TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton Advisors LLC
Special Instructions	The return should be signed and dated by the appropriate officer(s). Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.
Application for Recognition of Exemption	Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application. An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, response is generally required within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently $1.00 for the first page and $0.15 for each additional page.
What if we post the Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

Docusign Envelope ID: 181CEAAE-A7D9-446D-AF51-9FFEAADA1208

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning JUL 1 , 2024, and ending JUN 30 , 20 25

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2024

Name of filer
UNITED WAY OF METROPOLITAN CHICAGO INC.

EIN or SSN
30-0200478

Name and title of officer or person subject to tax RONALD DENARD
CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	X	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	47,075,947.
2a	**Form 990-EZ** check here		**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here		**b Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here		**b Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here		**b Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here		**b Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here		**b Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here		**b FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here		**b Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here		**b Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____ , (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize GRANT THORNTON ADVISORS LLC to enter my PIN 62242
ERO firm name **Enter five numbers, but do not enter all zeros**

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Ronald DeNard Date 12/18/2025

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 368971991 85
Do not enter all zeros

COPY - DO NOT FILE

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature Bridget Rocke Date 12/12/2025

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2024)

LHA 402521 12-26-24

Docusign Envelope ID: 181CEAAE-A7D9-446D-AF51-9FFEAADA1208

EXTENDED TO MAY 15, 2026

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

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

C Name of organization
UNITED WAY OF METROPOLITAN CHICAGO INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 222 MERCHANDISE MART PLAZA

Room/suite 633

City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60654

F Name and address of principal officer: RONALD DENARD
SAME AS C ABOVE

D Employer identification number
30-0200478

E Telephone number 312-906-2350

G Gross receipts $ 55,097,915.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: HTTPS://LIVEUNITEDCHICAGO.ORG/

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2004 **M** State of legal domicile: IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF METRO CHICAGO BRINGS TOGETHER AND ACTIVATES PEOPLE, RESOURCES, AND EXPERTISE TO

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	169
6	Total number of volunteers (estimate if necessary)	6	6388
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	46,266,278.	45,069,699.
9	Program service revenue (Part VIII, line 2g)	425,037.	189,060.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,523,087.	1,676,981.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	76,173.	140,207.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	48,290,575.	47,075,947.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,656,224.	28,397,762.
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)	11,553,128.	12,710,531.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	60,000.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 3,137,548.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,503,936.	7,746,335.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	51,773,288.	48,854,628.
19	Revenue less expenses. Subtract line 18 from line 12	-3,482,713.	-1,778,681.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	49,451,698.	48,777,265.
21	Total liabilities (Part X, line 26)	11,411,140.	11,966,637.
22	Net assets or fund balances. Subtract line 21 from line 20	38,040,558.	36,810,628.

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

Ronald DeNard
Signature of officer — Date 12/18/2025

RONALD DENARD, CFO
Type or print name and title

COPY - DO NOT FILE

Paid Preparer Use Only

Preparer's name BRIDGET ROCHE	Preparer's signature Bridget Roche	Date 12/12/2025	Check if self-employed ☐	PTIN P00666837
Firm's name GRANT THORNTON ADVISORS LLC			Firm's EIN 99-1856619	
Firm's address 171 N. CLARK ST., STE. 200 CHICAGO, IL 60601			Phone no. (312) 856-0200	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
UNITED WAY OF METRO CHICAGO BRINGS TOGETHER AND ACTIVATES PEOPLE, RESOURCES, AND EXPERTISE TO IMPROVE OUTCOMES FOR INDIVIDUALS, FAMILIES, AND COMMUNITIES.

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 X 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 X 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 $ 10,840,548. including grants of $ 6,329,385.) (Revenue $ _____)
IMPACT GRANTS
FOR MORE THAN 90 YEARS, UNITED WAY OF METRO CHICAGO ("UNITED WAY") HAS MOBILIZED PRIVATE AND PHILANTHROPIC SUPPORT, AS WELL AS PUBLIC SECTOR RESOURCES, TO BUILD THRIVING COMMUNITIES. WE INVEST IN ORGANIZATIONS ACROSS THE REGION TO PROVIDE THE BUILDING BLOCKS TO STABILIZE HOUSEHOLDS AND ACHIEVE COMMUNITY-IDENTIFIED GOALS VIA ACCESS TO HEALTH CARE, HOUSING, SAFETY FROM ABUSE, FOOD ASSISTANCE, EARLY LEARNING, WORKFORCE DEVELOPMENT, AND LEGAL ASSISTANCE.

UNITED WAY OF METRO CHICAGO GROUNDS ITS GRANTMAKING IN LOCAL DATA, COMMUNITY INPUT, AND INSIGHTS FROM ORGANIZATIONS AND LEADERS WITH DEEP KNOWLEDGE OF COMMUNITY NEEDS. WE FOCUS ON SUPPORTING (SEE SCHEDULE O)

4b (Code: _____) (Expenses $ 15,063,182. including grants of $ 8,794,821.) (Revenue $ 189,060.)
NEIGHBORHOOD NETWORKS
AT UNITED WAY OF METRO CHICAGO, WE WORK ALONGSIDE LOCAL NEIGHBORHOOD LEADERS TO HELP IDENTIFY COMMUNITY PRIORITIES AND CREATE A RESIDENT-DRIVEN NEIGHBORHOOD STRATEGY. THIS PLACE-BASED APPROACH IS LED BY THE COMMUNITY QUARTERBACK, AN AGENCY THAT HELPS BRING TO THE TABLE ALL THE PEOPLE, RESOURCES, AND IDEAS NEEDED TO EXECUTE COMMUNITY PLANS.

UNITED WAY PROVIDES FUNDING, CAPACITY BUILDING, AND CONNECTIONS. WE THEN WORK ON THE GROUND WITH THE COMMUNITY QUARTERBACK TO DEVELOP AND SUPPORT THEIR WORK IN THE AREAS OF ECONOMIC AND WORKFORCE DEVELOPMENT, EDUCATION, HOUSING, SAFETY, AND MORE. UNITED WAY OF METRO CHICAGO SUPPORTS NETWORKS IN 17 NEIGHBORHOODS: AUBURN GRESHAM, (SEE SCHEDULE O)

4c (Code: _____) (Expenses $ 10,722,078. including grants of $ 10,722,078.) (Revenue $ _____)
THE CRITICAL WORK OF UNITED WAY REQUIRES SIGNIFICANT RESOURCES. SUPPORT IS RAISED THROUGH A DIVERSIFIED REVENUE MODEL. UNITED WAY CONDUCTS WORKPLACE GIVING CAMPAIGNS, RECEIVES INDIVIDUAL AND MAJOR GIFTS, AND IS AWARDED GRANTS FROM PRIVATE FOUNDATIONS AND THE LOCAL, STATE, AND FEDERAL GOVERNMENT. STRATEGIC EFFORTS ARE IN PLACE TO FURTHER GROW SIGNIFICANT REVENUE FROM GRANTS AND INDIVIDUAL GIVING. OTHER PROGRAM SERVICE ACHIEVEMENTS INCLUDE DESIGNATIONS BY DONORS TO OTHER 501(C)(3) ORGANIZATIONS.

COPY - DO NOT FILE

4d Other program services (Describe on Schedule O.)
(Expenses $ 4,370,000. including grants of $ 2,551,479.) (Revenue $ _____)

4e Total program service expenses 40,995,808.

Part IV Checklist of Required Schedules

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

COPY - DO NOT FILE

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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? *If "Yes," complete Schedule I, Parts I and III*	22		X
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? *If "Yes," complete Schedule J*	23	X	
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		X
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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

COPY - DO NOT FILE

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	72		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 169			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

COPY - DO NOT FILE

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

DO NOT FILE COPY

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed IL

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

RONALD DENARD - 312-906-2312

222 MERCHANDISE MART PLAZA, SUITE 633, CHICAGO, IL 60654

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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			
(1) SEAN GARRETT	37.50									
PRESIDENT & CEO	1.00	X		X				408,461.	0.	26,945.
(2) RONALD DENARD	37.50									
CHIEF FINANCIAL OFFICER	0.00			X				287,910.	0.	12,825.
(3) KIMBERLEE GUENTHER	37.50									
CHIEF IMPACT OFFICER	1.00			X				217,504.	0.	18,632.
(4) JACQUELYN GRIMES	37.50									
VP, MARKETING	1.00					X		183,133.	0.	46,853.
(5) TAMIYA AUREL	37.50									
CHIEF PEOPLE & CULTURE OFFICER	0.00					X		191,623.	0.	23,573.
(6) ESTHER FRANCO-PAYNE	37.50									
EXEC DIRECTOR, PSPC	0.00					X		185,159.	0.	29,692.
(7) CHRISTOPHER PRESTON	37.50									
CHIEF DEVELOPMENT OFFICER	0.00					X		179,588.	0.	18,910.
(8) RICHARD LAPLATT	37.50									
EXEC DIRECTOR, 211	0.00					X		158,877.	0.	16,275.
(9) KEVIN GRAAN	37.50									
ASSOCIATE VICE PRESIDENT, FINANCE	1.00			X				148,464.	0.	18,702.
(10) DEBORAH THORNTON	37.50									
EA/SECRETARY (THRU 09/24)	0.00			X				104,226.	0.	26,798.
(11) ELIZABETH LACH - CHIEF	37.50									
DEVELOPMENT OFFICER (AS OF 09/2024)	0.00	X		X				96,700.	0.	10,213.
(12) LISSETTE HUERTAS	37.50									
EA/SECRETARY (AS OF 10/24)	0.00			X				75,738.	0.	30,486.
(13) LINDA T. COBERLY	4.00									
BOARD CHAIR	0.00	X						0.	0.	0.
(14) MANUEL FLORES	2.00									
BOARD TREASURER	0.00	X						0.	0.	0.
(15) DAVID BLOWERS	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(16) KEVIN COLE	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(17) WENDELL DALLAS	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.

COPY - DO NOT FILE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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			
(18) JEFFREY DEVRON	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(19) PAULETTE DODSON	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(20) DEREK DOUGLAS	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(21) KENNETH ESCOE	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(22) BRIDGET GAINER	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(23) DARREL HACKETT	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(24) HANNAH HAYES	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(25) TRAVIS HUNTER	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(26) LINDA L. IMONTI	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
1b Subtotal								2,237,383.	0.	279,904.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,237,383.	0.	279,904.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 23

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LEVEL-1 GLOBAL SOLUTIONS, LLC 233 S WACKER DR, FL 44, CHICAGO, IL 60606	211 TECHNICAL BUILDOUT	270,796.
311 WEST MONROE LOCATION, LLC CONVENE P.O BOX 23585, NEW YORK, NY 10087	211 LEASE	220,374.
ALEXANDRE AUGUSTE 18 TYLER STREET, HYDE PARK, MA 02136	CONSULTING SERVICES	194,454.
UPIC SOLUTIONS, 334 BEECHWOOD RD, STE 403, FORT MITCHELL, KY 41017	ONLINE PLATFORM SERVICES	179,226.
GRANT THORNTON LLP 171 N CLARK ST, STE 200, CHICAGO, IL 60601	AUDIT & CONSULTING SERVICES	157,104.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 13

COPY - DO NOT FILE

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) LISA N. JOHNSON	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(28) DARREN JONES	1.00									
BOARD MEMBER (THRU 06/2025)	0.00	X						0.	0.	0.
(29) KUNAL KAPOOR, CFS	1.00									
BOARD MEMBER (AS OF 06/2025)	0.00	X						0.	0.	0.
(30) CARINA MARKEL	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(31) EDWARD MCGROGAN	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(32) RANDY MEHRBERG	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(33) EILEEN MITCHELL	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(34) NEIL MURRAY	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(35) ALICIA PONCE	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(36) MARK PRINDIVILLE	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(37) ROBERT REITER	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(38) MARK SKERJAN	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(39) ROBERT A. SULLIVAN	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(40) SCOTT SWANSON	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(41) JULIA MORSCH SZNEWAJS	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(42) WOLFE TONE	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

COPY - DO NOT FILE

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	107,306.				
	b Membership dues	1b					
	c Fundraising events	1c	895,371.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,309,237.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	36,757,785.				
	g Noncash contributions included in lines 1a-1f	1g	$ 1,746,792.				
	h **Total.** Add lines 1a-1f			45,069,699.			
Program Service Revenue		Business Code					
	2a MANAGEMENT FEES FROM OTHER UW ORG	561000		167,220.	167,220.		
	b DESIGNATION FEES	561000		21,840.	21,840.		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			189,060.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,278,271.			1278271.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	7,923,383.				
	b Less: cost or other basis and sales expenses	7b	7,524,673.				
	c Gain or (loss)	7c	398,710.				
	d Net gain or (loss)			398,710.			398,710.
	8a Gross income from fundraising events (not including $ 895,371. of contributions reported on line 1c). See Part IV, line 18	8a	637,502.				
	b Less: direct expenses	8b	497,295.				
	c Net income or (loss) from fundraising events			140,207.			140,207.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			47,075,947.	189,060.	0.	1817188.

