

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

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2017
Open to Public Inspection

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

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

C Name of organization: United Way of Lake County Inc
% KRISTI LONG
Doing business as:
Number and street (or P O box if mail is not delivered to street address): 330 South Greenleaf Street
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Gurnee, IL 60031

D Employer identification number: 36-2167949
E Telephone number: (847) 775-1000
G Gross receipts \$ 7,215,644

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

F Name and address of principal officer:
Kristi Long
330 South Greenleaf Street
Gurnee, IL 60031

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 ▶

J Website: ▶ HTTP://WWW.LIVEUNITEDLAKECOUNTY.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1940
M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
UNITING LEADERSHIP AND RESOURCES TO CREATE LASTING CHANGE THAT WILL IMPROVE LIVES IN LAKE COUNTY

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)	28
4 Number of independent voting members of the governing body (Part VI, line 1b)	27
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	28
6 Total number of volunteers (estimate if necessary)	943
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,569,488	6,671,539
9 Program service revenue (Part VIII, line 2g)	6,285	10,581
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	99,787	206,678
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,880	7,760
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,685,440	6,896,558
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,379,935	4,310,375
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)	1,442,970	1,652,676
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶600,078		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	911,531	836,874
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,734,436	6,799,925
19 Revenue less expenses Subtract line 18 from line 12	-48,996	96,633

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	9,486,125	9,771,018
21 Total liabilities (Part X, line 26)	581,164	655,049
22 Net assets or fund balances Subtract line 21 from line 20	8,904,961	9,115,969

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2019-01-23
KRISTI LONG President & CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Bridget T Roche
Preparer's signature: Bridget T Roche
Date:
Check if self-employed
PTIN: P00666837
Firm's name: GRANT THORNTON LLP
Firm's EIN:
Firm's address: 171 N CLARK ST SUITE 200
CHICAGO, IL 60601
Phone no: (312) 856-0200

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 TO UNITE LEADERSHIP AND RESOURCES FOR LASTING CHANGE, BY FOCUSING ON MEETING THE FINANCIAL, SOCIAL, AND EDUCATIONAL NEEDS OF FAMILIES AND INDIVIDUALS TO IMPROVE THEIR QUALITY OF LIFE

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 \$ 3,685,893 including grants of \$ 3,574,628) (Revenue \$ 10,581)
 See Additional Data

4b (Code) (Expenses \$ 832,615 including grants of \$ 317,581) (Revenue \$)
 See Additional Data

4c (Code) (Expenses \$ 692,957 including grants of \$ 244,979) (Revenue \$)
 See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ 436,048 including grants of \$ 173,187) (Revenue \$)

4e Total program service expenses ▶ 5,647,513

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>	Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (28), 1b (27), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (IL), 18 (Own website, Another's website, Upon request, Other), 19, 20 (KRISTI LONG 330 SOUTH GREENLEAF STREET Gurnee, IL 60031 (847) 775-1019).

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	133,016				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,538,523				
	g Noncash contributions included in lines 1a-1f \$ _____		76,655				
	h Total. Add lines 1a-1f			6,671,539			
Program Service Revenue			Business Code				
	2a DESIGNATION FEES		561000	10,581	10,581		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue			10,581			
g Total. Add lines 2a-2f			10,581				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		102,084			102,084	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
		7,760					
		b Less rental expenses					
		c Rental income or (loss)	7,760	0			
	d Net rental income or (loss)			7,760		7,760	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		423,680					
		b Less cost or other basis and sales expenses		319,086			
		c Gain or (loss)		104,594			
	d Net gain or (loss)			104,594		104,594	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		0					
b Less direct expenses		b	0				
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities See Part IV, line 19	a						
	0						
	b Less direct expenses	b	0				
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a						
	0						
	b Less cost of goods sold	b	0				
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code					
11a _____							
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			0				
12 Total revenue. See Instructions			6,896,558	10,581		214,438	

