082	39-1863217	501(C)(3)	6,206				PROGRAM SUPPORT
BOYS HOPE GIRLS HOPE OF ILLINOIS 1100 N LARAMIE WILMETTE, IL 60091	51-0248353	501(C)(3)	6,180				PROGRAM SUPPORT

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

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GOOD SHEPHERD LUTHERAN CHURCH 1310 SHEPHERD DR NAPERVILLE, IL 60565	36-2944356	501(C)(3)	5,869				PROGRAM SUPPORT
HOLY TAXIARHAI SAINT HARALAMBOSGREEK ORTHODOX CHURCH 7373 CALDWELL AVENUE NILES, IL 60714	13-1632516	501(C)(3)	5,820				PROGRAM SUPPORT

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

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POPULATION CONNECTION 2120 L STREET NW SUITE 500 WASHINGTON, DC 20037	94-1703155	501(C)(3)	5,769				PROGRAM SUPPORT
BIG BROTHERS BIG SISTERS OF METROPOLITAN CHICAGO 560 WEST LAKE STREET 5TH FLOOR CHICAGO, IL 60661	36-2681212	501(C)(3)	5,735				PROGRAM SUPPORT

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

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BATAVIA UNITED WAY P O BOX 372 BATAVIA, IL 60510	36-3208945	501(C)(3)	5,668				PROGRAM SUPPORT
ST MARY'S EPISCOPAL CHURCH 306 SOUTH PROSPECT PARK RIDGE, IL 60068	23-7075487	501(C)(3)	5,548				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
ADVOCATE CHARITABLE FOUNDATION- YOUNG HEARTS FOR LIFE 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515	36-3297360	501(C)(3)	5,514				PROGRAM SUPPORT
TRINITY HEALTH FOUNDATIONLAUREL HAUM SCHOLARSHIP 2701 17TH STREET ROCK ISLAND, IL 61201	36-3321751	501(C)(3)	5,500				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
SOS CHILDREN'S VILLAGES ILLINOIS INC 216 W JACKSON BLVD SUITE 925 CHICAGO, IL 60606	36-3599110	501(C)(3)	5,400				PROGRAM SUPPORT
LAZARUS HOUSE 214 WALNUT STREET ST CHARLES, IL 60174	36-4187609	501(C)(3)	5,391				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
CHICAGO HISTORY MUSEUM CHICAGO HISTORICAL SOCIETY 1601 N CLARK ST CHICAGO, IL 60614	36-2167004	501(C)(3)	5,280				PROGRAM SUPPORT
CENTER ON HALSTED 3656 N HALSTED ST CHICAGO, IL 60613	51-0178807	501(C)(3)	5,270				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
CHICAGO FOUNDATION FOR WOMEN 140 SOUTH DEARBORN ST SUITE 400 CHICAGO, IL 60603	36-3348160	501(C)(3)	5,250				PROGRAM SUPPORT
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501(C)(3)	5,250				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HOME FOR BOYS & GIRLS 1140 WEST JACKSON BOULEVARD CHICAGO, IL 60607	36-2171726	501(C)(3)	5,248				PROGRAM SUPPORT
CASA OF DUPAGE COUNTY INC 505 NORTH COUNTY FARM ROAD 3RD FLOOR SUITE C WHEATON, IL 60187	36-3875807	501(C)(3)	5,231				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
PARK COMMUNITY CHURCH 1001 NORTH CROSBY STREET CHICAGO, IL 60610	36-3514586	501(C)(3)	5,225				PROGRAM SUPPORT
GOLDEN APPLE FOUNDATION 8 SOUTH MICHIGAN AVENUE SUITE 700 CHICAGO, IL 60603	36-3392992	501(C)(3)	5,219				PROGRAM SUPPORT

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

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

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

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

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2019

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 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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><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 idemnification 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 idemnification 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</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 on 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 border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes								
	4b	No								
	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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	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 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
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENT JOSEPH VANYO, CHIEF OPERATING OFFICER, RECEIVED A SEVERANCE PAYMENT OF \$131,183 PER THE TERMS OF HIS EMPLOYMENT CONTRACT. THE AMOUNT IS INCLUDED AS TAXABLE COMPENSATION IN HIS W-2.
SCHEDULE J, PART I, LINE 7	BONUS PAYMENTS ARE DISCRETIONARY IN NATURE, AND ARE BASED ON INDIVIDUALS' PERFORMANCE AGAINST PREDETERMINED GOALS AND/OR A RECRUITMENT INCENTIVE. THE PRESIDENT AND CEO'S BONUS IS BASED ON BENCHMARKS FROM OTHER UNITED WAYS AND CHICAGO-AREA NOT FOR PROFIT ORGANIZATIONS; IT IS RECOMMENDED BY THE CHAIR OF THE BOARD OF DIRECTORS AND APPROVED BY THE FULL BOARD OF DIRECTORS. TOTAL COMPENSATION FOR SENIOR MANAGEMENT, INCLUDING ANY BONUS PAYMENTS, IS APPROVED BY THE COMPENSATION AND HUMAN RESOURCE COMMITTEE OF THE BOARD OF DIRECTORS. IN CALENDAR YEAR 2019, THERE WERE NO PAYOUTS RELATED TO THE CEO BONUS PLAN.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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	24	969,846	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	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 didn't 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
PART I, COLUMN (B):	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

