000 T	EXE	empt Organization E	usir	iess income ra	x vermin	<u> </u>	MB NO. 1545-0687
Form 990-T		(and proxy tax u	ınder	section 6033(e))		- 1	2011
_ ·	For	calendar year 2011 or other	ax yez	ır beginning	, 2011, and	<u> </u>	en to Public Inspection
Department of the Treasury Internal Revenue Service	er	nding , 20		 See separate 	instructions.		11(c)(3) Organizations Only
A . Chock b x if address changed	NE	me of organization (Check	box if n	ame changed and see in	structions)		oyer ID number
B Exempt under section	- la1	ack United Fund of			·	(Employ	ees' inusi, see inst.)
달 汉 501(c)(3)		mber, street, and room or suite			ns	36-33	3 9 7908
408(e) 220(e)		09 E. 71st Stre					lated business activity
408A 530(a)		y or town, state, and ZIP code					S (See instructions)
		icago IL 60649				53	
C Book value of all assats		kemption number (See Instruction	ans I h				
pt and of year		rganization type ► 50) trust 4	01(a) tru:	st Other trust
×	GCHeck of	y unrelated business activity.	Don!	office BDZ			
		ration a subsidiary in an affiliat			controlled Brodi	ρ,	▶ Yes X No
		lifying number of the parent cor	poratio		 	· /=:	22/224 0404
J The books are in care i							73)324-0494
		r Business Income		(A) Income	(B) Expen	598	(C) Net
1 a Gross receipts or sal		165,123	1			1	
b Less returns & allow		cBal. ►	1c	165,128			
2 Cost of goods sold (5	Schedule A,	line 7)	2				
3 Gross profit. Subtrac	t line 2 from	line 1c	3	165,128	·		165,128
~4a Capital gain net inco.	me (attach:	Schedule D)	48				
b Net gain (loss) (Form	n 4797, Parl	II, line 17) (stach Form 4797)	4b		,	,	
•			4c				
Zs Income (loss) from n		& S corps. (attach statement)	5				
		***************************************	6	.*			
		(Schedule E)	7 			 -	
Interest appuring m		rents from controlled	 				
merest, armines, re	=		8	}		ł	
7 Unrelated debt-finan Interest, annuities, re organizations (Sched Investment income o organization (Sched Exploited exempt act							
investment income o		501(c)(7), (9), or (17)		ì		` l	
organization (Schedu			9		<u> </u>		
		e (Schedule I)	10				
			11				
,		ns; attach schedule)	12		<u> </u>		
		12	13	165,128		0	165,128
Part II Deduction	ns Not Ta	aken Elsewhere (See inst	ruction	s for limitations on dedu	ctions.)		
(Except for c	ontributions	, deductions must be directly c	onnect	ed with the unrelated but	siness income.)		
•		ors, and trustees (Schedule K)				14	
15 Salaries and wages						15	51,388
16 Repairs and mainten	впсе	STATU	TC !	IAMT		16	
17 Bad debts			# 17.YE	:C:		17	
18 Interest (attach sched	dule)	nLOI	_			18	
19 Taxes and licenses			1 21	11E		19	
20 Charitable contribution	ons (See ins	structions for limitation rules.)	X 20			20	
21 Depreciation (attach	Form 4562)	**************************************	DAAI	104 21	21,201	—	
22 Less depreciation cla	imed on Sc	hedule A and elsewhere on el	umizi).	222	01/001	22b	רתב וב
23 Depletion		06				23	21,201
		nsation plans				24	
N N						+	
						25	
		dule I)				26	
27 Excess readership co	osis (Sched	ule J)		• • • • • • • • • • • • • • • • • • • •		27	
28 Other deductions (att	ach schedu	lle)	• • • • •	• • • • • • • • • • • • • • • • • • • •	#1		167,338
29 Total deductions. A	dd lines 14	through 28	• • • • •			29	239,927
		me before net operating loss de				30	-74,799
		nited to the amount on line 30)				31	
		me before specific deduction S				32	-74,799
33 Specific deduction (G	enerally \$1	,000, but see line 33 instruction	ns for e	xceptions.)		33	
		come.Subtract line 33 from line					
						34	74,799
For Paperwork Reduction	Act Notic	e, see instructions.			· · · · · · · · · · · · · · · · · · ·		Form 990-T (2011)