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.	4,310,375	4,310,375		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	186,112	65,139	55,834	65,139
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	1,119,445	583,280	247,233	288,932
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	62,573	33,675	14,365	14,533
9 Other employee benefits.	183,419	103,541	38,035	41,843
10 Payroll taxes.	101,127	49,912	24,038	27,177
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	0			
c Accounting.	38,610		38,610	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	13,355		13,355	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	128,361	95,568	5,218	27,575
12 Advertising and promotion.	73,021	62,998	8,700	1,323
13 Office expenses.	43,459	25,305	8,699	9,455
14 Information technology.	216,247	116,317	41,109	58,821
15 Royalties.	0			
16 Occupancy.	76,014	43,537	15,388	17,089
17 Travel.	16,005	8,116	3,606	4,283
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	5,489	4,362	719	408
20 Interest.	0			
21 Payments to affiliates.	67,267	37,566	13,738	15,963
22 Depreciation, depletion, and amortization.	78,025	43,574	15,935	18,516
23 Insurance.	24,774	20,468	2,062	2,244
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	9,363	5,042	1,789	2,532
b	0	0	0	0
c	0	0	0	0
d	0	0	0	0
e All other expenses	46,884	38,738	3,901	4,245
25 Total functional expenses. Add lines 1 through 24e.	6,799,925	5,647,513	552,334	600,078
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	300	1	300
	2 Savings and temporary cash investments	2,141,667	2	2,371,594
	3 Pledges and grants receivable, net	988,463	3	972,134
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	69,662	9	80,856
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,148,366		
	b Less accumulated depreciation	1,642,664		
	11 Investments—publicly traded securities	4,719,581	11	4,840,432
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,486,125	16	9,771,018	
Liabilities	17 Accounts payable and accrued expenses	567,749	17	652,616
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	13,415	25	2,433
	26 Total liabilities. Add lines 17 through 25	581,164	26	655,049
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,462,982	27	5,583,845
	28 Temporarily restricted net assets	1,409,979	28	1,500,124
	29 Permanently restricted net assets	2,032,000	29	2,032,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,904,961	33	9,115,969	
34 Total liabilities and net assets/fund balances	9,486,125	34	9,771,018	

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	6,896,558
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,799,925
3	Revenue less expenses Subtract line 2 from line 1	3	96,633
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,904,961
5	Net unrealized gains (losses) on investments	5	131,906
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	-17,531
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,115,969

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	No	
<p>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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

Additional Data

Software ID:

Software Version:

EIN: 36-2167949

Name: United Way of Lake County Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

OTHER PROGRAM ACHIEVEMENTS INCLUDE SENDING DESIGNATIONS TO OTHER 501(C)(3) ORGANIZATIONS, SOME OF WHICH ARE PAID DIRECTLY BY THE DONOR, AND OTHER EXEMPT PURPOSE ACHIEVEMENTS (CONTINUED IN SCHEDULE O)

Form 990, Part III, Line 4b:

SUCCESS BY SIX CHILDREN ENTER KINDERGARTEN READY TO SUCCEED WITH GRANTS TO THE COMMUNITY OF \$317,581 THERE WERE 7 AGENCIES INVOLVED HAVING 8 PROGRAMS THAT SERVED 2,139 CLIENTS IN 2018 THE AGENCY PROGRAMS FUNDED UNDER THIS GOAL HELP TO ENSURE CHILDREN ENTER KINDERGARTEN HEALTHY AND WELL CARED FOR (1,244 CLIENTS SERVED, 58.2%), PARENTS INTENTIONALLY AND EFFECTIVELY ACT AS THEIR CHILD'S FIRST TEACHER (425 CLIENTS, 19.8%), AND CHILDREN ENTER KINDERGARTEN WITH DEVELOPMENTAL FOUNDATIONS TO FACILITATE LEARNING (470 CLIENTS SERVED, 22%) PROGRAMS INCLUDE CHILD CARE CENTERS, PARENTING PROGRAMS, AND LITERACY

Form 990, Part III, Line 4c:

SAFE AND STABLE FAMILIES FAMILIES PROVIDE FOOD, SHELTER AND VIOLENCE-FREE HOMES WITH GRANTS TO THE COMMUNITY OF \$244,979 THERE WERE 12 AGENCIES INVOLVED HAVING 17 PROGRAMS THAT SERVICE 126,242 CLIENTS IN 2018 THE AGENCY PROGRAMS FUNDED IN THIS AREA ENSURE PEOPLE ELIMINATE THE BARRIERS TO GOOD HEALTH (107,822 CLIENTS SERVED, 85 4%), PEOPLE BREAK THE CYCLE OF POVERTY (1,225 CLIENTS SERVED, 1 0%), AND PEOPLE ELIMINATE ABUSE, VIOLENCE AND EXPLOITATION AND ITS EFFECTS ON PEOPLE IN OUR COMMUNITY (17,195 CLIENTS SERVED, 13 6%) PROGRAMS INCLUDE HOMELESS SHELTERS, FOOD PANTRIES, HEALTH CLINICS, AND MENTAL HEALTH COUNSELING