2019

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	<p>UNITED WAY OF METROPOLITAN CHICAGO, INC. ("UWMC") IS AN ILLINOIS NON-PROFIT PHILANTHROPIC CORPORATION WHOSE MISSION IS TO IMPROVE LIVES IN THE METROPOLITAN CHICAGO AREA BY MOBILIZING CARING PEOPLE TO INVEST IN THE COMMUNITY WHERE THEIR RESOURCES ARE NEEDED MOST. AT UNITED WAY, WE ARE ALWAYS HERE FOR OUR NEIGHBORS IN THEIR TIME OF NEED. BUT MORE IMPORTANTLY, WE ARE WORKING TO REDUCE AND ELIMINATE THE ROOT CAUSES OF THESE NEEDS. OUR IMPACT PLAN, STRONGER NEIGHBORHOODS FOR A STRONGER CHICAGO REGION SHIFTS OUR STRATEGY FROM WORKING WITH INDIVIDUALS IN SERVICE SILOS TO WORKING WITH FAMILIES AS PART OF A NEIGHBORHOOD. UNITED WAY OF METRO CHICAGO HAS LONG WORKED TO ENSURE PEOPLE HAVE THE RESOURCES THEY NEED TO IMPROVE THEIR LIVES AND REACH THEIR HIGHEST POTENTIAL. THROUGH THAT WORK, UNITED WAY SAW THE OPPORTUNITY TO LEVERAGE ITS GREATEST ASSETS-FINANCIAL INVESTMENT, CONVENING AND COORDINATING POWER, AND TREMENDOUS PARTNERS AND VOLUNTEERS- ON BEHALF OF NOT JUST INDIVIDUAL AND FAMILY SUCCESS, BUT TO STRENGTHEN ENTIRE NEIGHBORHOODS. UNITED WAY'S NEIGHBORHOOD NETWORK INITIATIVE SUPPORTS AND COORDINATES INVESTMENT AND PROGRAMMING IN 10 CITY AND SUBURBAN COMMUNITIES TO ADDRESS COMMUNITY CHALLENGES AND IMPROVE THE LIVES OF RESIDENTS. WE CALL THIS THE NEIGHBORHOOD NETWORK INITIATIVE. WE BELIEVE THE SOLUTION IS TO TRANSFORM NEIGHBORHOODS FROM THE INSIDE OUT BY WORKING ALONGSIDE LOCAL NEIGHBORHOOD LEADERS TO HELP IDENTIFY COMMUNITY PRIORITIES AND CREATE A RESIDENT-DRIVEN NEIGHBORHOOD STRATEGY. THIS PLACE-BASED APPROACH IS LED BY THE COMMUNITY QUARTERBACK, A ROLE THAT HELPS BRING TO THE TABLE ALL OF THE PEOPLE, RESOURCES, AND IDEAS NEEDED TO EXECUTE COMMUNITY PLANS. THIS "INSIDE-OUT" NEIGHBORHOOD-LED TRANSFORMATION IS THE KEY TO MAINTAINING THE HISTORY AND CULTURE OF NEIGHBORHOODS WHILE ACCELERATING A REGIONAL RECOVERY STRATEGY THAT BUILDS EQUAL OPPORTUNITIES AND ACCESS REGARDLESS OF ZIP CODE. UNITED WAY IS CURRENTLY WORKING IN TEN UNDER-RESOURCED COMMUNITIES IN THE CITY AND SUBURBS: AUBURN GRESHAM, AUSTIN, BRIGHTON PARK, BRONZEVILLE, CICERO, EVANSTON, LITTLE VILLAGE, ROBBINS/BLUE ISLAND, SOUTH CHICAGO AND WEST CHICAGO.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	NUMBER OF VOLUNTEERS: BOARD/POLICY MAKING VOLUNTEERS - 113 ACTIVE CAMPAIGN LEADERS - 550 C COMMUNITY IMPACT VOLUNTEERS - 2,616 TOTAL VOLUNTEERS - 3,279