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Par	t III Tax Computation					
35	Organizations Taxable as Corpor	ations.See instructions for tax o	omputation.			
	Controlled group members (section	s 1561 and 1563) check here 🕨	See instruc	tionsand:		
.a	Enter your share of the \$50,000, \$2	5,000, and \$9,925,000 taxable is	ncome brackets (i	n that order);		
_		2) \$	(3) \$	1	1 1	
h	Enter organization's share of: (1) A			16	1 1	
u	(2) Additional 3% tax (not more than				-	
_	• •			14	- ,	
	Income tax on the amount on line 3				35c	
36	Trusts Taxable at Trust Rates. Se	<u> </u>			1 1	
		iedule or 🔲 Schedule D (Forn			36	
37	Proxy tax. See instructions				- 37	
38	Alternative minimum tax				38	
39	Total. Add lines 37 and 38 to line 3	5c or 36, whichever applies			39	0
Par	t IV Tax and Payments					
40 a	Foreign tax credit (corporations atta	ch Form 1118; trusts attach Ford	m 1116) 4	0a		
	Other credits (see instructions)		· · · —	Db	-	
	General business credit. Attach For			0c	-	
d	Credit for prior year minimum tax (a			0d	-	
e	Total credits. Add lines 40a throug				40e	
_						0
41	Subtract line 40e from line 39 Other taxes. Check if from. Form	4255 50m 9811 Farm 980	7 Dr.— 0000	:Поње (емер н. b.)	41	
42	Tables Add Page 44 and 42	4255 Form 8611 Form 869	/ Urolin 8860	Olner (altach sch.)	42	
43	Total tax. Add lines 41 and 42				43	<u>0</u> _
	Payments: A 2010 overpayment cre			4a	_ '	•
þ	2011 estimated tax payments		_	4b		
C	Tax deposited with Form 8868		,,, [4	4c	\neg	
d	Foreign organizations: Tax paid or v	withheld at source (see instruction	ns) 4	4d	7	
e	Backup withholding (see Instruction:	5)	4	40	7	
f	Credit for small employer health insi	urance premiums (Attach Form I	3941) 4	46	,	
	Other credits and payments.	Form 2439	/ · · · · —		一 , , , , , ,	
_		<u> </u>		4_		
	1 1 FORM 4136	1 (Oiner	Total 🛌 🛮 4			
1 5	Total navments Add lines 44a thro	Other	Total ▶ 4			
45	Total payments. Add lines 44a thro	ugh 44g		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	45	0
46	Total payments. Add lines 44a thro Estimated tax penalty (see Instruction	ough 44g ons). Check if Form 2220 is attac	thed	····· • [46	0
46 47	Total payments. Add lines 44a thro Estimated tax penalty (see Instruction Tax due. If line 45 is less than the to	ough 44g ons). Check if Form 2220 is attac otal of lines 43 and 46, enter am	ched	····· • [46 47	0
46 47 48	Total payments. Add lines 44a thro Estimated tax penalty (see Instruction Tax due. If line 45 is less than the to Overpayment. If line 45 is larger that	ough 44g ons). Check if Form 2220 is attact otal of lines 43 and 46, enter am an the total of lines 43 and 46, e	ched	Þ [46 47 48	0
46 47 48 49	Total payments. Add lines 44a thro Estimated tax penalty (see Instruction Tax due. If line 45 is less than the to Overpayment. If line 45 is larger that Enter amount of In. 48 you want. Cr	ough 44g	chedount owed	paid Pefunded P	46 47 48 49	0
46 47 48 49	Total payments. Add lines 44a thro Estimated tax penalty (see Instruction Tax due. If line 45 is less than the to Overpayment. If line 45 is larger that Enter amount of In. 48 you want. Cr tV Statements Regarding	ons). Check if Form 2220 is attacted of lines 43 and 46, enter amount the total of lines 43 and 46, enter dited to 2012 estimated tax and 46, enter dited to 2012 estimated tax	ched ount owed nter amount over	paid Refunded Nation (see instructions	46 47 48 49	0
46 47 48 49 Par	Total payments. Add lines 44a thro Estimated tax penalty (see Instruction Tax due. If line 45 is less than the to Overpayment. If line 45 is larger that Enter amount of In. 48 you want. Cr tV Statements Regardin At any time during the 2011 calenda	ons). Check if Form 2220 is attacted to 1 lines 43 and 46, enter arm an the total of lines 43 and 46, enter did to 2012 estimated tax on the Control of the	ched	paid Refunded Nation (see instructions a signature or other auth	46 47 48 49 onity over a	Yesi No