DO NOT COPY

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 X

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	28,397,762.	28,397,762.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,768,860.	394,756.	733,313.	640,791.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,156,419.	5,339,098.	2,292,466.	1,524,855.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	182,960.	105,539.	46,462.	30,959.
9 Other employee benefits	950,123.	566,964.	237,381.	145,778.
10 Payroll taxes	652,169.	381,565.	159,090.	111,514.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	158,475.	52,542.	90,867.	15,066.
d Lobbying	9,312.	6,984.	2,328.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	104,540.	54,570.	29,794.	20,176.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,262,692.	2,931,699.	184,715.	146,278.
12 Advertising and promotion	329,604.	203,792.	64,135.	61,677.
13 Office expenses	512,702.	402,546.	93,246.	16,910.
14 Information technology	850,821.	450,066.	293,241.	107,514.
15 Royalties				
16 Occupancy	1,187,780.	730,387.	288,433.	168,960.
17 Travel	100,803.	72,706.	13,421.	14,676.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	141,255.	123,670.	8,612.	8,973.
20 Interest				
21 Payments to affiliates	461,928.	253,594.	125,668.	82,666.
22 Depreciation, depletion, and amortization	74,297.	50,290.	15,654.	8,353.
23 Insurance	75,435.	39,377.	21,499.	14,559.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a UNCOLLECTIBLE PLEDGES	395,000.	395,000.		
b MEMBERSHIP DUES	79,073.	41,826.	19,657.	17,590.
c				
d				
e All other expenses	2,618.	1,075.	1,290.	253.
25 **Total functional expenses.** Add lines 1 through 24e	48,854,628.	40,995,808.	4,721,272.	3,137,548.
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 ☐ if following SOP 98-2 (ASC 958-720)				

COPY DO NOT FILE

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	144.	1	146.
	2	Savings and temporary cash investments	30,320,837.	2	25,807,015.
	3	Pledges and grants receivable, net	4,538,917.	3	5,806,312.
	4	Accounts receivable, net	89,376.	4	26,815.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	187,045.	9	945,933.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1,849,906.			
	b	Less: accumulated depreciation — 10b: 1,394,290.	97,635.	10c	455,616.
	11	Investments - publicly traded securities	9,304,397.	11	10,032,046.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,913,347.	15	5,703,382.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	49,451,698.	16	48,777,265.
Liabilities	17	Accounts payable and accrued expenses	4,499,152.	17	5,947,765.
	18	Grants payable		18	
	19	Deferred revenue	2,145,645.	19	670,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,766,343.	25	5,348,872.
	26	**Total liabilities.** Add lines 17 through 25	11,411,140.	26	11,966,637.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	20,251,155.	27	17,974,522.
	28	Net assets with donor restrictions	17,789,403.	28	18,836,106.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	38,040,558.	32	36,810,628.
	33	Total liabilities and net assets/fund balances	49,451,698.	33	48,777,265.

COPY - DO NOT FILE

Form **990** (2024)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	47,075,947.
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,854,628.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,778,681.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,040,558.
5	Net unrealized gains (losses) on investments	5	407,651.
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 on Schedule O)	9	141,100.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	36,810,628.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
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 on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
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 on Schedule O and describe any steps taken to undergo such audits	3b		

Form 990 (2024)

COPY - DO NOT FILE

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

COPY – DO NOT FILE

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	79368818.	44662615.	44571180.	45871278.	45069699.	259543590
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	79368818.	44662615.	44571180.	45871278.	45069699.	259543590
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)						41262274.
6 **Public support.** Subtract line 5 from line 4.						218281316

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	79368818.	44662615.	44571180.	45871278.	45069699.	259543590
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	274,955.	186,975.	1256137.	1440619.	1278271.	4436957.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	36,010.	18,841.	0.	0.	0.	54,851.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	411,291.	533,622.	492,760.	675,939.	637,502.	2751114.
11 **Total support.** Add lines 7 through 10						266786512

12 Gross receipts from related activities, etc. (see instructions) 12 2,036,976.

13 **First 5 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 2024 (line 6, column (f), divided by line 11, column (f)) 14 81.82 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 84.85 %

16a **33 1/3% support test - 2024.** 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 - 2023.** 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 - 2024.** 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 - 2023.** 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 ☐

COPY - DO NOT FILE

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 5 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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 ☐

COPY - DO NOT FILE

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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 on 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 on 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		

COPY - DO NOT FILE

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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
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? *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.*	**2**		

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)? *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).*	**1**		

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?	**1**		
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? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, 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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

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** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b 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? 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.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b 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? If "Yes" or "No," provide details in **Part VI**.	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

COPY - DO NOT FILE

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):			
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 0.015 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 0.035.	**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 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

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

Schedule A (Form 990) 2024

COPY - DO NOT FILE

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	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6	Other distributions (describe in **Part VI**). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

COPY
DO NOT

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
GROSS INCOME FROM FUNDRAISING
2020 AMOUNT: $ 411,291.
2021 AMOUNT: $ 533,622.
2022 AMOUNT: $ 492,760.
2023 AMOUNT: $ 675,939.
2024 AMOUNT: $ 637,502.

COPY - DO NOT FILE

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

COPY - DO NOT FILE

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 7,019,677.	Person [X] Payroll [X] Noncash [X] (Complete Part II for noncash contributions.)
2		$ 2,736,705.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 2,081,459.	Person [X] Payroll [X] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 1,806,645.	Person [X] Payroll [X] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 1,604,971.	Person [X] Payroll [X] Noncash [X] (Complete Part II for noncash contributions.)
6		$ 1,345,219.	Person [X] Payroll [X] Noncash [ ] (Complete Part II for noncash contributions.)

COPY - DO NOT FILE

Name of organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 1,182,651.	Person [X] Payroll [X] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 1,110,813.	Person [X] Payroll [X] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 924,639.	Person [X] Payroll [X] Noncash [X] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

COPY - DO NOT FILE

Name of organization: UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number: 30-0200478

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SECURITIES PUBLICLY TRADED	$ 1,474,175.	06/30/25
5	SECURITIES PUBLICLY TRADED	$ 5,137.	06/30/25
9	SECURITIES PUBLICLY TRADED	$ 35,718.	06/30/25
		$	
		$	
		$	

COPY - DO NOT FILE

Name of organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

COPY - DO NOT FILE

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number (EIN)
UNITED WAY OF METROPOLITAN CHICAGO INC.	30-0200478

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

COPY - DO NOT FILE

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	3,648.	0.
b Total lobbying expenditures to influence a legislative body (direct lobbying)	5,664.	0.
c Total lobbying expenditures (add lines 1a and 1b)	9,312.	0.
d Other exempt purpose expenditures	48,845,316.	0.
e Total exempt purpose expenditures (add lines 1c and 1d)	48,854,628.	0.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	0.
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	0.
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	6,847.	8,254.	9,238.	9,312.	33,651.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	3,017.	3,017.	4,229.	3,648.	13,911.

COPY - DO NOT FILE

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

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

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

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

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

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

Part IV Supplemental Information

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

COPY - DO NOT FILE

SCHEDULE D
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number
30-0200478

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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 (for example, recreation or education)
- ☐ Preservation of a 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 Tax 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 on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X $ _____

COPY DO NOT FILE

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 make 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 program
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	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,184,571.	8,239,834.	7,896,990.	8,481,768.	6,986,123.
b Contributions	93,283.	431,100.		900,367.	
c Net investment earnings, gains, and losses	1,059,907.	940,637.	721,844.	-1,143,145.	1,797,645.
d Grants or scholarships					
e Other expenditures for facilities and programs	431,000.	427,000.	379,000.	342,000.	302,000.
f Administrative expenses					
g End of year balance	9,906,761.	9,184,571.	8,239,834.	7,896,990.	8,481,768.

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

a Board designated or quasi-endowment 39.9000 %
b Permanent endowment 23.4000 %
c Term endowment 36.7000 %

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)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		134,935.	7,571.	127,364.
d Equipment		1,714,971.	1,386,719.	328,252.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				455,616.

COPY - DO NOT FILE

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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) OPERATING LEASE RIGHT-OF-USE ASSET	4,511,943.
(2) OTHER ASSETS	767,000.
(3) RETIREMENT BENEFIT ASSET	424,439.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	5,703,382.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE	5,348,872.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	5,348,872.

COPY - DO NOT FILE

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART V, LINE 4:
THE INTENDED USES OF THE UNITED WAY METROPOLITAN CHICAGO ENDOWMENT FUNDS INCLUDE FUNDING INNOVATIVE PROGRAMS THAT ADDRESS CRITICAL AND EMERGING NEEDS, ENSURING CURRENT NEEDS ARE MET, AND PROVIDING RESOURCES TO RESPOND QUICKLY AND EFFECTIVELY TO UNEXPECTED CRISES.

PART X, LINE 2:
UWMC HAS RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE ("IRS") STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 AS AMENDED, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. ACCOUNTING GUIDANCE REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WAS TO BE CHALLENGED BY A TAXING AUTHORITY.

MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS. ADDITIONALLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THESE CONSOLIDATED FINANCIAL STATEMENTS. THERE IS NO INTEREST OR PENALTIES RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

COPY - DO NOT FILE

Part XIII Supplemental Information *(continued)*

COPY - DO NOT FILE

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of nongovernment grants
- **f** [X] Solicitation of government grants
- **g** [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] **Yes** [ ] **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
PJH & ASSOCIATES - 70 W. MADISON ST., SUITE 200,	MANAGING STRONGER NEIGHBORHOOD AWARDS		X	912,171.	65,000.	847,171.
Total				912,171.	65,000.	847,171.

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

IL

COPY - DO NOT FILE

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

		(a) Event #1 STRONGER NEIGHBORHOOD (event type)	(b) Event #2 (event type)	(c) Other events 10 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	912,171.		620,702.	1,532,873.
	2 Less: Contributions	895,371.			895,371.
	3 Gross income (line 1 minus line 2)	16,800.		620,702.	637,502.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	18,478.			18,478.
	7 Food and beverages	53,290.			53,290.
	8 Entertainment				
	9 Other direct expenses	133,399.		292,128.	425,527.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				497,295.
	11 Net income summary. Subtract line 10 from line 3, column (d)				140,207.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

COPY - DO NOT FILE

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

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

Name _____

Address _____

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

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

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: PJH & ASSOCIATES
(I) ADDRESS OF FUNDRAISER: 70 W. MADISON ST., SUITE 200, CHICAGO, IL 60602
(II) ACTIVITY: MANAGING STRONGER NEIGHBORHOOD AWARDS LUNCHEON

COPY - DO NOT FILE

Part IV **Supplemental Information** *(continued)*

COPY - DO NOT FILE

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number
30-0200478

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A HOUSE IN AUSTIN NFP 533 N PINE AVE CHICAGO, IL 60644	81-2684726	501(C)(3)	5,144.	0.			PROGRAM SUPPORT
A PATHWAY FROM GRIEF 1345 SOUTH KOLIN AVE CHICAGO, IL 60623	87-2121154	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
A RAY OF HOPE ON EARTH 1000 TRILLIUM TR WEST CHICAGO, IL 60185	26-3906476	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
ABC-PILSEN 1929 W 23RD STREET CHICAGO, IL 60608	46-2454231	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
ACCESS COMMUNITY HEALTH NETWORK 600 W FULTON ST FL 2 CHICAGO, IL 60661	36-3317058	501(C)(3)	70,833.	0.			PROGRAM SUPPORT
ACCESS DUPAGE/DUPAGE HEALTH COALITION - 511 THORNHILL DR STE C - CAROL STREAM, IL 60188	36-4448208	501(C)(3)	35,244.	0.			PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 331.
3 Enter total number of other organizations listed in the line 1 table ..... 0.

