Form 990-1	Г	E	Exempt Organization Bus				e Tax F	Returi	1	OMB No	o 1545-0687
b.	. -	or cale	(and proxy tax und endar year 2018 or other tax year beginning	er se		33(e)) 1 ending				21	018
Department of the Tr Internal Revenue Ser			Go to www irs gov/Form990T for in					2 501/2)(2)			ublic Inspection for rganizations Only
A Check be	ox If		Name of organization (Check box if name of					a 301(c)(3)	D Émp		ication number
	changed	I	Jewish United Fund of Metropolita	an					ınstr	uctions)	
B Exempt under	I	int	Chicago						Fun	36-216	7034
X 501(c Q (3		or pe	Number, street, and room or suite no If a P O bo 30 South Wells, No. 4049	x, see ir	nstructions					instructions	
408A 529(a)	530(a)		City or town, state or province, country, and ZIP of Chicago, IL 60606	r foreig	n postal cod	le			5418	00	
C Book value of all a	assets		F Group exemption number (See instructions)								
	26,925,53	4.	G Check organization type ► X 501(c) cor	poration		501(c) tr	ust	401(a	a) trust		Other trust
H Enter the numb	per of the orga	ınızat	tion's unrelated trades or businesses	1		_ Des	cribe the only	y (or first) u	nrelated		
trade or busine	ss here 🕨 🗛	dve	rtising			If only	one, comple	ete Parts I-V	If more	than one	•
describe the fir	st in the blank	spac	ce at the end of the previous sentence, complete Pa	arts I an	d II, complet	te a Sch	edule M for e	each additioi	nal trade	or or	
business, then											
•		•	oration a subsidiary in an affiliated group or a parer	nt-subsi	diary contro	lled gro	ηp?	>	Y	es X	No
			ifying number of the parent corporation						. 24.0.	255 45	
			ames A. Pinkston le or Business Income		(A) I	ncome	elephone nun	noer ► ((B) Expense			
		·uu	le of Business moonie		(//) !!	ICOME		o) Expense		<u> </u>	(C) Net
1 a Gross recei	pis of sales s and allowand	202	c Balance ▶	1c							-
	ds sold (Sched			2						 	7
_	Subtract line			3			-				
•	net income (a			4a							-
• •	•		art II, line 17) (attach Form 4797)	4b					· - · · · · · · · · · · · · · · · · · ·		
c Capital loss	deduction for	trusi	ts	4c							
5 Income (los	s) from a part	nersl	hip or an S corporation (attach statement)	5			1				
6 Rent incom	e (Schedule C))		6							
7 Unrelated d	ebt-financed in	ncom	ne (Schedule E)	7							
			nd rents from a controlled organization (Schedule F)	8						<u> </u>	
			n 501(c)(7), (9), or (17) organization (Schedule G)						 -		
· · · · · · · · · · · · · · · · · · ·			me (Schedule I)	10	•——	507 0	00	462	57 <i>C</i>		135,313.
-	income (Sche		·	11		597,8	09.	402	,576.		135,313.
	ibine lines 3 th		s, attach schedule)	13		597,8	89	462	,576.		135,313.
			t Taken Elsewhere (See instructions for					102	, 5 , 0 .		
			tions, deductions must be directly connected					e)			
14 Compensa	tion of officers	s. dire	ectors, and trustees (Schedule K)			~~~			14		
15 Salaries an		•	,, ,						15	_	
16 Repairs an	d maintenance	3							16		
17 Bad debts									17		
18 Interest (at	tach schedule) (se	e instructions)						18		
19 Taxes and				_					19		25,001.
			instructions for limitation rules) Statement	3	See		ement 1		20		26,464.
21 Depreciation	n (attach Forn	n 450	62)			21			ļ 		
22 Less depre	ciation claime	d on	Schedule A and elsewhere on fetting RECEIVED			22a		-	22b		
	-								23		
	benefit prograr		npensation of the series of th						24 25	<u> </u>	
	יקוף expenses		nedule I) 5 NOV(2,5 2019 9						26		
	dership costs		odulo IV						27		135,313.
	ictions (attach				See	State	ement 2		28		2,000.
	ctions Add III								29		188,778.
			come before net operating loss deduction. Subtract	t line 29	from line 13	3			30		-53,465.
,	\sim		oss arising in tax years beginning on or after Januar)		31		
32 Unrelated	B siness taxab	le in	come Subtract line 31 from line 30						32		-53,465.
823701 01-09-19	_HA For Pa	perw	vork Reduction Act Notice, see instructions							Form 9	990-T (2018)