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46 47 48 49 Par	Total payments. Add lines 44a thro Estimated tax penalty (see Instruction Tax due. If line 45 is less than the to Overpayment. If line 45 is larger that Enter amount of In. 48 you want. Cr t.V. Statements Regardin At any time during the 2011 calenda financial account (bank, securities, of Report of Foreign Bank and Financial	ough 44g ons). Check if Form 2220 is attacted of lines 43 and 46, enter arm an the total of lines 43 and 46, enter dited to 2012 estimated tax pag Certain Activities and ar year, did the organization have or other) in a foreign country? If Yeal Accounts If YES, enter the near	Other Informer an interest in or	Refunded Pation (see instructions a signature or other authation may have to file Forecountry here	46 47 48 49 5) ority over a m TD F 90-2	22 1, X
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46 47 48 49 Par 1 2 3 Sche 1 2 3 4a b 5 Sign Here	Total payments. Add lines 44a thro Estimated tax penalty (see Instruction Tax due. If line 45 is less than the to Overpayment. If line 45 is larger that Enter amount of In. 48 you want. Cr I V Statements Regardin At any time during the 2011 calendar financial account (bank, securities, of Report of Foreign Bank and Financial During the tax year, did the organizat If YES, see Instructions for other for Enter the amount of tax-exempt inter Edule A Cost of Goods So Inventory at beginning of year Purchases Cost of labor Additional section 283A costs (ettech schedule) Other costs (attach schedule) Total. Add lines 1 through 4b Under pinaltics of payiny, Laglare tight belief fils true, correct/and complete to Firm's name MI CHAE Print/Type preparer's name Firm's name MI CHAE CHI CAGO IL 606	pugh 44g cons). Check if Form 2220 is attace cotal of lines 43 and 46, enter arm an the total of lines 43 and 46, enter and the total of lines 43 and 46, enter and the total of lines 43 and 46, enter and the total of lines 43 and 46, enter and the total of lines 43 and 46, enter and the total of lines 43 and 46, enter and the total of lines 43 and 46, enter and the organization have and the organization have better the organization may have to a total contraction may have	Other Information of the can interest in or (ES, the organization of the foreign or was it the grant of the tax year of tax years of the tax year of tax years	Refunded Nation (see instructions a signature or other authorition may have to file For a country here to rot, or transferor to, a late to file For each of section 263A (with resoluted or acquired for resoluted for resoluted or acquired for resoluted for re	46 47 48 49 5) ority over a m TD F 90-2 oreign trust 6 7 spect to sale) apply I my knowledge May the IR: with the pre (sec historicitions ik K if I my knowledge N > 36 - 3	Yes No X Yes No X Sidiscuss this return parer shown below No TIN 201053445 818674

Form 990-T (2011) Bla	ack United							l Dr	Page (
(see instructions)	me (From Rea		ty and reison	nai P	iohei	ıy L	eased willi Ked	1710	
1. Description of property									
(1)									
(2)									
(3)	······································								
(4)	2. Rent received	d or accrue							
(a) From personal property (if of rent for personal property 10% but not more than	the percentage is more than	(b) From	real and persona age of reht for pen s 50% or if the ren profit or incom	sonal p It is ba	ropert	y	3(a) Deductions du in columns 2(a)	ectly and 2	connected with the incor (b) (attach schedule) *
(1)									
(2)									
(3)							ļ		
Total	0 17	l otal					(10) 700000000000000000000000000000000000	<u> </u>	
(c) Total income. Add totals of	columns 2(a) and	2(b). Enter	· · · · · · · · · · · · · · · · · · ·				(b) Total deduct here and on page 1		
here and on page 1, Part I, line (6, column (A)	▶_				0	line 6, column (B)	, v •	
Schedule E Unrelated	Debt-Finance	d Incom	e (see Instruct	lions)					
			2. Gross inci		om or	3. 1	Deductions directly co	onnec	cted with or allocable to d property
Description of deb	at-financed property	y	allocal debt-finance		art.	<u> </u>	(a) Straight line		(b)Other deductions
(1)			debelinance	- Piop	City	dep	eciation (attach sch.)	4	(attach schedule)
(1) :			 					┿	
(3)								+	-
(4)							,	+-	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adj of or alloca debt-financed (attach sch	able to property	6.Co 4 divi by colu	ded		7.Gr (co	oss income reportab ilumn 2 x column 6)		B. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	(CLESON CO.)				%			+-	
(2)					%	-		1	
(3)					%			I	
(4)					%			1	
Totals				•	•	Part	here and on page 1, l, line 7, column (A). 0		iter here and on page 1, irt I, line 7, column (8).