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS LIVING OF METROPOLITAN CHICAGO - 115 W CHICAGO AVE - CHICAGO, IL 60654	36-3310774	501(C)(3)	25,104.	0.			PROGRAM SUPPORT
ADA S MCKINLEY COMMUNITY SERVICES INC - 1359 W WASHINGTON BLVD - CHICAGO, IL 60607	36-2144820	501(C)(3)	25,506.	0.			PROGRAM SUPPORT
ADAMS BLOCK CLUB, 5500 5560 W. ADAMS ST. CHICAGO, IL 60644	88-1041284	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
ADLER PLANETARIUM 1300 SOUTH LAKESHORE DRIVE CHICAGO, IL 60605	36-6210902	501(C)(3)	6,043.	0.			PROGRAM SUPPORT
ADVENTIST MIDWEST HEALTH 5101 S. WILLOW SPRINGS ROAD LA GRANGE, IL 60525	36-2276984	501(C)(3)	10,500.	0.			PROGRAM SUPPORT
AIDS FOUNDATION OF CHICAGO 200 W MONROE ST STE 1150 CHICAGO, IL 60606	36-3412054	501(C)(3)	26,279.	0.			PROGRAM SUPPORT
ALIGNMENT COLLABORATIVE FOR EDUCATION - 31 S GROVE AVE - ELGIN, IL 60120	47-4377813	501(C)(3)	150,828.	0.			PROGRAM SUPPORT
ALL THINGS THROUGH CHRIST OUTREACH MINISTRIES INC - 6600 S HERMITAGE AVE - CHICAGO, IL 60636	36-4333306	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ALLIANCE 98 2738 S AVERS AVE CHICAGO, IL 60623	81-4856600	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCECHICAGO 225 W. ILLINOIS FIFTH FLOOR CHICAGO, IL 60654	81-5434098	501(C)(3)	44,178.	0.			PROGRAM SUPPORT
ALT SPACE CHICAGO 4850 S. LAKE PARK UNIT 812 B. CHIAGO, IL 60615	85-1575918	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
AMERICAN RED CROSS OF GREATER CHICAGO - 2200 W HARRISON ST - CHICAGO, IL 60612	53-0196605	501(C)(3)	101,591.	0.			PROGRAM SUPPORT
ANCHOR CHICAGO NFP 5054 W ADAMS ST. CHICAGO, IL 60644	87-2175897	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
ANEW - BUILDING BEYOND VIOLENCE & ABUSE - PO BOX 937 18137 HARWOOD AVE - HOMEWOOD, IL 60430	36-3089796	501(C)(3)	35,150.	0.			PROGRAM SUPPORT
APNA GHAR, INC. (OUR HOME) 4350 N BROADWAY ST STE 2 CHICAGO, IL 60613	36-3698770	501(C)(3)	25,682.	0.			PROGRAM SUPPORT
ARAB AMERICAN ACTION NETWORK 3148 W 63RD ST FL 2 CHICAGO, IL 60629	36-4034958	501(C)(3)	25,729.	0.			PROGRAM SUPPORT
ARAB AMERICAN FAMILY SERVICES 7000 W 111TH ST STE 300 WORTH, IL 60482	60-0002593	501(C)(3)	41,350.	0.			PROGRAM SUPPORT
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	36-2167725	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION HOUSE OF CHICAGO 1116 N KEDZIE AVE CHICAGO, IL 60651	36-2166961	501(C)(3)	36,282.	0.			PROGRAM SUPPORT
AUSTIN AFRICAN AMERICAN BUSINESS NETWORK NFP - 5820 W. CHICAGO AVENUE - CHICAGO, IL 60651	75-3118706	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
AUSTIN CHILDCARE PROVIDERS NETWORK 5701 W DIVISION ST CHICAGO, IL 60651	36-4395447	501(C)(3)	35,497.	0.			PROGRAM SUPPORT
AUSTIN COMING TOGETHER 5049 W HARRISON ST CHICAGO, IL 60644	45-0920919	501(C)(3)	623,953.	0.			PROGRAM SUPPORT
AUTOMOTIVE MENTORING GROUP 6522 S. LAVERGNE AVENUE CHICAGO, IL 60638	45-4081985	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
B.U.I.L.D., INC. 5100 W HARRISON ST CHICAGO, IL 60644	23-7022085	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
BARRINGTON YOUTH & FAMILY SERVICES 118 APPLEBEE ST BARRINGTON, IL 60010	36-2815350	501(C)(3)	26,105.	0.			PROGRAM SUPPORT
BEAUTIFUL BEGINNINGS TO LASTING LEGACIES - 6749 S CHAMPLAIN - CHICAGO, IL 60637-4463	85-3428686	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
BEDS PLUS 9601 OGDEN AVE CHICAGO, IL 60625	36-3741040	501(C)(3)	50,472.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHEL FAMILY RESOURCE CENTER 1250 PORTLAND AVE CHICAGO HEIGHTS, IL 60411	47-3794038	501(C)(3)	25,008.	0.			PROGRAM SUPPORT
BIG BROTHERS BIG SISTERS OF METROPOLITANCHICAGO - 130 S JEFFERSON ST STE 200 - CHICAGO, IL 60661	36-2681212	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
BISHOP SHEPARD LITTLE MEMORIAL CENTER - 5230 SO HALSTED ST - CHICAGO, IL 60609-6115	36-4270850	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
BLACK ONYX ALLSTARS, NFP 6652 S. MINERVA AVE CHICAGO, IL 60637	99-2872159	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
BLUE ISLAND CITIZENS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, INC. - 2155 BROADWAY ST - BLUE ISLAND, IL 60406	36-2603932	501(C)(3)	50,280.	0.			PROGRAM SUPPORT
BREAKTHROUGH URBAN MINISTRIES 500 W ROOSEVELT RD CHICAGO, IL 60607	36-3810926	501(C)(3)	37,465.	0.			PROGRAM SUPPORT
BRIDGE COMMUNITIES, INC. 500 ROOSEVELT RD GLEN ELLYN, IL 60137	36-3705951	501(C)(3)	77,589.	0.			PROGRAM SUPPORT
BRIDGE YOUTH AND FAMILY SERVICES 4518 S. COTTAGE GROVE, 1ST FLOOR PALATINE, IL 60067	23-7093615	501(C)(3)	26,976.	0.			PROGRAM SUPPORT
BRIGHT STAR COMMUNITY OUTREACH 4477 S ARCHER AVE CHICAGO, IL 60632	26-2007088	501(C)(3)	400,626.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHTON PARK NEIGHBORHOOD COUNCIL PO BOX 10043 CHICAGO, IL 60610	36-4229387	501(C)(3)	1,322,556.	0.			PROGRAM SUPPORT
BRIGHTPOINT 70 E LAKE ST STE 1300 CHICAGO, IL 60601	36-2167743	501(C)(3)	75,094.	0.			PROGRAM SUPPORT
BY THE HAND CLUB FOR KIDS 237 S DESPLAINES ST CHICAGO, IL 60661	20-3144284	501(C)(3)	25,737.	0.			PROGRAM SUPPORT
C PHOENIX TYLER RISING STARS 10834 S WABASH CHICAGO, IL 60628	88-1804467	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
CAMP 1302 AT ROSE OF LIGHT MBC 1302 16 WEST 74TH STREET CHICAGO, IL 60636	36-3584040	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
CAPOEIRA CHICAGO 1243 E. 50TH ST. CHICAGO, IL 60615	90-0143862	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
CARA CHICAGO 237 S DESPLAINES ST CHICAGO, IL 60661	36-4268095	501(C)(3)	103,403.	0.			PROGRAM SUPPORT
CAROLE ROBERTSON CENTER FOR LEARNING - 1111 S WESTERN AVE STE B - CHICAGO, IL 60612	36-2882124	501(C)(3)	76,799.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES, ARCHDIOCESE OF CHICAGO - 721 N LA SALLE DR # 4 - CHICAGO, IL 60654	36-2170821	501(C)(3)	786,602.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES, DIOCESE OF JOLIET - 16555 WEBER RD - CREST HILL, IL 60403	36-2170817	501(C)(3)	156,418.	0.			PROGRAM SUPPORT
CEDA-COOK COUNTY 567 WEST LAKE STREET SUITE 1200 CHICAGO, IL 60661	36-2597741	501(C)(3)	205,838.	0.			PROGRAM SUPPORT
CENTER FOR CONFLICT RESOLUTION 11 E ADAMS ST STE 500 CHICAGO, IL 60603	36-2997680	501(C)(3)	25,307.	0.			PROGRAM SUPPORT
CENTER FOR INDEPENDENCE THROUGH CONDUCTIVE EDUCATION - 100 W PLAINFIELD RD STE 100 - COUNTRYSIDE, IL 60525	36-4259162	501(C)(3)	37,971.	0.			PROGRAM SUPPORT
CENTRO DE INFORMACION 2646 W 22ND PL, APT 1 ELGIN, IL 60123	36-2776988	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CENTRO SANAR 1240 S DAMEN AVE CHICAGO, IL 60608	88-1575835	501(C)(3)	30,057.	0.			PROGRAM SUPPORT
CHASING23 YOUTH EMPOWERMENT GROUP 4501 S. CALUMET AVE CHICAGO, IL 60615	82-1538521	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
CHERISH THE MOMENTS 4943 W THOMAS ST CHICAGO IL 60651 CHICAGO, IL 60651	87-3070466	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
CHICAGO AREA VETERANS FORUM NFP 17249 KIMBARK AVE SOUTH HOLLAND, IL 60473-3579	87-3645316	501(C)(3)	6,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO BOTANIC GARDEN 1000 LAKE COOK ROAD GLENCOE, IL 60022	36-2225482	501(C)(3)	32,539.	0.			PROGRAM SUPPORT
CHICAGO CHESS FOUNDATION 1707 N. FAIRFIELD AVE CHICAGO, IL 60647	46-5424330	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
CHICAGO CHILDREN'S ADVOCACY CENTER 515 EAST 50TH STREET, 515 E 50TH ST CHICAGO, IL 60608	36-4251865	501(C)(3)	75,863.	0.			PROGRAM SUPPORT
CHICAGO CHILDREN'S CHOIR 78 EAST WASHINGTON STREET, 5TH FLOO CHICAGO, IL 60602	51-0140419	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
CHICAGO CLIMBS 407 N ELIZABETH ST CHICAGO, IL 60642	88-2831514	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
CHICAGO COMMONS ASSOCIATION 1801 S ASHLAND AVE CHICAGO, IL 60608	36-2169136	501(C)(3)	59,828.	0.			PROGRAM SUPPORT
CHICAGO COMMUNITY AND WORKERS RIGHTS - 1701 W 18TH PL - CHICAGO, IL 60608	80-0442573	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CHICAGO FEDERATION OF LABOR WORKFORCE & COMMUNITY INITIATIVE - 2540 S STATE ST - CHICAGO, IL 60616	36-3977262	501(C)(3)	250,000.	0.			PROGRAM SUPPORT
CHICAGO PUBLIC LIBRARY FOUNDATION 200 W MADISON ST FL 3 CHICAGO, IL 60606	36-3480353	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO URBAN LEAGUE 640 ILLINOIS BLVD CHICAGO, IL 60653	36-2225483	501(C)(3)	102,209.	0.			PROGRAM SUPPORT
CHICAGO VOLUNTEER DOULAS PO BOX 5851 CHICAGO, IL 60680	27-3636022	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
CHICAGO YOUTH CENTERS 218 S. WABASH AVENUE, SUITE 600 CHICAGO, IL 60604	36-2344429	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
CHIGIVESBACK 4324 S. FORRESTVILLE AVE CHICAGO, IL 60653	83-0874316	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
CHILDREN FIRST FUND 200 WEST MADISON AVE 2ND FLOOR C/O CHICAGO, IL 60606	36-4094830	501(C)(3)	5,265.	0.			PROGRAM SUPPORT
CHILDREN'S ADVOCACY CENTER OF NORTH AND NORTHWEST COOK COUNTY - 640 ILLINOIS BLVD - HOFFMAN ESTATES, IL 60169	36-3711203	501(C)(3)	25,903.	0.			PROGRAM SUPPORT
CHILDREN'S RESEARCH TRIANGLE 2141 S TAN CT CHICAGO, IL 60616	36-4236142	501(C)(3)	12,531.	0.			PROGRAM SUPPORT
CHINESE AMERICAN SERVICE LEAGUE 1016 W ARGYLE ST CHICAGO, IL 60640	36-2984043	501(C)(3)	65,865.	0.			PROGRAM SUPPORT
CHINESE MUTUAL AID ASSOCIATION 1016 W ARGYLE ST CHICAGO, IL 60640	36-3139799	501(C)(3)	25,358.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHISHORTIES 7410 S. PAXTON AVE. CHICAGO, IL 60649	83-1226153	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
CITY OF REFUGE - CHICAGO 1421 S BARRINGTON ROAD BARRINGTON, IL 60010	82-3834041	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
CITY YEAR - CHICAGO 303 E WACKER DR STE 2750 CHICAGO, IL 60601	22-2882549	501(C)(3)	6,942.	0.			PROGRAM SUPPORT
CLARETIAN ASSOCIATES, INC PO BOX 1390 37 S GENEVA STREET CHICAGO, IL 60690	36-4087259	501(C)(3)	440,000.	0.			PROGRAM SUPPORT
CODE YOUR DREAMS 20 N WACKER DR STE 1200 CHICAGO, IL 60606	82-5426088	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
COLLABORATIVE INSTITUTE OF CULTURAL ARTS - 4330 S ARCHER AVE - CHICAGO, IL 60632	82-1242234	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
COMMONWEALTH FOUNDATION 8441 SOUTH KIMBARK AVE CHICAGO, IL 60619	47-2228539	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
COMMUNITY CRISIS CENTER 333 S WABASH AVE ELGIN, IL 60120	36-2855797	501(C)(3)	35,281.	0.			PROGRAM SUPPORT
COMMUNITY FIRST FOUNDATION INC. 39 N PINE AVE CHICAGO, IL 60644	86-3541751	501(C)(3)	6,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SERVICE OF ENGLEWOOD, NFP - 5647 S HONORE STREET - CHICAGO, IL 60636	83-3746681	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
COMP-U-DOPT 1414 BROOK DR DOWNERS GROVE, IL 60515	26-1460311	501(C)(3)	36,169.	0.			PROGRAM SUPPORT
CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN - 1116 N KEDZIE AVE FL 5 - CHICAGO, IL 60651	36-2950380	501(C)(3)	26,904.	0.			PROGRAM SUPPORT
CONNECTIONS FOR THE HOMELESS 5339 W 25TH ST EVANSTON, IL 60201	36-3346917	501(C)(3)	62,894.	0.			PROGRAM SUPPORT
COOK COUNTY HEALTH FOUNDATION 1603 ORRINGTON AVE EVANSTON, IL 60201	45-4607769	501(C)(3)	19,322.	0.			PROGRAM SUPPORT
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION - 943 E LINCOLN HWY - FORD HEIGHTS, IL 60411	36-2658308	501(C)(3)	630,886.	0.			PROGRAM SUPPORT
CQLC NFP 2050 W CULLERTON ST CHICAGO, IL 60608	99-0616732	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
CREATIVE CHICAGO REUSE EXCHANGE (CCRX) - 2124 W. 82ND PLACE - CHICAGO, IL 60620	47-4679301	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
CRISIS CENTER FOR SOUTH SUBURBIA 18230 ORLAND PARKWAY TINLEY PARK, IL 60477	36-3039964	501(C)(3)	42,291.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISTO REY JESUIT HIGH SCHOOL 1852 WEST 22ND PLACE CHICAGO, IL 60608	36-4067306	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
CTF ILLINOIS 1902 FOX DRIVE, STE B CHAMPAIGN, IL 61820	36-4386948	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
DBC GIFTS OF LOVE, NFP 4137 SAUK TRL # 112 RICHTON PARK, IL 60471	85-4226338	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
DEBORAH'S PLACE 2822 W JACKSON BLVD CHICAGO, IL 60612	36-3382973	501(C)(3)	68,707.	0.			PROGRAM SUPPORT
DIONS CHICAGO DREAM 180 N WINDMERE CIR MATTESON, IL 60443	85-2527687	501(C)(3)	35,000.	0.			PROGRAM SUPPORT
DRIVEN TO INSPIRE 1305 S. AVERS CHICAGO, IL 60623	86-1944015	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
DUPAGE PADS 830 S ADDISON AVE WHEATON, IL 60187	36-3675494	501(C)(3)	37,856.	0.			PROGRAM SUPPORT
EASTER SEALS DUPAGE AND THE FOX VALLEY REGION - 1845 GRANDSTAND PLACE - VILLA PARK, IL 60181	36-2476388	501(C)(3)	35,406.	0.			PROGRAM SUPPORT
ECKER CENTER FOR MENTAL HEALTH 1845 GRANDSTAND PL ELGIN, IL 60123	36-2312495	501(C)(3)	25,009.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL VALOR CORPORATION 220 E. CHICAGO STREET, 220 E CHICAG CHICAGO, IL 60608	23-7294683	501(C)(3)	25,028.	0.			PROGRAM SUPPORT
ENLACE CHICAGO 10 W 35TH ST CHICAGO, IL 60616	36-3727669	501(C)(3)	310,119.	0.			PROGRAM SUPPORT
EQUAL HOPE 300 S. ASHLAND AVE CHICAGO, IL 60607	26-2264895	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
ERIE FAMILY HEALTH CENTER 1701 W SUPERIOR ST CHICAGO, IL 60622	36-3088628	501(C)(3)	25,178.	0.			PROGRAM SUPPORT
ERIE NEIGHBORHOOD HOUSE 1940 S WESTERN AVE STE 205 CHICAGO, IL 60608	36-3043253	501(C)(3)	67,037.	0.			PROGRAM SUPPORT
ESPERANZA HEALTH CENTERS 2010 DEWEY AVENUE CHICAGO, IL 60608	32-0115907	501(C)(3)	50,478.	0.			PROGRAM SUPPORT
EVANS SCHOLARS FOUNDATION 2501 PATRIOT BLVD GLENVIEW, IL 60026	36-2518129	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
EVANSTON COMMUNITY FOUNDATION 1560 SHERMAN AVE STE 535 EVANSTON, IL 60201	36-3466802	501(C)(3)	509,000.	0.			PROGRAM SUPPORT