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			
John Pirog Board Member(Beg 7/17)	1 0 0 0	X						0	0	0
Joseph Smith Board Member(Beg 8/17)	1 0 0 0	X						0	0	0
Irene Hrusovsky Board Member	1 0 0 0	X						0	0	0
Carla Zuniga Board Member	3 0 0 0	X						0	0	0
Glenda G Abbott Community Impact Chair	3 0 0 0	X		X				0	0	0
Aaron Lawlor Board Member	2 0 0 0	X						0	0	0
Adrienne Anderson Board Member	1 0 0 0	X						0	0	0
Melinda Whittington Board Member (Beg 8/17)	1 0 0 0	X						0	0	0
Monica M Burmeister Treas Finc & Admin Chair	3 0 0 0	X		X				0	0	0
Nancy Chase Coolley Board Member	4 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Culunge Lopez Board Member (Beg 5/18)	1 0 0 0	X						0	0	0
Donnovan M Young Board Member	3 0 0 0	X						0	0	0
Dru Garcia Board Member (Beg 5/18)	1 0 0 0	X						0	0	0
Kristi Long President & CEO	50 0 0 0	X		X				161,720	0	22,861
Jesus Ruiz Board Member	2 0 0 0	X						0	0	0
Patrice Maloney-Knauf Board Member	3 0 0 0	X						0	0	0
Lawrence Corrigan Board Member	1 0 0 0	X						0	0	0
Michael G Nerheim Board Member	1 0 0 0	X						0	0	0
Andrew Walsh Board Member	1 0 0 0	X						0	0	0
Azita Saleki-Gerhardt PHD Board Member	2 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Tejal Vakharia Board Member	2 0 0 0	X						0	0	0
Andrew Warrington Board Chair	5 0 0 0	X		X				0	0	0
Mark Schweitzer Resource Development Chair	4 0 0 0	X		X				0	0	0
Kristi Zinselmeier Board Member	1 0 0 0	X						0	0	0
Judy Berliant Board Member	4 0 0 0	X						0	0	0
Michele Maiter Board Member	1 0 0 0	X						0	0	0
Demar Harris Board Member (Beg 5/18)	1 0 0 0	X						0	0	0
Captain Raymond Leung Board Member (Beg 5/18)	0 0 0 0	X						0	0	0
Joe Garnett Board Member (Beg 5/18)	1 0 0 0	X						0	0	0
Carl Skoog Board Member (Thru 5/18)	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Scott E Jones THRU 518 Immediate Past Board Chair	5 0 0 0	X		X				0	0	0
Steven Esposito Board Member (Thru 11/17)	1 0 0 0	X						0	0	0
David Kuhn Board Member (Thru 1/18)	1 0 0 0	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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
United Way of Lake County Inc

Employer identification number

36-2167949

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 _____

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	7,544,860	7,673,868	7,036,324	6,551,957	6,671,538	35,478,547
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	7,544,860	7,673,868	7,036,324	6,551,957	6,671,538	35,478,547
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)						588,712
6	Public support. Subtract line 5 from line 4						34,889,835

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	7,544,860	7,673,868	7,036,324	6,551,957	6,671,538	35,478,547
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	111,884	98,443	113,548	103,878	109,844	537,597
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	987	2,291	43	460	0	3,781
11	Total support. Add lines 7 through 10						36,019,925
12	Gross receipts from related activities, etc (see instructions)					12	46,369

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	96.863%
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	97.110%

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:

Software Version:

EIN: 36-2167949

Name: United Way of Lake County Inc

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
United Way of Lake County Inc

Employer identification number
36-2167949

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	
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)	21,546	
4 Aggregate value at end of year	21,546	

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,473,708	4,210,840	4,501,745	4,766,189	4,231,089
b Contributions		9,219	737	12,095	
c Net investment earnings, gains, and losses	335,633	474,159	-70,736	-17,017	686,037
d Grants or scholarships	216,172	220,510	220,906	259,522	150,937
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,593,169	4,473,708	4,210,840	4,501,745	4,766,189

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 54 700 %
 - b** Permanent endowment ▶ 44 200 %
 - c** Temporarily restricted endowment ▶ 1 100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		200,000		200,000
b Buildings		2,123,433	872,774	1,250,659
c Leasehold improvements				
d Equipment		442,998	402,181	40,817
e Other		381,935	367,709	14,226
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,505,702

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

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

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
OTHER LIABILITIES	2,433
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	2,433

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	3,481,760
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	131,906
b	Donated services and use of facilities	2b	45,455
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-17,531
e	Add lines 2a through 2d	2e	159,830
3	Subtract line 2e from line 1	3	3,321,930
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	3,574,628
c	Add lines 4a and 4b	4c	3,574,628
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	6,896,558

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	3,270,752
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	45,455
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	45,455
3	Subtract line 2e from line 1	3	3,225,297
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	3,574,628
c	Add lines 4a and 4b	4c	3,574,628
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	6,799,925

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	

Additional Data

Software ID:

Software Version:

EIN: 36-2167949

Name: United Way of Lake County Inc

Supplemental Information

Return Reference	Explanation
INTENDED USES OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4 THE BOARD DESIGNATED ENDOWMENT FUNDS ARE UNRESTRICTED FUNDS SET ASIDE BY UNITED WAY OF LAKE COUNTY, INC 'S ("UWLC") BOARD OF DIRECTORS FOR SPECIFIC PURPOSES OR PROJECTS THE PERMANENT FUND IS KNOWN AS THE UNITED WAY OF LAKE COUNTY FOREVER FUND ("THE FUND") THE PURPOSE OF THE FUND IS TO RAISE AND SECURE GIFTS, GRANTS, BEQUESTS AND DEVICES APART FROM THE ANNUAL UWLC CAMPAIGN INVESTMENT INCOME FROM THE FUND WILL BE DISTRIBUTED AT THE DIRECTION OF THE BOARD OF DIRECTORS OF UWLC IN A MANNER DEEMED PRUDENT TO SERVE A BROAD RANGE OF COMMUNITY NEEDS INCLUDING, BUT NOT LIMITED TO, HEALTH AND HUMAN SERVICES, CAPITAL, EDUCATIONAL AND CULTURAL PROGRAMS FOR THOSE PERSONS THEN PRESENT IN, OR LIVING IN, THE LAKE COUNTY, ILLINOIS COMMUNITY

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL DESCRIPTION - OTHER REVENUE	SCHEDULE D, PART XI, LINE 2D LOSS ON PRIOR YEAR PLEDGE WRITE-OFF (\$17,531)

Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL DESCRIPTION - OTHER EXPENSES	SCHEDULE D, PART XI, LINE 4B DESIGNATIONS TO OTHER ORGANIZATIONS 3,574,628 TOTAL \$ \$3,574,628

Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL DESCRIPTION OTHER	SCHEDULE D, PART XII, LINE 4B DESIGNATIONS TO OTHER ORGANIZATIONS \$3,574,628 TOTAL \$3,574,628

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

Name of the organization
United Way of Lake County Inc

Employer identification number
36-2167949

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 ▶ _____ 29
- 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
PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U S	SCHEDULE I, PART I, LINE 2 THE AGENCIES LISTED IN SCHEDULE I INCLUDE UNITED WAY FUNDED AGENCIES AND AGENCIES RECEIVING DONOR DESIGNATIONS FOR PURPOSES OF COMPLETING SCHEDULE I, IF AN AGENCY RECEIVED UWLC GRANT FUNDS AND DONOR DESIGNATIONS, THE AMOUNT OF CASH GRANT IS THE TOTAL OF THESE TWO FUNDING SOURCES EACH AGENCY RECEIVING DIRECT UWLC FUNDING IS REQUIRED TO SUBMIT SEMI-ANNUAL REPORTS TO UNITED WAY OF LAKE COUNTY, INC ("UWLC") THE REPORTS INCLUDE INFORMATION ABOUT BUDGET, DEMOGRAPHICS REGARDING THE COMMUNITY SERVICED AND PERFORMANCE (OUTCOME) UPDATES THESE REPORTS ARE REVIEWED BY THE STAFF OF UWLC AND FOLLOW UP IS PERFORMED IF NECESSARY IN ADDITION, UWLC MAINTAINS CONTACT WITH THE AGENCIES THROUGH THE YEAR AS THE AGENCIES' FUNDED PROGRAMS ARE EXECUTED FOR AGENCIES RECEIVING FUNDS AS A RESULT OF DONORS DESIGNATING TO THOSE AGENCIES, UWLC DOES NOT MONITOR THESE AGENCIES HOWEVER, THESE DESIGNATED AGENCIES ARE CHECKED TO VERIFY THEIR 501(C)(3) STATUS AND COMPLIANCE WITH THE PATRIOT ACT