Total dividends-received dedu	ctions included in	column 8							0
Schedule F Interest, A	nnuities, Roya					ed C	Organizations (see ir	nstructions)
1. Name of controlled	2. Employer		npt Controlled Org Net unrelated		Total	of	5. Part of column 4	15.04	
organization	identification number	inco	ome (loss) (see instructions)	5,	pecifie ents n	d	is included in the controlling organizations gross income	•	6. Deductions directly connected with Income in column 5
(1)		_		<u> </u>					
(2) (3)			·				<u> </u>		ļ <u>.</u>
(4)		- 							
Nonexempt Controlled Organizat	ions			L					
7. Taxable Income	8. Net unrelated (loss) (see instru		9. Total of speci payments made		incl	uded	f column 9 that is in the controlling on's gross income		1. Deductions directly nected with income in column 10
(1)							3		+v-viiii (v
(2)							·		
(3)									 -
(4)									
Totals		~			here a	and or	1	Add o Enter Part	columns 6 and 11. I here and on page 1, I, line 8, column (B).
JVA 11 990T3 TWF 990	Copyright Forms (Soft	ware Only) - 2	011 TW				0_]		0 Form 990-T (2011)

Description of income		,		.Deductions	4. Set-aside	96	5.T/	tal deductions
	2. Amount of inc	come	direc (att	ctly connected ach schedule)	(attach sched		and se	et-asides (col. 3 plus col. 4)
(1)	~ ~				ļ			····
(2)							ļ	
(3)					ļ			<u>-</u>
(4)					<u></u>			
Totals	Enter here and on Part I, line 9, colum						Enter he Part I, lir	re and on page ne 9, column (B
Schedule I - Exploited Exen	ant Activity Inc	oma Ö	ther T	han Advortici	na Income (a	no leet-	-tin-n\	0
Description of exploited activity	2. Gross unrelated business income from trade or business	3.Exp	enses cily ed with tion of ated	4.Net income (loss) from unrelated trade or business (column 2 minus column 3). If a	5. Gross income from activity that is not unrelated business income	6.Ex	spenses stable to umn 5	7. Excess exempt expenses (column 6 mir column 5, bu not more tha column 4).
(1)	 	 			 	· · · · · ·		} -
(2)		 		 	 	 	· · · · · · · · · · · · · · · · · · ·	
(3)	 	-			 	 		
(4)	 	 		 -	 	 	-	
	Enter here & on page 1, Part I, line 10, col. (A).	Enter he page 1, line 10, c	Part I.		-		·	Enter here ar on page 1,
Totals	0	10,0	0			<u>,</u> , - '	•	Part II, line 2
Schedule J Advertising inc	come (see instr	uctions)		1				·
Part I Income From Perio			Cons	olidated Basis				
	2. Gross	3. Di	,	4. Advertising gain or (loss) (col. 2 minus)	5. Circulation	6 Bas	dership	7. Excess readership costs (column
Name of periodical	advertising Income	advertisır			Inçome)	osts	minus column but not more than column
(1)]				
2)	-			1	·	}]
3)								
4)] :				i i
Totals (carry to Part II, line (5))	0		0	0	0		0	
Part II Income From Perio	dicals Report	ed on a						·
columns 2 through 7 on a	ine-by-line basis.))	Separ	T *	each periodical lis	ited in Pa	art II, fill in	·
columns 2 through 7 on a	2. Gross advertising income	3.Dir advertisin	rect ng costs	4.Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	each periodical lis 5. Circulation income	6.Rea	art II, fill in dership sts	7. Excess readership costs (column minus column but not more than column 4
Name of periodical	2. Gross advertising	3.Dir	rect ng costs	4.Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6.Rea	dership	7. Excess readership costs (column minus column but not more
Name of periodical	2. Gross advertising	3.Dir	rect ng costs	4.Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6.Rea	dership	7. Excess readership costs (column minus column but not more
1. Name of periodical 1) 2)	2. Gross advertising	3.Dir	rect ng costs	4.Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6.Rea	dership	7. Excess readership costs (column minus column but not more
1. Name of periodical 1) 2) 3)	2. Gross advertising	3.Dir	rect ng costs	4.Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6.Rea	dership	7. Excess readership costs (column minus column but not more