FACING FORWARD TO END HOMELESSNESS 642 N KEDZIE AVE CHICAGO, IL 60612	36-3397005	501(C)(3)	60,494.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY FOCUS-HEADQUARTERS 910 W VAN BUREN ST STE 400 CHICAGO, IL 60607	36-2166998	501(C)(3)	25,048.	0.			PROGRAM SUPPORT
FAMILY RESCUE 5341 W CERMAK RD CHICAGO, IL 60804	36-3170408	501(C)(3)	25,120.	0.			PROGRAM SUPPORT
FAMILY SERVICE AND MENTAL HEALTH CENTEROF CICERO - 5341 W CERMAK RD - CICERO, IL 60804	36-2246705	501(C)(3)	25,031.	0.			PROGRAM SUPPORT
FOOD FOR GREATER ELGIN 1919 W CULLERTON ST ELGIN, IL 60123	27-4409282	501(C)(3)	25,743.	0.			PROGRAM SUPPORT
FOREST PRESERVE FOUNDATIONOF COOK COUNTY - 69 WEST WASHINGTON, SUITE 2040 - CHICAGO, IL 60602	26-2497213	501(C)(3)	11,733.	0.			PROGRAM SUPPORT
FRONT PORCH ARTS CENTER 311 N WALLER AVE CHICAGO, IL 60644	84-2527895	501(C)(3)	21,500.	0.			PROGRAM SUPPORT
GADS HILL CENTER 2711 W 51ST ST CHICAGO, IL 60632	36-2167082	501(C)(3)	25,073.	0.			PROGRAM SUPPORT
GAGE PARK BASEBALL & SOFTBALL ASSOCIATION - 6915 S. CALIFORNIA AVE. - CHICAGO, IL 60629	83-2293936	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
GARFIELD PARK RITE TO WELLNESS COLLABORATIVE - 4349 W WASHINGTON BLVD - CHICAGO, IL 60624	87-1532376	501(C)(3)	60,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIFTS FROM LIAM 239 KROTIAK RD PARK FOREST, IL 60466	86-2881300	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
GIGI'S PLAYHOUSE - SYRACUSE 5885 E. CIRCLE DRIVE SUITE 250 CICERO, NY 13039	38-3877315	501(C)(3)	10,017.	0.			PROGRAM SUPPORT
GLOBAL GIRLS INC 808 E 63RD ST CHICAGO, IL 60637	36-4367027	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
GODDESS MENTORING INCORPORATED 439 N LAWLER CHICAGO, IL 60644	84-3019121	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
GOOD & PLENTY GARDEN 5430 WEST MONROE CHICAGO, IL 60644	99-2314761	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
GOODKIDS MADCITY ENGLEWOOD 2050 W 59TH STREET CHICAGO, IL 60636	85-1090093	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
GOODMAN THEATERCHICAGO THEATRE GROUP, INC. - 170 N DEARBORN ST - CHICAGO, IL 60601	36-2896025	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GOSTEM GUILD OF SCIENCE TECHNOLOGY ENGINEERING AND MATHEMATICS - 8650 SAINT LOUIS AVE - SKOKIE, IL 60076	83-2685763	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
GREATER AUBURN GRESHAM DEVELOPMENT CORPORATION - 4100 W ANN LURIE PL - CHICAGO, IL 60632	36-4377387	501(C)(3)	538,500.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER CHICAGO FOOD DEPOSITORY 370 SUMMIT ST STE 1A CHICAGO, IL 60632	36-2971864	501(C)(3)	120,360.	0.			PROGRAM SUPPORT
GREATER ELGIN FAMILY CARE CENTER 3150 W HIGGINS RD STE 130 HOFFMAN ESTATES, IL 60169	36-4249586	501(C)(3)	25,079.	0.			PROGRAM SUPPORT
GRIP OUTREACH FOR YOUTH PO BOX 10310 CHICAGO, IL 60610	20-1668619	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
GYRLS IN THE H O O D FOUNDATION 944 W 71ST ST CHICAGO, IL 60621-1748	81-4646922	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
HABITAT FOR HUMANITY CHICAGO 111 W JACKSON BLVD STE 2130 CHICAGO, IL 60604	46-0494889	501(C)(3)	18,700.	0.			PROGRAM SUPPORT
HANDSON SUBURBAN CHICAGO 220 E 15TH ST ARLINGTON HEIGHTS, IL 60005	36-2692866	501(C)(3)	8,050.	0.			PROGRAM SUPPORT
HEARTLAND HEALTH CENTERS 1301 W DEVON CHICAGO, IL 60660	36-3843377	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
HEPHZIBAH CHILDREN'S ASSOCIATION 1144 LAKE ST STE 301 OAK PARK, IL 60301	36-2167096	501(C)(3)	26,872.	0.			PROGRAM SUPPORT
HEY BENJI FOUNDATION 6508 S. ASHLAND AVE CHICAGO, IL 60636	85-2961926	501(C)(3)	6,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY TRINITY LUTHERAN CHURCHCHICAGO - 1218 W ADDISON ST - CHICAGO, IL 60613	41-1568278	501(C)(3)	11,328.	0.			PROGRAM SUPPORT
HOUSING FORWARD 1851 S. 9TH AVENUE MAYWOOD, IL 60153	36-3876660	501(C)(3)	19,037.	0.			PROGRAM SUPPORT
HOUSING OPPORTUNITIES FOR WOMEN 4025 N SHERIDAN RD CHICAGO, IL 60613	36-3263818	501(C)(3)	25,379.	0.			PROGRAM SUPPORT
HOWARD BROWN HEALTH CENTER 3745 S INDIANA AVE CHICAGO, IL 60653	36-2894128	501(C)(3)	27,499.	0.			PROGRAM SUPPORT
HYDE PARK JAZZ FESTIVAL 1723 W ERIE ST #4 CHICAGO, IL 60622	26-3580954	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
IMAN (INNER-CITY MUSLIM ACTION NETWORK) - 4554 N BROADWAY ST STE 207 - CHICAGO, IL 60640	36-4167433	501(C)(3)	25,055.	0.			PROGRAM SUPPORT
INCREASE THE PEACE CHICAGO 1900 W 48TH ST CHICAGO, IL 60609	88-2310351	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
INFANT WELFARE SOCIETY OF CHICAGO 3600 W. FULLTERTON AVE. CHICAGO, IL 60647	36-2167752	501(C)(3)	19,500.	0.			PROGRAM SUPPORT
INFANT WELFARE SOCIETY OF EVANSTON, INC. - 2200 MAIN ST - EVANSTON, IL 60202	36-2167753	501(C)(3)	35,704.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSPIRATION CORPORATION CHICAGO 3504 W LAKE ST CHICAGO, IL 60624	36-3673980	501(C)(3)	25,385.	0.			PROGRAM SUPPORT
INSTITUTE FOR NONVIOLENCE CHICAGO 4926 W CHICAGO AVE CHICAGO, IL 60651	81-1098722	501(C)(3)	35,199.	0.			PROGRAM SUPPORT
INSTITUTO GASPAR YANGA 2429 S. PULASKI RD CHICAGO, IL 60623	92-0489843	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
JANE ADDAMS RESOURCE CORPORATION 30 S WELLS ST CHICAGO, IL 60606	36-3682559	501(C)(3)	100,190.	0.			PROGRAM SUPPORT
JEWISH FEDERATION OF METROPOLITAN CHICAGO - 30 S WELLS ST BEN GURION WAY - CHICAGO, IL 60606	36-2167761	501(C)(3)	559,660.	0.			PROGRAM SUPPORT
JOFFREY BALLET OF CHICAGO 10 E RANDOLPH CHICAGO, IL 60601	36-4009741	501(C)(3)	7,001.	0.			PROGRAM SUPPORT
JOHN WALT FOUNDATION 5922 W. WALTON STREET CHICAGO, IL 60651	82-2620248	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
JONES MEMORIAL COMMUNITY CENTER 208 S. LASALLE STREET, SUITE 1300 CHICAGO HEIGHTS, IL 60411	36-2182055	501(C)(3)	50,009.	0.			PROGRAM SUPPORT
JOURNEYS - THE ROAD HOME 11621 S MICHIGAN AVE PALATINE, IL 60074	36-3919018	501(C)(3)	33,750.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS ABOVE ALL 8765 W. HIGGINS RD. SUITE 450 CHICAGO, IL 60631	36-2171716	501(C)(3)	13,874.	0.			PROGRAM SUPPORT
KIDS FIRST CHICAGO 190 S LA SALLE ST CHICAGO, IL 60603	83-0399727	501(C)(3)	44,750.	0.			PROGRAM SUPPORT
KIDS OFF THE BLOCK INC 11627 S MICHIGAN AVE CHICAGO, IL 60628	52-2413262	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
LA VILLITA COMMUNITY CHURCH 2300 S. MILLARD AVE CHICAGO, IL 60623	36-3916853	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
LADDER UP CHICAGO 1245 S MICHIGAN AVE PMB 149 CHICAGO, IL 60605	36-4070692	501(C)(3)	25,460.	0.			PROGRAM SUPPORT
LADIES OF VIRTUE 2724 W CERMAK RD CHICAGO, IL 60608	80-0530610	501(C)(3)	65,238.	0.			PROGRAM SUPPORT
LAFAYETTE COLLEGE 730 HIGH STREET 202 MARKLE HALL EASTON, PA 18042	24-0795686	501(C)(3)	5,096.	0.			PROGRAM SUPPORT
LATINOS PROGRESANDO 33 N LA SALLE ST STE 900 CHICAGO, IL 60602	36-4355072	501(C)(3)	573,063.	0.			PROGRAM SUPPORT
LAW CENTER FOR BETTER HOUSING 100 N LA SALLE ST STE 2500 CHICAGO, IL 60602	36-3134577	501(C)(3)	25,213.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAWNDALE POP-UP SPOT 1228 W. WINONA ST. CHICAGO, IL 60640	86-1842237	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
LAWRENCE HALL YOUTH SERVICES 120 S LA SALLE ST STE 900 CHICAGO, IL 60603	36-2167771	501(C)(3)	35,008.	0.			PROGRAM SUPPORT
LEGAL AID CHICAGO 1871 HIGH GROVE LANE CHICAGO, IL 60603	36-2754650	501(C)(3)	25,275.	0.			PROGRAM SUPPORT
LIBERATED ARTS MOVEMENT 1537 WAVERLY AVENUE WESTCHESTER, IL 60154	93-3968497	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
LIFE BEYOND LIMITS INC 405 E. OAKWOOD BLVD CHICAGO, IL 60653	83-2486732	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
LIFE IS WORK 5463 W. CHICAGO AVE CHICAGO, IL 60651	82-3436927	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
LINK FURTHER 18828 ROYAL RD HOMEWOOD, IL 60430	88-4162482	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
LIVE THE SPIRIT RESIDENCY 5542 S HONORE STREET CHICAGO, IL 60636	76-0826027	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
LIVING HOPE CHURCH CHICAGO 6414 S COTTAGE GROVE AVE CHICAGO, IL 60637	27-3869397	501(C)(3)	5,500.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOAVES & FISHES COMMUNITY SERVICES 3411 W. DIVERSEY AVE., SUITE 10 NAPERVILLE, IL 60540	36-3786777	501(C)(3)	27,867.	0.			PROGRAM SUPPORT
LOCAL INITIATIVES SUPPORT CORPORATION - 28 LIBERTY ST FL 34 - NEW YORK, NY 10005	13-3030229	501(C)(3)	40,000.	0.			PROGRAM SUPPORT
LOVE THY NEIGHBOR IN AUSTIN 1823 N LUNA AVE APT 1 CHICAGO, IL 60639	85-2909000	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
LOVE TO SERVE INCORPORATED 3400 WEST 111TH STREET CHICAGO, IL 60655	36-3846086	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
M.E.A.N. GIRLS EMPOWERMENT PO BOX 1508 SOUTH HOLLAND, IL 60473	81-0929818	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
MANUFACTURING RENAISSANCE 3411 W DIVERSEY AVE STE 10 CHICAGO, IL 60647	36-3197648	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
MCGAW YMCA PO BOX 1508 EVANSTON, IL 60201	36-2169194	501(C)(3)	50,228.	0.			PROGRAM SUPPORT
MEN MAKING A DIFFERENCE 1510 S. HOMAN AVENUE CHICAGO, IL 60623	47-3061651	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
MEN OF PURPOSE MENTORING 12130 S. LAFAYETTE CHICAGO, IL 60628	82-1604348	501(C)(3)	6,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METROPOLITAN FAMILY SERVICES 101 N WACKER DR FL 17 CHICAGO, IL 60606	36-2167940	501(C)(3)	2,038,325.	0.			PROGRAM SUPPORT
METROSQUASH NFP 6100 S COTTAGE GROVE CHICAGO, IL 60637	20-2614486	501(C)(3)	11,105.	0.			PROGRAM SUPPORT
MR. DAD FATHER CLUB 6405 S WOLCOTT AVE CHICAGO, IL 60636	82-4042427	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
MUJERES LATINAS EN ACCION 567 W LAKE ST STE 1150 CHICAGO, IL 60661	36-2877520	501(C)(3)	35,778.	0.			PROGRAM SUPPORT
MUSIC BOX FOUNDATION 6843 S. HARPER AVE. CHICAGO, IL 60637	26-3042670	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
NATIONAL ABLE NETWORK 2147 W. WASHINGTON BLVD. FL.2 CHICAGO, IL 60661	23-7339397	501(C)(3)	25,024.	0.			PROGRAM SUPPORT
NATIONAL PARKS AND CONSERVATIONASSOCIATION - 777 6TH ST NW, SUITE 700 - WASHINGTON, DC 20001	53-0225165	501(C)(3)	5,002.	0.			PROGRAM SUPPORT
NEIGHBORHOODS UNITING KIDS IN EXCELLENCE - 651 W 69TH ST - CHICAGO, IL 60619	84-1866402	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
NEIGHBORSPACE 445 N SACRAMENTO BLVD CHICAGO, IL 60612	36-4105593	501(C)(3)	53,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEOPOLITAN LIGHTHOUSE 5317 W CHICAGO AVE CHICAGO, IL 60651	36-3309888	501(C)(3)	26,239.	0.			PROGRAM SUPPORT
NEW LIFE CENTERS OF CHICAGOLAND 4101 WEST 51ST STREET CHICAGO, IL 60632	20-2380358	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
NEW MOMS, INC. 5317 W CHICAGO AVE CHICAGO, IL 60651	36-3265804	501(C)(3)	86,871.	0.			PROGRAM SUPPORT
NORTH LAWNDALE EMPLOYMENT NETWORK 777 ARMY TRAIL BLVD CHICAGO, IL 60624	36-4295189	501(C)(3)	50,055.	0.			PROGRAM SUPPORT
NORTHEAST DUPAGE FAMILY & YOUTH SERVICES, INC. - 77 ARMY TRAIL BLVD, FL 2 - ADDISON, IL 60101	45-0562810	501(C)(3)	25,195.	0.			PROGRAM SUPPORT
NORTHERN ILLINOIS FOOD BANK 1300 W. NORTHWEST HWY GENEVA, IL 60134	36-3203648	501(C)(3)	103,462.	0.			PROGRAM SUPPORT
NORTHWEST AUSTIN COUNCIL 5730 W. DIVISION CHICAGO, IL 60651	13-4148824	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
NORTHWEST COMPASS, INC. 5233 W DIVERSEY AVE MOUNT PROSPECT, IL 60056	36-3382832	501(C)(3)	30,695.	0.			PROGRAM SUPPORT
NORTHWEST SIDE HOUSING CENTER 5233 W. DIVERSEY CHICAGO, IL 60639	20-1413891	501(C)(3)	12,500.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWESTERN MEMORIAL FOUNDATION 541 NORTH FAIRBANKS CT, STE 800 CHICAGO, IL 60611	36-3155315	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
NORTHWESTERN UNIVERSITY OFFICE OF ALUMNI RELATIONS & DEVELOPMENT 1201 DAVIS ST. - EVANSTON, IL 60208	36-2167817	501(C)(3)	6,002.	0.			PROGRAM SUPPORT
NOURISHING HOPE CHICAGO 1716 W HUBBARD ST CHICAGO, IL 60622	36-2734184	501(C)(3)	36,835.	0.			PROGRAM SUPPORT
NU-CHURCH APOSTOLIC MINISTRIES 3105 W. MONROE STREET CHICAGO, IL 60612	26-2654120	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
OAI INC. 214 FOREST BOULEVARD PARK FOREST, IL 60466	36-4385280	501(C)(3)	514,588.	0.			PROGRAM SUPPORT
OMNI YOUTH SERVICES 1111 W LAKE COOK RD BUFFALO GROVE, IL 60089	36-2777027	501(C)(3)	27,483.	0.			PROGRAM SUPPORT
ONE LANWDALE ARTS & ACTIVISM INCUBATOR - 1914 N MONTICELLO AVE - CHICAGO, IL 60647	99-4288801	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
OPEN CENTER FOR THE ARTS 2214 S SACRAMENTO AVE CHICAGO, IL 60623	38-3936972	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
OUTREACH COMMUNITY MINISTRIES 1730 BERKLEY CAROL STREAM, IL 60188	23-7265066	501(C)(3)	85,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PADS INC DBA HESED HOUSE 659 S RIVER ST AURORA, IL 60506	36-3285644	501(C)(3)	12,250.	0.			PROGRAM SUPPORT
PADS OF ELGIN, INC. 1585 N RAND ROAD ELGIN, IL 60123	36-3895063	501(C)(3)	35,143.	0.			PROGRAM SUPPORT
PARTNERS FOR OUR COMMUNITIES 1585 N RAND RD PALATINE, IL 60074	36-3881109	501(C)(3)	25,473.	0.			PROGRAM SUPPORT
PATHLIGHTS 7808 W COLLEGE DR # 5 PALOS HEIGHTS, IL 60463	36-2882809	501(C)(3)	40,124.	0.			PROGRAM SUPPORT
PEACE RUNNERS 773 NFP CO C/O TIFFANY HOFFMAN/734 N SAWYER AV CHICAGO, IL 60624	87-1349880	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
PEDIATRIC CANCER FOUNDATION 55 W WACKER DR., STE 1100 CHICAGO, IL 60601	36-3874655	501(C)(3)	6,806.	0.			PROGRAM SUPPORT
PEER SERVICES INC. 9609 S WALLACE ST EVANSTON, IL 60201	36-2848969	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
PEOPLE EMPOWERING PEOPLE NFP 11843 S YALE AVE CHICAGO, IL 60628-6021	81-4113960	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