Additional Data

Software ID:
Software Version:
EIN: 36-2167949
Name: United Way of Lake County 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
ONE HOPE UNITEDHOME VISITING ALLOCATION PO Box 1128 Lake Villa, IL 60046	36-2181967	501(C)(3)	227,656				PROGRAM SUPPORT
CATHOLIC CHARITIES LAKE COUNTY SERVICES 671 South Lewis Avenue Waukegan, IL 60085	36-2170821	501(C)(3)	65,966				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
ZACHARIAS SEXUAL ABUSE CENTER 4275 Old Grand Avenue Gurnee, IL 60031	36-3314976	501(C)(3)	63,767				PROGRAM SUPPORT
NICASA NFP 31979 N Fish Lake Rd Round Lake, IL 60073	36-2605412	501(C)(3)	58,186				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
A SAFE PLACELAKE COUNTY 2710 17th Street Suite 100 Zion, IL 60099	36-3032700	501(C)(3)	38,902				PROGRAM SUPPORT
READING POWER INC 736 North Western Avenue Suite 226 Lake Forest, IL 60045	20-2916846	501(C)(3)	35,479				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE COUNTY HEALTH DEPT 2400 Belvidere Road Waukegan, IL 60085	36-6006600	501(C)(3)	30,000				PROGRAM SUPPORT
MANO-A-MANO FAMILY RESOURCE CENTER 6 East Main Street Round Lake Park, IL 60073	36-4418084	501(C)(3)	32,200				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PADS CRISIS SERVICES INC PO Box 428 North Chicago, IL 60064	36-2948857	501(C)(3)	24,174				PROGRAM SUPPORT
ROUND LAKE PARK DISTRICT 814 Hart Road Round Lake, IL 60073	30-0053187	501(C)(3)	24,000				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
CRISTO REY ST MARTIN COLLEGE PREP 515 South Martin Luther King Dr Av Waukegan, IL 60085	42-1597059	501(C)(3)	19,350				PROGRAM SUPPORT
FAMILY SERVICE PREVENTION EDU & COUNSLNPO 777 Central Avenue Highland Park, IL 60035	36-2167063	501(C)(3)	17,068				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 CLUB OF LAKE COUNTY 1801 Sheridan Road North Chicago, IL 60064	36-4266009	501(C)(3)	16,992				PROGRAM SUPPORT
ERIE FAMILY HEALTH CENTER 2323 Grand Avenue Waukegan, IL 60085	36-3816410	501(C)(3)	15,778				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 Cancer Society 225 North Michigan Avenue Suite 12 Chicago, IL 60601	36-2167721	501(C)(3)	14,185				PROGRAM SUPPORT
ARDEN SHORE CHILD & FAMILY SERVICES 329 North Genesee Street Waukegan, IL 60085	36-2167724	501(C)(3)	14,164				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
MOST BLESSED TRINITY 450 Keller Avenue Waukegan, IL 60085	80-0432313	501(C)(3)	11,357				PROGRAM SUPPORT
HIGHLAND PARK COMMUNITY NURSERYDAYCARE CTR 1850 Green Bay Road Highland Park, IL 60035	36-2187792	501(C)(3)	11,024				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
TRI-CON CHILD CARE CENTER 425 Laurel Avenue Suite B Highland Park, IL 60035	36-2708769	501(C)(3)	11,022				PROGRAM SUPPORT
John D & Minnie R Schneider Charitable Trust 2000 Hollister Drive Libertyville, IL 60048	36-3388493	501(C)(3)	10,252				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA LAKE COUNTY 700 Forest Edge Drive Vernon Hills, IL 60061	36-3916143	501(C)(3)	9,870				PROGRAM SUPPORT
WAUKEGAN TO COLLEGE 410 Grand Avenue Waukegan, IL 60085	45-4860376	501(C)(3)	8,576				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
MOTHERS TRUST FOUNDATION 400 East Illinois Road Lake Forest, IL 60045	36-4177726	501(C)(3)	7,949				PROGRAM SUPPORT
FAMILY FOCUS INC FAMILY NETWORK 330 Laurel Avenue Highland Park, IL 60035	36-3219968	501(C)(3)	7,896				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 Kenosha County 5500 6th Avenue Suite 210 Kenosha, WI 53140	39-0806285	501(C)(3)	7,378				PROGRAM SUPPORT
CHRISTIAN OUTREACH OF LUTHERANS 127 West Water Street Waukegan, IL 60085	36-3310492	501(C)(3)	7,070				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of the DuPage Area 900 Jorie Blvd Suite 260 501C3 Oak Brook, IL 60523	36-2584417	501(C)(3)	6,705				PROGRAM SUPPORT
Snow City Arts Foundation 630 South Hermitage Suite 103K Chicago, IL 60612	36-4240513	501(C)(3)	5,600				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
ZION BENTON CHILDREN'S SERVICE 1608 West 23rd Street Zion, IL 60099	36-2765140	501(C)(3)	5,188				PROGRAM SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
United Way of Lake County Inc

Employer identification number
36-2167949

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<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
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
United Way of Lake County Inc

Employer identification number
36-2167949

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	11	76,655	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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 31	UNITED WAY OF LAKE COUNTY, INC IS REPORTING BOTH THE NUMBER OF CONTRIBUTIONS AND THE NUMBER OF ITEMS RECEIVED DURING THE FISCAL YEAR ENDING JUNE 30, 2018

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
United Way of Lake County Inc

Employer identification number

36-2167949

990 Schedule O, Supplemental Information

Return Reference	Explanation
EMPLOYEES/VOLUNTEERS	FORM 990, PART I, LINE 6 BOARD/POLICY MAKING VOLUNTEERS 41 INTERNAL CAMPAIGN COORDINATORS 103 COMMUNITY IMPACT/COMMUNITY BUILDING VOLUNTEERS 41 DAY OF SERVICE VOLUNTEERS 745 OTHER 13 TOTAL 943