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	CHICAGO COMMUNITY COVID RELIEF FUND. SEE FULL PROGRAM SERVICE DESCRIPTION ON FORM 990, PART III, LINE 4D.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	EXECUTIVE COMMITTEE: THE EXECUTIVE COMMITTEE CONSISTS OF NOT LESS THAN FIVE MEMBERS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE MEETS BETWEEN BOARD MEETINGS WHERE THE COMMITTEE EXERCISES THE POWERS OF THE BOARD OF DIRECTORS. ALL SUCH ACTIONS BY THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD OF DIRECTORS AT THE NEXT MEETING OF THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS: KEVIN GRAAN, KIMBERLEE GUENTHER, AND JOSE RICO HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER AS EMPLOYEES AT A RELATED ORGANIZATION, UNITED WAY - MCCORMICK PARTNERSHIP FOR STRONG NEIGHBORHOODS, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS: THE FORM 990 WAS PREPARED BY A NATIONAL INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S INTERNAL FINANCE DEPARTMENT. A REVIEW OF THE FORM 990 WAS CONDUCTED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO THE FILING. FOLLOWING THE REVIEW AND APPROVAL OF THE AUDIT COMMITTEE, THE FORM 990 WAS PROVIDED BY EMAIL TO EACH OF THE OTHER VOTING MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO THE FILING.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR DETERMINING COMPENSATION: THE COMPENSATION AND HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS ("CHRC") REVIEWS THE PERFORMANCE AND COMPENSATION OF THE PRESIDENT AND CEO, AND OTHER SENIOR MANAGEMENT. THE CHRC CONSIDERS INFORMATION FROM (1) UNITED WAY WORLDWIDE SALARY DATA FOR EQUIVALENT POSITIONS AT OTHER SIMILAR UNITED WAY ORGANIZATIONS IN TERMS OF MARKET SIZE AND REVENUE SIZE AND (2) CHICAGO MARKET DATA FOR OTHER COMPARABLE HUMAN SERVICE ORGANIZATIONS. DELIBERATIONS AND DECISIONS OF THE CHRC ARE CONTEMPORANEOUSLY DOCUMENTED IN MEETING MINUTES. PERFORMANCE EVALUATIONS ARE COMPLETED FOR ALL EMPLOYEES, INCLUDING THE PRESIDENT & CEO AS WELL AS SENIOR MANAGEMENT AT THE CONCLUSION OF EACH FISCAL YEAR. THE CHAIRPERSON OF THE BOARD OF DIRECTORS SEMIANNUALLY SOLICITS INPUT FROM BOARD MEMBERS ON THE PRESIDENT & CEO'S PERFORMANCE. THE PERFORMANCE REVIEW IS PROVIDED TO THE CHRC FOR ITS APPROVAL AND FOR REPORTING TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. ONCE REVIEWED BY THE EXECUTIVE COMMITTEE, ANY ACTION OF THE EXECUTIVE COMMITTEE IS REPORTED TO THE BOARD OF DIRECTORS AT ITS NEXT MEETING. THIS REVIEW OF THE PRESIDENT & CEO'S PERFORMANCE AND SALARY WAS MOST RECENTLY PERFORMED FOR THE FISCAL YEAR ENDED JUNE 30, 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	HOW FORMS ARE MADE AVAILABLE TO THE PUBLIC: UWMC'S FORM 1023, APPLICATION FOR RECOGNITION OF EXEMPTION, IS AVAILABLE ON UWMC'S WEBSITE AT HTTPS://LIVEUNITEDCHICAGO.ORG/ . UWMC MAKES ITS FORM 990 AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC: UWMC MAKES ITS GOVERNING DOCUMENTS, THE BY LAWS AND ARTICLES OF INCORPORATION, THE MOST RECENT AUDITED FINANCIAL STATEMENTS AND A LINK TO ETHICS POINT AVAILABLE ON THE UWMC WEBSITE HTTPS://LIVEUNITEDCHICAGO.ORG/ .

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX	<p>FUNCTIONAL EXPENSES: UWMC CALCULATES ITS 2019 TAX YEAR (FISCAL YEAR ENDED JUNE 30, 2020) OVERHEAD RATE USING THE SUM OF MANAGEMENT AND GENERAL TOTAL EXPENSES AND FUNDRAISING TOTAL EXPENSES REPORTED IN PART IX (STATEMENT OF FUNCTIONAL EXPENSES) DIVIDED BY THE TOTAL REVENUE REPORTED IN PART VIII, LINE 12, OF COLUMN A. THIS UWMC OVERHEAD RATE FOR 2019 IS 7.2%.</p> <p>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.</p>

990 Schedule O, Supplemental Information

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

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)	LINE 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
(1)									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	276,500	FMV

Part VII **Supplemental Information**

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

Return Reference	Explanation