PEOPLE MATTER PO BOX 167955 CHICAGO, IL 60616	84-3863878	501(C)(3)	6,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE'S RESOURCE CENTER 837 W 119TH ST WHEATON, IL 60187	36-3157600	501(C)(3)	51,294.	0.			PROGRAM SUPPORT
PERSPECTIVES CHARTER SCHOOLS 1530 S. STATE ST. 2ND FLOOR CHICAGO, IL 60605	36-4167576	501(C)(3)	19,323.	0.			PROGRAM SUPPORT
PHALANX FAMILY SERVICES 837 W 119TH ST CHICAGO, IL 60643	36-4468891	501(C)(3)	375,078.	0.			PROGRAM SUPPORT
PILLARS COMMUNITY HEALTH 5220 EAST AVE COUNTRYSIDE, IL 60525	36-2170869	501(C)(3)	55,759.	0.			PROGRAM SUPPORT
PODER 3357 W 55TH ST CHICAGO, IL 60632	36-4251880	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
PRAIRIE STATE LEGAL SERVICES 2211 N ELSTON AVE STE 301 WEST CHICAGO, IL 60185	37-1030764	501(C)(3)	25,138.	0.			PROGRAM SUPPORT
PRIMO CENTER FOR WOMEN AND CHILDREN - 6212 S SANGAMON ST - CHICAGO, IL 60621	36-2966006	501(C)(3)	60,387.	0.			PROGRAM SUPPORT
PROJECT IMPACT 180 1624 S. PULASKI CHICAGO, IL 60623	84-4421116	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
PROJECT S.H.A.R.E., NFP 1857 COVENENT LN CHICAGO HEIGHTS, IL 60411	87-1337368	501(C)(3)	5,500.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAND CORPORATION 1776 MAIN ST PO BOX 2138 SANTA MONICA, CA 90401	95-1958142	501(C)(3)	639,543.	0.			PROGRAM SUPPORT
RAVINIA FESTIVAL ASSOCIATION 418 SHERIDAN RD HIGHLAND PARK, IL 60035	36-6002273	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
REACH COMMUNITY DEVELOPMENT CORP 9540 S. HARVARD AVE CHICAGO, IL 60628	83-4582948	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
REAL MEN CHARITIES 2423 E 75TH ST CHICAGO, IL 60649	30-0052728	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
REBORN MINISTRIES 4000 W. WILCOX STREET CHICAGO, IL 60624	26-3742050	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
RENAISSANCE SOCIAL SERVICES, INC 2501 W WASHINGTON BLVD STE 401 CHICAGO, IL 60612	36-3900116	501(C)(3)	45,048.	0.			PROGRAM SUPPORT
RESILIENCE PARTNERS NFP 4455 SOUTH KING DRIVE CHICAGO, IL 60653	47-3136024	501(C)(3)	148,950.	0.			PROGRAM SUPPORT
RESPOND NOW, INC. 253 E 159TH ST CHICAGO HEIGHTS, IL 60411	23-7091808	501(C)(3)	60,958.	0.			PROGRAM SUPPORT
RESTORATION MINISTRIES, INC. 571 W JACKSON BLVD HARVEY, IL 60426	36-3552070	501(C)(3)	334,268.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHEMA COMMUNITY DEVELOPMENT CORPORATION - 5460 W. OHIO - CHICAGO, IL 60644	58-2590661	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
ROCK OF OUR SALVATION EVANGELICAL FREE CHURCH - 5618 W WASHINGTON BLVD - CHICAGO, IL 60644	36-3339061	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
ROLL CALL 4220 W. ROOSEVELT RD CHICAGO, IL 60624	56-2617787	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
ROOT2FRUIT YOUTH FOUNDATION 4223 W. LAKE ST CHICAGO, IL 60624	27-1292911	501(C)(3)	14,000.	0.			PROGRAM SUPPORT
ROSEMOOR COMMUNITY ASSOCIATION INC 10205 S KING DR CHICAGO, IL 60628-2109	23-7165035	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
RUSH UNIVERSITY MEDICAL CENTER 1201 W. HARRISON STREET, SUITE 300 CHICAGO, IL 60607	36-2174823	501(C)(3)	1,050,471.	0.			PROGRAM SUPPORT
SACRED GROUND MINISTRIES 346 EAST 89TH PLACE CHICAGO, IL 60619	37-1700537	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
SACRED HEART SCHOOLS 6250 N. SHERIDAN ROAD CHICAGO, IL 60660	53-0196617	501(C)(3)	5,096.	0.			PROGRAM SUPPORT
SAFER FOUNDATION 571 W JACKSON BLVD CHICAGO, IL 60661	36-2762168	501(C)(3)	50,548.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT ANTHONY HOSPITAL FOUNDATION 1819 BAY SCOTT CIRCLE CHICAGO, IL 60623	51-0217097	501(C)(3)	50,068.	0.			PROGRAM SUPPORT
SAMARITAN INTERFAITH COUNSELING CENTER - 1547 CIRCLE AVENUE - NAPERVILLE, IL 60540	36-2846570	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
SARAH'S CIRCLE 4838 N SHERIDAN RD CHICAGO, IL 60640	36-3043662	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
SARAH'S INN 1547 CIRCLE AVE FOREST PARK, IL 60130	36-3084461	501(C)(3)	54,491.	0.			PROGRAM SUPPORT
SAVING LIVES, INC. 11302 S. MICHIGAN AVE. CHICAGO, IL 60628	36-4045101	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
SCHOOL OF OPULENCE 1817 E 71ST ST CHICAGO, IL 60649	32-0682940	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
SERTOMA CENTRE, INC. 1624 E 154TH ST ALSIP, IL 60803	36-2720586	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
SERVING PEOPLE WITH A MISSION 1336 W HURON ST CHICAGO, IL 60642	85-3709656	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
SGA YOUTH & FAMILY SERVICES 11 EAST ADAMS STREET SUITE 1500 CHICAGO, IL 60603	36-2167916	501(C)(3)	350,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER, INC. 1616 N ARLINGTON HEIGHTS RD ARLINGTON HEIGHTS, IL 60004	23-7399596	501(C)(3)	19,500.	0.			PROGRAM SUPPORT
SINAI HEALTH SYSTEM 1500 S FAIRFIELD AVE CHICAGO, IL 60608	36-3166895	501(C)(3)	60,236.	0.			PROGRAM SUPPORT
SKILLS FOR CHICAGOLAND'S FUTURE 205 W WACKER DR STE 2000 CHICAGO, IL 60606	45-1287418	501(C)(3)	25,077.	0.			PROGRAM SUPPORT
SNEAKERS TO SCRUBS 3121 YORK RD OAKBROOK, IL 60523	99-2034329	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
SOLID GROUND FOUNDATION FOR BEHAVIORAL SERV - 13136 WESTERN AVENUE - BLUE ISLAND, IL 60406	84-5182135	501(C)(3)	40,000.	0.			PROGRAM SUPPORT
SOUTH AUSTIN NEIGHBORHOOD ASSOCIATION (SANA) - 5232 W GLADYS AVE - CHICAGO, IL 60644	47-5267540	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
SOUTH SUBURBAN COUNCIL ON ALCOHOLISM AND SUBSTANCE ABUSE, THE - 1909 CHEKER SQ ATTN: LORI DILL - EAST HAZEL CREST, IL 60429	36-2654921	501(C)(3)	50,131.	0.			PROGRAM SUPPORT
SOUTH SUBURBAN PADS 414 W LINCOLN HWY CHICAGO HEIGHTS, IL 60411	36-3744405	501(C)(3)	77,839.	0.			PROGRAM SUPPORT
ST SABINA CHURCH 7800 S. RACINE CHICAGO, IL 60620	36-2171123	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. IGNATIUS COLLEGE PREP 1076 W ROOSEVELT/ DEVELOPMENT OFFIC CHICAGO, IL 60608	36-2167867	501(C)(3)	5,096.	0.			PROGRAM SUPPORT
ST. LEONARD'S MINISTRIES 2100 W WARREN BLVD CHICAGO, IL 60612	36-2378516	501(C)(3)	25,052.	0.			PROGRAM SUPPORT
STAR FARM CHICAGO 934 W. 50TH PLACE CHICAGO, IL 60609	82-4504342	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
STARR COMMUNITY SERVICES INTERNATIONAL - 7825 S. PHILLIPS AVE APT 1 - CHICAGO, IL 60649	87-1126530	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
START EARLY 33 W. MONROE SUITE 1200 CHICAGO, IL 60603	36-3186328	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
STEAM & DREAM LIBERATION LABS 623 ARGYLE AVE. FLOSSMOOR, IL 60422	99-3130026	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
STREET PRIESTS 4215 W WEST END CHICAGO, IL 60624	99-1617661	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
TALIB TENNIS, INC. 6952 S CHAPPEL AVENUE CHICAGO, IL 60649	81-1768755	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
TALK 2 ME FOUNDATION 8034 S DREXEL AVE CHICAGO, IL 60619	82-5169040	501(C)(3)	6,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAPROOTS, INC. 2718 W. ADAMS STREET CHICAGO, IL 60612	36-3041825	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
TEAMWORK ENGLEWOOD 815 W 63RD ST CHICAGO, IL 60621	74-3102944	501(C)(3)	485,000.	0.			PROGRAM SUPPORT
TEEN LIVING PROGRAMS 2200 MAIN STREET CHICAGO, IL 60653	36-2867274	501(C)(3)	35,000.	0.			PROGRAM SUPPORT
TEEN PARENT CONNECTION 475 TAFT AVE GLEN ELLYN, IL 60137	36-3387034	501(C)(3)	25,104.	0.			PROGRAM SUPPORT
TELPOCHCALLI COMMUNITY EDUCATION PROJECT INC - 2832 W 24TH BLVD - CHICAGO, IL 60623-3524	71-0961074	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
TGI MOVEMENT 2500 W 63RD ST CHICAGO, IL 60629	83-0809594	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
THE 411 MOVEMENT FOR PIERRE LOURY 5071 W. JACKSON BLVD 2ND CHICAGO, IL 60644	86-2011763	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
THE BARACK OBAMA FOUNDATION 5235 S HARPER CT, STE 1140 CHICAGO, IL 60615	46-4950751	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
THE BROWN HOUSE EXPERIENCE 6517 S CAMPBELL AVE CHICAGO, IL 60629	81-4055579	501(C)(3)	6,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER RESOURCES FOR TEACHING AND LEARNING - 2626 S CLEARBROOK DR - ARLINGTON HEIGHTS, IL 60005	36-4248651	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
THE CHICAGO COMMUNITY FOUNDATION 33 S STATE ST STE 750 CHICAGO, IL 60603	36-3432023	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
THE CHILDREN'S CENTER OF CICERO-BERWYN - 1447 S 50TH CT - CICERO, IL 60804	36-3025963	501(C)(3)	25,245.	0.			PROGRAM SUPPORT
THE CHILDREN'S CLINIC 1111 W LAKE COOK RD OAK PARK, IL 60302	36-9002074	501(C)(3)	25,535.	0.			PROGRAM SUPPORT
THE CJ BROWN FOUNDATION 4610 SOUTH ELLIS AVE CHICAGO, IL 60653	85-3261988	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
THE EMERALD AVENUE FOUNDATION, INC. - 12328 S THROOP ST - CALUMET PARK, IL 60827	33-3120288	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
THE MONROE FOUNDATION 1547 SOUTH WOLF ROAD HILLSIDE, IL 60162	36-3787503	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
THE REIGN PROJECT 8149 S SAGINAW AVE CHICAGO, IL 60617	85-1519199	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
THE REMIX PROJECT 1029 W 35TH ST CHICAGO, IL 60609-1402	46-0957354	501(C)(3)	6,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RESURRECTION PROJECT 1818 S PAULINA ST CHICAGO, IL 60608	36-3576073	501(C)(3)	50,465.	0.			PROGRAM SUPPORT
THE ROOTS INITIATIVE 12105 SOUTH LA SALLE STREET CHICAGO, IL 60628	32-0659999	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
THE STILL SEARCHING PROJECT 7233 S STONY ISLAND AVE # 2 CHICAGO, IL 60649	88-1847742	501(C)(3)	5,250.	0.			PROGRAM SUPPORT
THRESHOLDS 4101 N RAVENSWOOD AVE CHICAGO, IL 60613	36-2518901	501(C)(3)	25,407.	0.			PROGRAM SUPPORT
TOGETHER WE COPE 17010 OAK PARK AVE TINLEY PARK, IL 60477	36-3666952	501(C)(3)	63,125.	0.			PROGRAM SUPPORT
TOOLS UP FOUNDATION, INC 1500 E 71ST ST STE 3 CHICAGO, IL 60619	85-2774159	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
TOTALLY POSITIVE PRODUCTIONS 7157 SOUTH PRINCETON AVENUE CHICAGO, IL 60621	36-3984168	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
UJIMAA MEDICS 818 E. 63RD STREET #195 CHICAGO, IL 60637	82-3487898	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ULON 7401 S COTTAGE GROVE AVE CHICAGO, IL 60619	82-2728205	501(C)(3)	6,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION IMPACT CENTER 4821 S HERMITAGE CHICAGO, IL 60609	11-3829960	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405	62-0565962	501(C)(3)	10,092.	0.			PROGRAM SUPPORT
UNITED WAY OF ILLINOIS 100 WEST 1ST STREET SUITE A ROCK FALLS, IL 61071	36-2962458	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
UNITED WAY OF LAKE COUNTY (IL) 330 SOUTH GREENLEAF STREET GURNEE, IL 60031	36-2167949	501(C)(3)	14,554.	0.			PROGRAM SUPPORT
UNIVERSITY OF TENNESSEETICKLE COLLEGE OF ENGINEERING - 863 NEYLAND DR - KNOXVILLE, TN 37902	62-1844686	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
URBAN GROWERS COLLECTIVE INC. 1200 W 35TH ST # 118 CHICAGO, IL 60609	82-3336616	501(C)(3)	1,000,000.	0.			PROGRAM SUPPORT
URBAN MALE NETWORK 6234 S LOOMIS BLVD CHICAGO, IL 60636-1825	47-4830984	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
VILLAPALOOZA INC. 3506 W 72ND PL CHICAGO, IL 60629	47-3554135	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
VNA HEALTH CARE 400 N HIGHLAND AVE AURORA, IL 60506	36-2182095	501(C)(3)	25,132.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOCEL-VIEWING OUR CHILDREN AS EMERGING LEADERS - 1550 W CARROLL AVE STE 203 - CHICAGO, IL 60607	46-2159711	501(C)(3)	12,555.	0.			PROGRAM SUPPORT
WEST SIDE FORWARD 1140 N LAMON AVE CHICAGO, IL 60651	20-4502193	501(C)(3)	100,020.	0.			PROGRAM SUPPORT
WINGS PROGRAM, INC. PO BOX 95615 PALATINE, IL 60095	36-3456061	501(C)(3)	37,490.	0.			PROGRAM SUPPORT
WOOD ST. COLLECTIVE 3312 S. HALSTED ST. CHICAGO, IL 60608	92-2681161	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
WOODLAWN RESTORATIVE JUSTICE HUB 602 EAST 61 STREET CHICAGO, IL 60637	85-2301227	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
WORKING FAMILY SOLIDARITY 1857 W. 19TH ST. CHICAGO, IL 60608-2713	82-0652673	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
WORLD RELIEF DUPAGE/AURORA 191 S GARY AVE STE 130 CAROL STREAM, IL 60188	23-6393344	501(C)(3)	35,297.	0.			PROGRAM SUPPORT
YMCA OF METROPOLITAN CHICAGO 1030 W VAN BUREN ST CHICAGO, IL 60607	36-2179782	501(C)(3)	398,233.	0.			PROGRAM SUPPORT
YOUTH & OPPORTUNITY UNITED 1911 CHURCH ST EVANSTON, IL 60201	36-2734966	501(C)(3)	50,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH CROSSROADS, INC. 6501 STANLEY AVENUE BERWYN, IL 60402	23-7417420	501(C)(3)	195,629.	0.			PROGRAM SUPPORT
YOUTH GUIDANCE 1215 CHURCH ST CHICAGO, IL 60602	36-2167032	501(C)(3)	35,156.	0.			PROGRAM SUPPORT
YWCA ELGIN 1 N LASALLE ST SUITE 1700 ELGIN, IL 60120	36-2171177	501(C)(3)	65,000.	0.			PROGRAM SUPPORT
YWCA METROPOLITAN CHICAGO 1 N LA SALLE ST STE 1700 CHICAGO, IL 60602	36-2179765	501(C)(3)	102,862.	0.			PROGRAM SUPPORT
YWCA, EVANSTON-NORTH SHORE 1215 CHURCH ST EVANSTON, IL 60201	36-2193618	501(C)(3)	75,125.	0.			PROGRAM SUPPORT
18TH STREET CASA DE CULTURA 2057 W 18TH STREET CHICAGO, IL 60608	87-3976447	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
222 FOUNDATION 122 N WHEATON AVE # 412 WHEATON, IL 60187	82-4823763	501(C)(3)	5,520.	0.			PROGRAM SUPPORT
360 YOUTH SERVICES 1305 OSWEGO RD NAPERVILLE, IL 60540	36-2936229	501(C)(3)	37,173.	0.			PROGRAM SUPPORT
773 DANCE PROJECT 7558 S SOUTH CHICAGO AVE CHICAGO, IL 60619	83-2374509	501(C)(3)	15,000.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
7800 MICHIGAN BLOCK CLUB 7809 S MICHIGAN AVE CHICAGO, IL 60619	88-2753691	501(C)(3)	5,500.	0.			PROGRAM SUPPORT