lf	"Yes," see instructions for other forms the	organization may have to file			ľa i							
58 E	nter the amount of tax-exempt interest rece	ived or accrued during the tax year 🕨 \$	<u> </u>			Į						
 Sign		r 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, ct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.										
Here	James Birelater	11/12 19 VP Title		the	lay the IRS discuss this return with the preparer shown below (see structions)? X Yes No							
	Print/Type preparer's name	Preparer's signature	Date	Check	ıf PTIN							
Paid Preparer Use Only	Zack Fortsch	3 and furties	11-11-19	self- employed	P00052725							
	DOW HO TED	Firm's name ► RSM US LLP Firm's Ell										
	1 S. Wacker	1 S. Wacker Drive, Ste 800										
	Firm's address > Chicago, II	Firm's address ► Chicago, IL 60606 Phone no 3										

Schedule A - Cost of Good	s Sold Fater			hatas N N/3			
		method of lifver				-	. 1
1 Inventory at beginning of year	1		_	Inventory at end of ye		l 0	6
2 Purchases 3 Cost of labor	2			Cost of goods sold S		1	
	3		-	from line 5 Enter here	e ano in	Part I,	
4a Additional section 263A costs				line 2	. 0004 (ι	7
(attach schedule)	4a		- ⁸	Do the rules of section	•	•	Yes No
b Other costs (attach schedule)	4b			property produced or	acquired	d for resale) apply to	
5 Total Add lines 1 through 4b	/Fram Daal	D		the organization?		43460 B I B	
Schedule C - Rent Income (see instructions)	(From Real	Property and	a Pers	onai Property i	Lease	d with Real Propo	erty)
1 Description of property							
(1)			-			· · · · · ·	
(2)				-0.	_	····	
(3)							·- ·
(4)						·	
_(4)	2 Rent receiv	red or accrued		-		1	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	(b) From real of rent for	personal p	nal property (if the percents property exceeds 50% or if d on profit or income)	age		connected with the income in d 2(b) (attach schedule)
(1)							
(2)	,						
(3)							
(4)				-			
Total	0.	Total			0.		 -
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b) En	nter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	> 0.
Schedule E - Unrelated Det		Income (see	nstruc	tions)		[· (-)	
			2	Gross income from		3 Deductions directly conn to debt-finance	
1 Description of debt-fi	nanced property		'	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						·	
(2)							"
(3)					·		
(4)					 		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule) 6 Column 4 divid by column 5		Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%	 	············	
				%			
(3)				%			
(4)			ĺ	%		·····	
			ı			nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				_	ŀ	0.	
Total dividends-received deductions in	ncluded in column	ı 8				<u> </u>	0.