1. Name of periodical 1) 2)	2. Gross advertising	3.Dir	rect ng costs	4.Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6.Rea	dership	7. Excess readership costs (column minus column but not more than column 4
1. Name of periodical 1) 2) 3) 4) Fotals from Part I	2. Gross advertising income 0 Enter here & on page 1, Part I, line 11, col. (A).	3.Dir	o e & on Part I, ol. (B)	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation	6.Rea	dership	7. Excess readership costs (column minus column but not more
1. Name of periodical 1) 2) 3) 4) Totals from Part I	2. Gross advertising income O Enter here & on page 1, Part I, line 11, col. (A).	3. Dir advertisin Enter her page 1, I	rect ng costs C e & on Part I, ol. (B)	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6.Rea	dership	7. Excess readership costs (column minus column but not more than column 4
1. Name of periodical 1) 2) 3) 4)	2. Gross advertising income O Enter here & on page 1, Part I, line 11, col. (A).	3. Dir advertisin Enter her page 1, I	o e & on Part I, ol. (B)	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income instructions) 3. Percent of time devoted	6.Rea co	dership sts	7. Excess readership costs (column minus column but not more than column 4
1. Name of periodical 1) 2) 3) 4) Totals from Part I Totals, Part II (lines 1-5)	2. Gross advertising income O Enter here & on page 1, Part I, line 11, col. (A).	3. Dir advertisin Enter her page 1, I	o e & on Part I, ol. (B)	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income instructions) 3. Percent of time devoted to business	6.Rea co	dership sts	7. Excess readership costs (column minus column but not more than column 4
1. Name of periodical 1) 2) 3) 4) Totals from Part I Sotals, Part II (lines 1-5)	2. Gross advertising income O Enter here & on page 1, Part I, line 11, col. (A).	3. Dir advertisin Enter her page 1, I	o e & on Part I, ol. (B)	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income instructions) 3. Percent of time devoted to business	6.Rea co	dership sts	7. Excess readership costs (column minus column but not more than column 4
1. Name of periodical 1) 2) 3) 4) Totals from Part I Totals, Part II (lines 1-5)	2. Gross advertising income O Enter here & on page 1, Part I, line 11, col. (A).	3. Dir advertisin Enter her page 1, I	o e & on Part I, ol. (B)	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income instructions) 3. Percent of time devoted to business	6.Rea co	dership sts	7. Excess readership costs (column minus column but not more than column 4
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1. Name of periodical 1) 2) 3) 4) Totals from Part I Totals, Part II (lines 1-5)	2. Gross advartising income 0 Enter here & on page 1, Part I, line 11, col. (A). 0 of Officers, Di	3. Dir advertisin Enter her page 1, I line 11, co	o e & on Part I, ol. (B) o , and	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income instructions) 3. Percent of time devoted to business	6.Rea co	dership sts	7. Excess readership costs (column minus column but not more than column 4

990 SCHEDULE OF OTHER DEDUCTIONS

spection For calendar year 2011 or tax period beginning	, and ending		·
ne of Organization ack United Fund of Illinois, Inc	-	Employer Ide 36-3397	entification Number 908
Description of Deduction			Total Amount
cupancy			12,323
ofessional Fees			435
surance	_		8,645
rtgage Interest	•		16,740
terest Expense		Į	1,525
operty Tax Expense		ł	54,607
fice Expense		ſ	3,535
ntal Purchase Equipment			3,535
curity Expense Lephone		ĺ	4,445 4,551
aveling Expenses			242
nk Service Charges		j	4.
ilities		ł	43,561
uipment Repairs and Maintenance	,		12,835
her Expenses	•	,	306
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