COPY - DO NOT FILE

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

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

COPY - DO NOT FILE

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the 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.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
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:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
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:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**	X	
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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

COPY - DO NOT FILE

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SEAN GARRETT	(i)	393,006.	15,005.	450.	10,350.	16,595.	435,406.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RONALD DENARD	(i)	274,584.	10,356.	2,970.	8,331.	4,494.	300,735.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KIMBERLEE GUENTHER	(i)	207,707.	9,128.	669.	6,395.	12,237.	236,136.	0.
CHIEF IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JACQUELYN GRIMES	(i)	168,023.	14,526.	584.	5,625.	41,228.	229,986.	0.
VP, MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TAMIYA AUREL	(i)	183,624.	7,081.	918.	959.	22,614.	215,196.	0.
CHIEF PEOPLE & CULTURE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ESTHER FRANCO-PAYNE	(i)	184,234.	0.	925.	5,835.	23,857.	214,851.	0.
EXEC DIRECTOR, PSPC	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHRISTOPHER PRESTON	(i)	172,551.	6,615.	422.	5,290.	13,620.	198,498.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) RICHARD LAPLATT	(i)	145,752.	12,435.	690.	4,498.	11,777.	175,152.	0.
EXEC DIRECTOR, 211	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KEVIN GRAAN	(i)	143,095.	5,070.	299.	4,200.	14,502.	167,166.	0.
ASSOCIATE VICE PRESIDENT, FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

COPY - DO NOT FILE

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.