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D READING SUCCESS AND STAY IN SCHOOL CHILDREN ACHIEVE EARLY ACADEMIC SUCCESS AND YOUTH GRADUATE HIGH SCHOOL READY TO SUCCEED WITH GRANTS TO THE COMMUNITY OF \$173,187 THERE WERE 8 AGENCIES INVOLVED HAVING 12 PROGRAMS THAT SERVED 15,853 CLIENTS IN 2018 THE AGENCY PROGRAMS FUNDED IN THIS AREA HELP ELEMENTARY AGE CHILDREN DEVELOP HEALTHY HABITS/BEHAVIORS (1,230 CLIENTS SERVED, 7 8%), CHILDREN DEVELOP ACADEMIC SKILLS (330 CLIENTS SERVED, 2 0%), YOUTH AVOID/REDUCE RISKY BEHAVIORS (12,711 CLIENTS, 80 2%), PARENTS ARE ENGAGED IN THE EDUCATION OF THEIR CHILDREN (268 CLIENTS SERVED, 1 7%) AND YOUTH DEVELOP SKILLS THAT WILL PREPARE THEM FOR A SUCCESSFUL FUTURE (1,314 CLIENTS SERVED, 8 3%) PROGRAMS INCLUDE AFTER SCHOOL TUTORING AND MENTORING, COUNSELING, SUBSTANCE ABUSE PREVENTION, LITERACY, JOB/VOCATIONAL TRAINING, CAREER PLANNING, AND FINANCIAL SKILLS

990 Schedule O, Supplemental Information

Return Reference	Explanation
DELEGATION OF AUTHORITY	FORM 990, PART VI, LINE 1A THE EXECUTIVE COMMITTEE HAS ALL POWER AND AUTHORITY TO ACT FOR THE BOARD OF DIRECTORS BETWEEN REGULAR BOARD MEETINGS AND IN EMERGENCIES THE EXECUTIVE COMMITTEE HAS SUCH POWER AS IS DELEGATED BY THE BOARD THE EXECUTIVE COMMITTEE CONSISTS OF A MINIMUM OF EIGHT DIRECTORS, INCLUDING THE CHAIR OF THE BOARD ADDITIONAL DIRECTORS MAY BE ELECTED TO SERVE AS AT-LARGE VOTING MEMBERS OF THE EXECUTIVE COMMITTEE FROM TIME TO TIME BY THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO DETERMINE THE ANNUAL OPERATING BUDGET, SALARY AND BENEFIT SCHEDULES, SUBJECT TO THE RATIFICATION OF THE AGGREGATE AMOUNT BY THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, LINE 6 THE MEMBERS OF THIS CORPORATION SHALL BE ONE CLASS OF TERMED MEMBERS EACH CONTRIBUTOR TO THE UNITED WAY OF LAKE COUNTY CAMPAIGN SHALL BE ENTITLED TO MEMBERSHIP IN THE UNITED WAY OF LAKE COUNTY AND SHALL BE KNOWN AS A MEMBER DURING THE YEAR FOR WHICH THE GIFT WAS MADE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, LINE 11B A REVIEW OF THE FORM 990 WAS CONDUCTED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS AND CERTAIN KEY UNITED WAY OF LAKE COUNTY STAFF MEMBERS DURING THE FINANCE COMMITTEE MEETING ON JANUARY 15, 2019 PRIOR TO THE FILING OF THE FORM 990 COPIES OF THE FORM 990 AND THE PRIOR YEAR FORM 990 WERE EMAILED TO THE FINANCE COMMITTEE AND KEY UNITED WAY OF LAKE COUNTY STAFF MEMBERS THE PRESIDENT & CEO, THE VICE PRESIDENT OF COMMUNITY IMPACT AND THE DIRECTOR OF HUMAN RESOURCES QUESTIONS OR COMMENTS FROM THE FINANCE COMMITTEE AND THE KEY STAFF MEMBERS CONCERNING THE FORM 990 WERE SOLICITED AND SHARED FOLLOWING THE REVIEW, THE FORM 990 WAS PROVIDED TO EACH OF THE VOTING MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT	FORM 990, PART VI, LINE 12C THE ORGANIZATION HAS TWO CODE OF ETHICS POLICIES (COLLECTIVELY REFERRED TO AS "THE ETHICS POLICIES") COVERING (1) EMPLOYEES AND (2) VOLUNTEERS AND REPRESENTATIVES (INCLUDING BOARD OF DIRECTORS AND ITS COMMITTEES) OF THE UNITED WAY OF LAKE COUNTY, INC ("UWLC") AND CLOSE FAMILY MEMBERS OF EMPLOYEES AND VOLUNTEERS AND REPRESENTATIVES THE ETHICS POLICIES COVER, AMONG OTHER TOPICS AND WHEN APPLICABLE, ACCOUNTABILITY AND EFFICIENCY, RESPONSIBILITIES TO (OF) VOLUNTEERS AND REPRESENTATIVES, VENDOR RELATIONS, EQUAL OPPORTUNITY, CONFLICT OF INTEREST, PERSONAL GAIN, FAVORITISM, SOLICITATIONS, CONFIDENTIAL INFORMATION AND DISCLOSURE REGARDING CONFLICTS OF INTEREST, UWLC EMPLOYEES, VOLUNTEERS AND REPRESENTATIVES ARE PROHIBITED FROM PARTICIPATING IN ANY ACTIVITY OR OUTSIDE BUSINESS VENTURE FOR FINANCIAL GAIN OR OTHERWISE THAT CONFLICTS WITH UWLC'S BEST INTERESTS, INCLUDING INVOLVEMENT WITH A CURRENT OR POTENTIAL VENDOR, GRANTEE OR COMPETING ORGANIZATION, UNLESS DISCLOSED TO AND NOT DEEMED TO BE INAPPROPRIATE BY THE PRESIDENT AND CEO OR BOARD CHAIRPERSON EACH UWLC EMPLOYEE, VOLUNTEER AND REPRESENTATIVE IS ANNUALLY REQUIRED TO COMPLETE, SIGN AND FORWARD RESPONSES TO A CONFLICT OF INTEREST STATEMENT THE RESULTS OF THE ANNUAL CERTIFICATION PROCEDURE ARE SUMMARIZED AND REPORTED TO THE BOARD OF DIRECTORS UWLC EMPLOYEES, VOLUNTEERS OR REPRESENTATIVES HAVING A GOOD FAITH COMPLAINT REGARDING ACCOUNTING, INTERNAL AUDITING CONTROLS, AUDITING MATTERS IN GENERAL AND/OR OTHER CONCERNS SPECIFICALLY NOTED IN THE ETHICS POLICIES (COLLECTIVELY REFERRED TO AS "ETHICAL FINANCIAL CONCERNS") MUST SUBMIT AN ETHICAL FINANCIAL CONCERN TO THE STAFF ETHICS OFFICER (DIRECTOR OF HUMAN RESOURCES) OR CURRENT BOARD CHAIRPERSON IN PERSON, BY TELEPHONE OR BY LETTER ALL ETHICAL FINANCIAL CONCERNS ARE RECORDED BY THE STAFF ETHICS OFFICER AND FORWARDED TO THE BOARD CHAIRPERSON THE BOARD CHAIRPERSON MAKES AN INITIAL DETERMINATION IF THE ETHICAL FINANCIAL CONCERN SHOULD BE FURTHER INVESTIGATED, AND IF SO, MAY DESIGNATE AN APPROPRIATE BOARD MEMBER(S) OR OUTSIDE COUNSEL/ADVISORS TO CONDUCT SUCH AN INVESTIGATION ON NOT LESS THAN A SEMI-ANNUAL BASIS, THE STAFF ETHICS OFFICER WILL REPORT TO THE BOARD AS TO THE STATUS OF ALL ETHICAL FINANCIAL CONCERNS THAT HAVE BEEN RECEIVED