PART I, LINE 7:
BONUS PAYMENTS ARE DISCRETIONARY IN NATURE, AND ARE BASED ON INDIVIDUALS' PERFORMANCE AGAINST PREDETERMINED GOALS AND/OR A RECRUITMENT INCENTIVE.

THE PRESIDENT AND CEO'S BONUS IS BASED ON BENCHMARKS FROM OTHER UNITED WAYS AND CHICAGO-AREA NOT FOR PROFIT ORGANIZATIONS; IT IS RECOMMENDED BY THE CHAIR OF THE BOARD OF DIRECTORS AND APPROVED BY THE FULL BOARD OF DIRECTORS. TOTAL COMPENSATION FOR SENIOR MANAGEMENT, INCLUDING ANY BONUS PAYMENTS, IS APPROVED BY THE COMPENSATION AND HUMAN RESOURCE COMMITTEE OF THE BOARD OF DIRECTORS. IN CALENDAR YEAR 2024, THERE WAS A $15,005 PAYOUT RELATED TO THE CEO BONUS PLAN.

IN ADDITION TO THE PRESIDENT AND CEO, OTHER UNITED WAY EMPLOYEES ARE ELIGIBLE FOR A BONUS. BONUSES ARE PAID OUT FROM A BONUS POOL THAT IS APPROVED BY THE BOARD OF DIRECTORS. BONUS AMOUNTS ARE DETERMINED BASED ON AN INDIVIDUAL'S PERFORMANCE IN MEETING THE ORGANIZATION'S GOALS. EACH BONUS IS APPROVED BY THE CEO. BONUS AMOUNTS PAID IN CALENDAR YEAR 2024 ARE REPORTED ON PART II, COLUMN (B)(II).

COPY - DO NOT FILE

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number

30-0200478

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	14	1,746,792.	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 V, Donee Acknowledgement 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

COPY - DO NOT FILE

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.

SCHEDULE M, PART I, COLUMN (B):
UWMC IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

COPY - DO NOT FILE

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number
30-0200478

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IMPROVE OUTCOMES FOR INDIVIDUALS, FAMILIES, AND COMMUNITIES.

GENERAL INFORMATION
UNITED WAY OF METROPOLITAN CHICAGO, INC. ("UNITED WAY") IS AN ILLINOIS NONPROFIT PHILANTHROPIC CORPORATION WHOSE MISSION IS TO IMPROVE LIVES IN THE METROPOLITAN CHICAGO AREA BY BRINGING TOGETHER AND ACTIVATING PEOPLE, RESOURCES, AND EXPERTISE TO IMPROVE OUTCOMES FOR INDIVIDUALS, FAMILIES, AND COMMUNITIES.

AT UNITED WAY, WE BRING TOGETHER BUSINESS, GOVERNMENT, PHILANTHROPIC, INDIVIDUAL, AND COMMUNITY LEADERS TO DELIVER FUNDING AND RESOURCES WHILE AMPLIFYING THE EXPERTISE OF NONPROFIT ORGANIZATIONS ACROSS GREATER CHICAGO. WE HELP INDIVIDUALS MEET THEIR BASIC NEEDS AND WORK ALONGSIDE NEIGHBORHOOD PARTNERS TO ADDRESS LOCAL PRIORITIES AND CREATE COMMUNITIES WHERE ALL PEOPLE CAN THRIVE. UNITED, WE ARE BUILDING A STRONGER CHICAGO REGION.

UNITED WAY HAS WORKED SIDE-BY-SIDE WITH COMMUNITY-BASED ORGANIZATIONS FOR MORE THAN 90 YEARS AND IN INDIVIDUAL NEIGHBORHOODS ACROSS THE REGION SINCE 2013 THROUGH THE NEIGHBORHOOD NETWORK INITIATIVE.

UNITED WAY'S STRATEGY TO BUILD A STRONGER CHICAGO REGION IS TWOFOLD: HELPING OUR NEIGHBORS MEET THEIR IMMEDIATE BASIC NEEDS AND INVESTING IN NEIGHBORHOODS TO TRANSFORM COMMUNITIES FROM THE INSIDE OUT.

UNITED WAY OF METRO CHICAGO PROVIDES SHORT-TERM FOUNDATIONAL SUPPORT BY HELPING INDIVIDUALS MEET THEIR IMMEDIATE BASIC NEEDS. THROUGH IMPACT GRANTS, UNITED WAY PROVIDES 140+ LOCAL NONPROFITS WITH UNRESTRICTED FUNDS TO SUPPORT HIGH-QUALITY PROGRAMS ADDRESSING BASIC NEEDS SUCH AS FOOD, SHELTER, AND ACCESS TO HEALTH CARE. ALL COOK COUNTY RESIDENTS HAVE A FREE, 24/7/365 RESOURCE TO GET CONNECTED TO THE HEALTH AND SOCIAL SERVICE SUPPORT THEY NEED.

UNITED WAY OF METRO CHICAGO SUPPORTS LONG-TERM NEIGHBORHOOD TRANSFORMATION THROUGH THE NEIGHBORHOOD NETWORK INITIATIVE, CATALYTIC INVESTMENTS, AND THE CHICAGO BRIDGEUILDERS FUND. THROUGH THE NEIGHBORHOOD NETWORK INITIATIVE, UNITED WAY WORKS WITH HUNDREDS OF AGENCIES AND COMMUNITY PARTNERS IN 17 NEIGHBORHOODS ACROSS THE REGION: AUBURN GRESHAM, AUSTIN, BRIGHTON PARK, BRONZEVILLE, CHICAGO HEIGHTS/FORD HEIGHTS, ELGIN, ENGLEWOOD, EVANSTON, FAR SOUTH, GARFIELD PARK, HARVEY, LITTLE VILLAGE, PARK FOREST/RICHTON PARK, ROBBINS/BLUE ISLAND, SOUTH CHICAGO, SUMMIT, AND WEST CHICAGO. WE WORK ALONGSIDE LOCAL LEADERS WHO LIVE, WORK, AND INTIMATELY KNOW THEIR COMMUNITIES' BIGGEST CHALLENGES AND GREATEST OPPORTUNITIES. THROUGH CATALYTIC INVESTMENTS, UNITED WAY INVESTS IN COMMUNITY ASSETS TO HELP DRIVE ECONOMIC GROWTH, INCLUDING PROJECTS SUCH AS THE ASPIRE CENTER FOR WORKFORCE INNOVATION IN AUSTIN, THE BRIGHTON PARK NEIGHBORHOOD NETWORK SERVICE CENTER, THE GREEN ERA CAMPUS IN AUBURN GRESHAM, AND OTHERS. THE CHICAGO BRIDGEBUILDERS FUND'S PURPOSE IS TO REDUCE BARRIERS FOR SMALL, LOCAL NONPROFITS TO DRIVE COMMUNITY CHANGE.

DO NOT FILE COPY

Name of the organization: UNITED WAY OF METROPOLITAN CHICAGO INC.
Employer identification number: 30-0200478

FORM 990, PART I, LINE 6
NUMBER OF VOLUNTEERS: BOARD/POLICY MAKING VOLUNTEERS - 67 ACTIVE (INCLUDES TRUSTEES, PAST PRESIDENTS, BOARD MEMBERS, AND STANDING BOARD LEVEL COMMITTEES)
CAMPAIGN LEADERS 442
RESOURCE DEVELOPMENT VOLUNTEERS 46 (INCLUDES RESOURCE DEVELOPMENT COMMITTEE AND CAMPAIGN AND TOCQUEVILLE CABINET)
COMMUNITY IMPACT VOLUNTEERS 5,833 (INCLUDES COMMUNITY IMPACT, DIRECT SERVICE, AND DAY(S) OF SERVICE VOLUNTEERS)
TOTAL VOLUNTEERS 6,388

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
HIGH-QUALITY DIRECT SERVICE PROGRAMS THAT RESPOND TO THE MOST PRESSING NEEDS OF COMMUNITY MEMBERS ACROSS OUR KEY FOCUS AREAS.

WE BELIEVE IN A COLLABORATIVE AND COMMUNITY-LED APPROACH TO PHILANTHROPY ONE THAT VALUES THE EXPERTISE OF THOSE DELIVERING SERVICES AND CREATES SPACE FOR ONGOING FEEDBACK, SHARED LEARNING, AND INNOVATION. OUR GRANTS ARE UNRESTRICTED, SO PARTNERS CAN APPLY FUNDING WHERE IT IS NEEDED MOST FROM STAFFING AND SERVICE DELIVERY TO ORGANIZATIONAL INFRASTRUCTURE AND GROWTH. UNITED WAY OF METRO CHICAGO'S ROLE IS NOT ONLY TO FUND BUT ALSO TO SERVE AS A CONNECTOR, CAPACITY BUILDER, AND PARTNER IN ADVANCING COMMUNITY-LED CHANGE.

MORE THAN $6 MILLION WAS INVESTED FROM JULY 1, 2024, TO JUNE 30, 2025, TO SUPPORT THE OUTLINED IMPACT GRANT STRATEGIES ACROSS THE CHICAGO REGION.

JULY 1, 2024 - JUNE 30, 2025, INVESTMENTS / OUTCOMES
UNITED WAY OF METRO CHICAGO ("UNITED WAY") AWARDED IMPACT GRANTS ACCORDING TO THE STRATEGIC FOCUS AREAS OUTLINED BELOW. UNITED WAY'S 2024-25 FUNDING SUPPORTED FOUR GRANT STRATEGIES: PLACE-BASED WRAPAROUND SERVICES, PLACE-BASED ISSUE-FOCUSED SERVICES, REGIONWIDE WRAPAROUND SERVICES, AND REGIONWIDE ISSUE-FOCUSED SERVICES. THESE GRANT STRATEGIES EACH EMPLOY DIFFERENT APPROACHES TO ACHIEVING UNITED WAY'S ULTIMATE GOALS OF STABILIZING LOW-INCOME FAMILIES IN CRISIS AND BUILDING STRONGER COMMUNITIES.

IN ALL UNITED WAY IMPACT GRANTS, WE ARE SEEKING TO ACHIEVE GOALS IN AT LEAST ONE OF OUR FOCUS AREAS:
- BASIC NEEDS: THE FOCUS AREA INCLUDES PROVIDING SUPPORT FOR INDIVIDUALS AND FAMILIES TO HAVE ACCESS TO HEALTHCARE, HOUSING, SAFETY FROM ABUSE, FOOD ASSISTANCE, AND LEGAL ASSISTANCE SUPPORT.
- EARLY LEARNING: PROVIDING SUPPORT SO THAT CHILDREN AND FAMILIES CAN BUILD A STRONG FOUNDATION FOR THE START OF SCHOOL.
- WORKFORCE DEVELOPMENT: PREPARING INDIVIDUALS FOR SUCCESS AND LONG-TERM LIVING WAGE EMPLOYMENT OPPORTUNITIES.