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	<p>FORM 990, PART VI, LINES 15A AND 15B THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS OF UWLC REVIEW THE PERFORMANCE AND COMPENSATION OF THE PRESIDENT & CEO ("TOP MANAGEMENT OFFICIAL ") EACH YEAR, THE DIRECTOR OF HUMAN RESOURCES PRESENTS TO THE BOARD CHAIRMAN AND TO THE IMMEDIATE PAST BOARD CHAIRMAN EXTERNAL COMPENSATION DATA FOR THE PRESIDENT & CEO POSITION (THIS WAS LAST PERFORMED FOR THE FISCAL YEAR ENDED JUNE 30, 2018) ANNUALLY, THE BOARD CHAIRMAN CONDUCTS A PERFORMANCE EVALUATION OF THE PRESIDENT & CEO AND REVIEWS THE EVALUATION WITH THE PAST BOARD CHAIRMAN AND EXECUTIVE COMMITTEE ANY SALARY ADJUSTMENT FOR THE PRESIDENT & CEO IS COMMUNICATED TO THE DIRECTOR OF HUMAN RESOURCES BY THE PRESENT BOARD CHAIRMAN THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS REVIEW AND APPROVE ALL COMPENSATION ADJUSTMENTS FOR ALL OFFICERS, KEY EMPLOYEES AND OTHER EMPLOYEES COMPENSATION ADJUSTMENTS (EXCLUDING ANY ADJUSTMENT FOR THE PRESIDENT & CEO) ARE RECOMMENDED TO THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS BY THE PRESIDENT & CEO THE PRESIDENT & CEO REVIEWS AND APPROVES/DISAPPROVES DECEPTIONS TO UWLC'S COMPENSATION POLICY AND ADMINISTRATION GUIDELINES AS RECOMMENDED BY THE DEPARTMENTAL VICE PRESIDENTS AND SUPERVISORS THE PRESIDENT & CEO ALSO APPROVES SALARY ADJUSTMENTS, JOB CHANGES AND PERFORMANCE APPRAISALS THESE PROCESSES WERE LAST UNDERTAKEN FOR THE FISCAL YEAR ENDED JUNE 30, 2018 MINUTES ARE PREPARED DOCUMENTING THE DELIBERATION AND DECISION MAKING REGARDING COMPENSATION ADJUSTMENTS FOR ALL OFFICERS, KEY EMPLOYEES AND OTHER EMPLOYEES UWLC USES A MARKET PRICING/JOB SLOTTING SYSTEM AS THE BEST FIT FOR ITS TOTAL COMPENSATION PHILOSOPHY USING JOB DESCRIPTIONS AS A BASE, "BENCHMARK JOBS" (JOBS COMMON TO SIMILAR ORGANIZATIONS TYPICALLY SURVEYED) WERE IDENTIFIED APPROXIMATELY 25 JOBS WERE SELECTED AS BENCHMARK JOBS THESE JOBS WERE COMPETITIVELY PRICED TO THE LABOR MARKET ALL NON-BENCHMARK JOBS WERE COMPARED AND RANKED AS TO JOB RESPONSIBILITIES IN COMPARISON TO THE BENCHMARK JOBS TO DETERMINE APPROPRIATE SALARY RANGE PLACEMENT UWLC USES APPROPRIATE PUBLISHED SALARY SURVEYS TO RESEARCH COMPETITIVE MARKET DATA AND ESTABLISH EXTERNAL EQUITY SURVEYS USED INCLUDE (NOT INCLUSIVE) ASSOCIATION FORUM OF CHICAGOLAND -- COMPENSATION & BENEFITS SURVEY FOR NOT-FOR-PROFITS, ABBOTT, LANGER ASSOCIATION SURVEYS - NOT-FOR-PROFITS, SULLIVAN & COTTER - CHICAGO BENCHMARK COMPENSATION STUDY, WATSON WYATT - OFFICE PERSONNEL REPORT AND UNITED WAY WORLDWIDE - SALARY SURVEY USING EXTERNAL COMPETITIVE SALARY DATA AND INTERNAL JOB RANKINGS, A SALARY STRUCTURE WAS CREATED BENCHMARK JOBS WERE PLACED IN SALARY RANGES BASED ON COMPETITIVE MARKET DATA AND NON-BENCHMARK JOBS WERE PLACED BASED ON A COMPARISON OF INTERNAL JOBS AND JOB FAMILIES SALARY RANGES ARE REVIEWED AND REVISED WHEN THE NEED IS INDICATED BY CHANGES IN COMPETITIVE PAY TARGETS FOR THE LABOR MARKET AS ESTABLISHED BY SURVEY DATA SALARY RANGES ARE REVIEWED, A MINIMUM OF, EVERY THREE YEARS BY THE FINANCE COMMITTEE O</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	IF THE BOARD OF DIRECTORS COMPENSATION SURVEYS ARE CONDUCTED PERIODICALLY FOR EXISTING AND NEWLY-CREATED POSITIONS TO CONFIRM THAT UWLC'S SALARY RANGES ARE COMPETITIVE