COPY - DO NOT FILE

SOME OUTCOMES FOR JULY 1, 2024 - JUNE 30, 2025
- FOOD SECURITY: 260,000+ MEALS TO PEOPLE EXPERIENCING FOOD INSECURITY
- WORKFORCE DEVELOPMENT:
19,000+ INDIVIDUALS PARTICIPATED IN WORKFORCE DEVELOPMENT PROGRAMS;
5,000+ INDIVIDUALS WERE PLACED IN LIVING-WAGE JOBS
- HEALTH CARE: 24,000+ INDIVIDUALS RECEIVED ONGOING BEHAVIORAL AND MENTAL HEALTH SERVICES LEADING TO IMPROVEMENT

Name of the organization: UNITED WAY OF METROPOLITAN CHICAGO INC.
Employer identification number: 30-0200478

- EDUCATION:
10,000+ CHILDREN PARTICIPATED IN EARLY-LEARNING PROGRAMS;
92% OF CHILDREN AGES 0-5 IN EARLY LEARNING PROGRAMS IMPROVED ACROSS DEVELOPMENTAL DOMAINS, SUCH AS FINE MOTOR SKILLS AND COMMUNICATION

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
AUSTIN, BLUE ISLAND/ROBBINS, BRIGHTON PARK, BRONZEVILLE, CHICAGO HEIGHTS/FORD HEIGHTS, ELGIN, ENGLEWOOD, EVANSTON, FAR SOUTH, GARFIELD PARK, HARVEY, LITTLE VILLAGE, PARK FOREST/RICHTON PARK, SOUTH CHICAGO, SUMMIT, AND WEST CHICAGO.

SOME MAJOR DEVELOPMENTS & OUTCOMES:
- UNITED WAY PARTNERS IN WEST GARFIELD PARK BROKE GROUND ON SANKOFA VILLAGE WELLNESS CENTER, A NEW HUB THAT WILL BRING ESSENTIAL HEALTH RESOURCES, EDUCATION, AND ECONOMIC DEVELOPMENT TO THE NEIGHBORHOOD.
- THE PARK FOREST/RICHTON PARK NEIGHBORHOOD NETWORK CELEBRATED THE RIBBON CUTTING OF THE NICI SOUTHLAND CLEAN ENERGY TRAINING CENTER, PROMOTING WORKFORCE DEVELOPMENT AND ECONOMIC GROWTH.
- THE ASPIRE CENTER FOR WORKFORCE INNOVATION CELEBRATED THE GRAND OPENING IN THE AUSTIN NEIGHBORHOOD NETWORK.

CATALYTIC INVESTMENTS
UNITED WAY OF METRO CHICAGO CREATED A CRITERION FRAMEWORK TO ASSESS LARGE, CATALYTIC INVESTMENT OPPORTUNITIES IN NEIGHBORHOOD NETWORK COMMUNITIES. WHEN MAKING AN INVESTMENT DECISION, UNITED WAY CONSIDERS A PROJECT'S ALIGNMENT WITH A NEIGHBORHOOD NETWORK'S OVERARCHING GOALS, HOW PARTNERS AND COMMUNITY RESIDENTS WILL UTILIZE THE SPACE, THE RIPPLE EFFECT ON THE NEIGHBORHOOD, AND ITS LONG-TERM SUSTAINABILITY.

CATALYTIC INVESTMENT DECISIONS CONSIDER THE PROJECT'S IMMEDIATE AND LONG-TERM IMPACTS ON THE COMMUNITY, RANGING FROM LOCAL HIRING DURING CONSTRUCTION TO PERMANENT JOBS, AND HOW SERVICES CAN SERVE AS A SPRINGBOARD FOR FAMILY STABILITY.

CATALYTIC INVESTMENT IMPACTS:
- IN AUBURN GRESHAM, UNITED WAY'S CATALYTIC INVESTMENT SUPPORTED PHASE TWO OF THE GREEN ERA CAMPUS.
- IN THE AUSTIN COMMUNITY, UNITED WAY'S CATALYTIC INVESTMENT SUPPORTED THE OPENING OF THE ASPIRE CENTER FOR WORKFORCE INNOVATION.
- UNITED WAY INVESTED IN THE SOUTH CHICAGO QUALITY OF LIFE PLAN AND ENGLEWOOD MASTER PLAN

MORE THAN $8.5 MILLION WAS INVESTED TO SUPPORT THE NEIGHBORHOOD NETWORK INITIATIVE FROM JULY 1, 2024, TO JUNE 30, 2025.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROJECTS (CHICAGO BRIDGEBUILDERS FUND, 211 METRO CHICAGO)
MORE THAN $2.5 MILLION WAS INVESTED TO SUPPORT THE ORGANIZATION'S SPECIAL INITIATIVES AND INVESTMENTS, INCLUDING THE CHICAGO BRIDGEBUILDERS FUND AND 211 METRO CHICAGO DURING THE FY25 PERIOD OF JULY 1, 2024, TO JUNE 30, 2025.

COPY - DO NOT FILE

CHICAGO BRIDGEBUILDERS FUND
CHICAGO BRIDGEBUILDERS FUND (CBBF) LAUNCHED IN THE FALL OF 2021 TO SUPPORT SMALL, LOCAL NONPROFIT ORGANIZATIONS SERVING THE SOUTH AND WEST

Name of the organization: UNITED WAY OF METROPOLITAN CHICAGO INC.
Employer identification number: 30-0200478

SIDES OF THE CITY AND THE SOUTH SUBURBS. CBBF IS DESIGNED TO CONNECT GRANTEES TO NEW CAPACITY-BUILDING AND INVESTMENT OPPORTUNITIES THAT MEET THEIR NEEDS AND ADVANCE THEIR LONG-TERM GOALS.

THE COHORT-BASED PROGRAM INCORPORATES THE FOLLOWING COMPONENTS:
- UNRESTRICTED FUNDING: FUNDING TWO-YEAR GENERAL OPERATING GRANT AWARD (UP TO $50,000 TOTAL)
- NETWORKING AND RELATIONSHIP BUILDING: COHORT MODEL WITH AGENCY PEERS, BUILDING CROSS-SECTOR RELATIONSHIPS AND NETWORKING WITH POTENTIAL FUNDERS AND INVESTORS
- CAPACITY BUILDING: INDIVIDUAL AND GROUP CAPACITY-BUILDING SESSIONS WITH DEPAUL UNIVERSITY FACULTY AND OTHER PROFESSIONALS
- HOLISTIC SUPPORT APPROACH: TARGETS ORGANIZATIONS WITH AN ANNUAL BUDGET OF LESS THAN $1M THAT OFTEN DON'T QUALIFY FOR TRADITIONAL GRANTS, PROVIDING HOLISTIC SUPPORT AND STRATEGIES FOR GROWTH

INITIAL PROGRAM SUCCESSESS SINCE LAUNCHING IN 2021:
- 39 GRANTES
- $1.88 MILLION GRANTED
- 150+ HOURS OF CAPACITY BUILDING PROVIDED

211 METRO CHICAGO
211 METRO CHICAGO LAUNCHED IN JANUARY 2023. IT IS A FREE 24/7/365 HEALTH AND SOCIAL SERVICES HELPLINE. COOK COUNTY RESIDENTS CAN CALL, TEXT, OR USE THE WEB CHAT WITH A COMPASSIONATE, LOCAL RESOURCE NAVIGATOR TO GET CONNECTED TO CRITICAL RESOURCES SUCH AS FOOD, HOUSING, AND UTILITY PAYMENT ASSISTANCE. DATA COLLECTED FROM THE 2-1-1 CONTACT CENTER HELPS INFORM COOK COUNTY RESIDENTS' GREATEST NEEDS.

211 METRO CHICAGO IMPACTS:
- IN FY25, 211 METRO CHICAGO ASSUMED OPERATIONS FOR THE CITY OF CHICAGO'S COORDINATED ENTRY CONTACT CENTER, SUPPORTING HOUSEHOLDS IN COMPLETING A NEW HOMELESSNESS ASSESSMENT, UPDATE AN EXISTING ONE, OR MAINTAIN AN ACTIVE APPLICATION WITHIN THE HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS).
- FROM JANUARY 2023 THROUGH JUNE 2025, TOTAL SYSTEM ENGAGEMENTSINCLUDING CALLS, WEB SESSIONS, AND RESOURCE UPDATESREACHED 421,026, SURPASSING PREVIOUS MILESTONES AND REFLECTING ONGOING TRUST IN 211 ACROSS COOK COUNTY.
- THE TOP 5 NEEDS ACROSS COOK COUNTY INCLUDE HOUSING AND SHELTER, UTILITY ASSISTANCE, ACCESS TO FOOD, EMPLOYMENT, AND INCOME ASSISTANCE
- THE TOP 3 CITY OF CHICAGO NEIGHBORHOODS SERVED ARE AUBURN GRESHAM, CHATHAM, AND SOUTH SHORE.
- THE TOP 3 SUBURBAN COOK COUNTY COMMUNITY AREAS SERVED ARE CHICAGO HEIGHTS/FORD HEIGHTS, CALUMET CITY, PHOENIX/HARVEY.
EXPENSES $ 4,370,000. INCLUDING GRANTS OF $ 2,551,479. REVENUE $ 0.

COPY - DO NOT FILE

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

FORM 990, PART VI, SECTION B, LINE 11B:

Name of the organization: UNITED WAY OF METROPOLITAN CHICAGO INC.
Employer identification number: 30-0200478

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

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

FORM 990, PART VI, SECTION B, LINE 15:
PROCESS FOR DETERMINING COMPENSATION:
THE COMPENSATION AND HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS ("CHRC") REVIEWS THE PERFORMANCE AND COMPENSATION OF THE PRESIDENT AND CEO, AND OTHER SENIOR MANAGEMENT. THE CHRC CONSIDERS INFORMATION FROM (1) UNITED WAY WORLDWIDE SALARY DATA FOR EQUIVALENT POSITIONS AT OTHER SIMILAR UNITED WAY ORGANIZATIONS IN TERMS OF MARKET SIZE AND REVENUE SIZE AND (2) CHICAGO MARKET DATA FOR OTHER COMPARABLE HUMAN SERVICE ORGANIZATIONS. DELIBERATIONS AND DECISIONS OF THE CHRC ARE CONTEMPORANEOUSLY DOCUMENTED IN MEETING MINUTES. PERFORMANCE EVALUATIONS ARE COMPLETED FOR ALL EMPLOYEES, INCLUDING THE PRESIDENT & CEO AS WELL AS SENIOR MANAGEMENT AT THE CONCLUSION OF EACH FISCAL YEAR. THE CHAIRPERSON OF THE BOARD OF DIRECTORS SEMIANNUALLY SOLICITS INPUT FROM BOARD MEMBERS ON THE PRESIDENT & CEO'S PERFORMANCE. THE PERFORMANCE REVIEW IS PROVIDED TO THE CHRC FOR ITS APPROVAL AND FOR REPORTING TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. ONCE REVIEWED BY THE EXECUTIVE COMMITTEE, ANY ACTION OF THE EXECUTIVE COMMITTEE IS REPORTED TO THE BOARD OF DIRECTORS AT ITS NEXT MEETING. THIS REVIEW OF THE PRESIDENT & CEO'S PERFORMANCE AND SALARY WAS MOST RECENTLY PERFORMED FOR THE FISCAL YEAR ENDED JUNE 30, 2024.

COPY - DO NOT FILE

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

Name of the organization: UNITED WAY OF METROPOLITAN CHICAGO INC.
Employer identification number: 30-0200478

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

FORM 990, PART IX
FUNCTIONAL EXPENSES:
UWMC CALCULATES ITS 2024 TAX YEAR (FISCAL YEAR ENDED JUNE 30, 2025) OVERHEAD RATE USING THE SUM OF MANAGEMENT AND GENERAL TOTAL EXPENSES AND FUNDRAISING TOTAL EXPENSES REPORTED IN PART IX (STATEMENT OF FUNCTIONAL EXPENSES) DIVIDED BY THE TOTAL REVENUE REPORTED IN PART VIII, LINE 12, OF COLUMN A. THIS UWMC OVERHEAD RATE FOR 2024 IS 16.7%. TOTAL EXPENSES INCURRED BY UWMC REFLECT THE PRIMARY ROLE OF STAFF KNOWLEDGE IN FUNDRAISING, COMMUNITY ENGAGEMENT, VOLUNTEERISM, ADVOCACY, AND COALITION BUILDING NECESSARY FOR AN ORGANIZATION THAT LEVERAGES EXPERTISE, CONNECTIONS, AND RESOURCES TOWARD SOLVING COMMUNITY PROBLEMS AND IMPROVING LIVES ON A LARGE SCALE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE TO PENSION ASSET	225,142.
CHANGE TO SPLIT INTEREST AGREEMENT	73,665.
RETURN OF NET ASSETS	-157,707.
TOTAL TO FORM 990, PART XI, LINE 9	141,100.

COPY - DO NOT FILE

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
UNITED WAY OF METROPOLITAN CHICAGO INC.

Employer identification number
30-0200478

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

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

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
UNITED WAY - MCCORMICK PARTNERSHIP - 82-5478333, 222 MERCHANDISE MART PLAZA, SUITE 633, CHICAGO, IL 60654	NEIGHBORHOOD	ILLINOIS	501(C)(3)	LINE 7	UWMC	X	

COPY - DO NOT FILE

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

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

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

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

COPY - DO NOT FILE

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UNITED WAY - MCCORMICK PARTNERSHIPS	C	2,509,500.	FMV
(2)	UNITED WAY - MCCORMICK PARTNERSHIPS	Q	342,500.	FMV
(3)				
(4)				
(5)				
(6)				

COPY - DO NOT FILE

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

COPY - DO NOT FILE

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

COPY - DO NOT FILE