990 Schedule O, Supplemental Information

Return Reference	Explanation
DOCUMENTS MADE AVAILABLE TO THE PUBLIC	FORM 990, PART VI, LINE 18 UWLC'S FORM 1023, APPLICATION FOR RECOGNITION OF EXEMPTION, IS AVAILABLE TO THE PUBLIC UPON REQUEST UWLC MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC ON UWLC'S WEBSITE AT HTTP //WWW LIVEUNITEDLAKECOUNTY ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	UWLC MAKES ITS GOVERNING DOCUMENTS, THE BYLAWS AND ARTICLES OF INCORPORATION, AND ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST THE MOST RECENT AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT UWLCS WEBSITE AT HTTP //WWW LIVEUNITEDLAKECOUNTY ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
INDEPENDENT CONTRACTORS	FORM 990, PART VII, SECTION B, LINE 1 UNITED WAY OF METROPOLITAN CHICAGO INC PROVIDES SUPPORT SERVICES TO UWLC THESE SERVICES ARE DONOR PROCESSING AND FINANCIAL SERVICES THE DONOR PROCESSING INCLUDES PROCESSING OF DONOR PLEDGES, ISSUANCE OF TAX RECEIPTS, CREDIT CARD AND STOCK DONATION PROCESSING, AGENCY NOTIFICATION OF DONOR DESIGNATION PAYOUTS AND PROCESSING OF PLEDGE PAYMENTS FINANCIAL SERVICES INCLUDE BOOKKEEPING SERVICES, AUDIT SUPPORT, AND PAYMENT OF EXPENSES AND AGENCY ALLOCATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 9 LOSS ON PRIOR YEAR PLEDGE WRITE-OFF TOTAL (17,531) (17,531)