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,	iniuities, Noyai		Controlled O			<u> </u>	istructions	-,
1 Name of controlled organizate	on 2 Em identifi num	cation (loss) (s	nrelated income ee instructions)		tal of specified ments made	5 Part of column 4 included in the con organization's gross	trolling	6 Deductions directly connected with income in column 5
(1)								
(2)								
(3)	-		************					
(4)								
Nonexempt Controlled Organiz							1	
7 Taxable Income	8 Net unrelated incom (see instructions	s)	al of specified payr made	nents	in the control	imn 9 that is included ling organization's is income		ductions directly connected income in column 10
(1)								
(2)								
(3)						-		
(4)								
F I.					Enter here and	mns 5 and 10 d on page 1, Part I, column (A)	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Fotals	at Income of a C	Castian E01/a	7) (0) 0 (17) 0 = 0		0.	<u></u>	
Schedule G - Investmer see instru		>ecuon 501(C)(1), (9), or (ii) Org	janization			
	ption of income		2 Amount of	ıncome	3 Deduction directly connected (attach scheduler)	ected 4 Set	-asides schedule)	5 Total deductions and set-asides (col 3 plus cot 4)
(1)								
(2)								
(3)							~~~~~~~	
(4)								
Cotals		•	Enter here and of Part Filine 9, col			green of the second	11 + 1 + 1 · 1 ·	Enter here and on page Part I, line 9 column (R)
Schedule I - Exploited E see instruc		Income, Othe	r Than Adv	ertisin	g Income			
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cots 5	5. Gross inco from activity is not unrela business inco	that attribu	penses Itable to Jimn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				,		Enter here and on page 1, Part II, line 26
otals ► Schedule J - Advertisin	0.	0	· J					0
Part I Income From P	<u> </u>		solidated	Basis				
	1	-1					1	_
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Adverti or (loss) (co s col 3) If a ga cols 5 th	ol 2 minus in, compute	5 Circula income			7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			a di monda 🔹 .					na ha - madana na ba ahana m
(2)							.,	эт я с — почасоров талья прицу вы
(3)								
(4)								
otals (carry to Part II, line (5))	•	0.	0.					0
		·	-					Form 990-T (2018

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Page 5

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) JUF News	597,889.	462,576.	135,313.		481,457.	135,313.
(2)						
(3)			-			
(4)						
Totals from Part I	0.	0.		• , ,		0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			• • • • • • • • • • • • • • • • • • • •	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	597,889.	462,576.			· ,	135,313.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

to p.

Form 990T	Contributions	Statement 1
Description/Kind of Property	Method Used to Determine FMV	Amount
American Committee for the	N/A	
Weizmann Institute of Science		25,000.
American Jewish Joint	N/A	
Distribution Committee	27.12	60,000.
Arie Crown Hebrew Day School	N/A	100,000.
Associated Talmud Torahs	N/A	16,800.
Birthright Israel Foundation	N/A	25,000.
Chicago Chesed Fund Chicago Festival of Israeli	N/A N/A	6,000.
Cinema	N/A	12,000.
CJE Senior Life	N/A	80,213.
Hebrew Theological College	N/A	150,000.
Ida Crown Jewish Academy	N/A	100,000.
Illinois Holocaust Museum &	N/A	•
Education Center	,	8,000.
Jewish Child & Family Services	N/A	184,672.
Jewish Community Centers of	N/A	
Chicago		235,213.
Jewish Federation of Palm	N/A	
Beach County		118,000.
Jewish Federation of South	N/A	
Palm Beach County		55,555.
Jewish Federation of the	N/A	
Desert		13,000.
Jewish Federations of North	N/A	
America	/-	37,185,408.
Jewish National Fund	N/A	25,000.
Maot Chitim	N/A	22,500.
Mount Sinai Medical Center	N/A	55,000.
The Ark	N/A	39,000. 35,000.
United Against Nuclear Iran United States Holocaust	N/A	33,000.
Memorial Museum	N/A	50,000.
Memorrar Maseum		33,333.
	(
Total to Form 990-T, Page 1, li	ne 20 ,	38,601,361.
Form 990-T	Other Deductions	Statement 2
Description		Amount
——————————————————————————————————————		
Tax Prep Fees		2,000.
Motal to Form 000 m Dage 1 1:	no 28	2,000.
Total to Form 990-T, Page 1, li	116 20	

Ŀ,

Form 990-T Contributions Summary		Statement 3
Qualified Contributions Subject to 100% Limit		
Carryover of Prior Years Unused Contributions For Tax Year 2013 For Tax Year 2014 For Tax Year 2015 For Tax Year 2016 For Tax Year 2017		
Total Carryover Total Current Year 10% Contributions	38,601,361	
Total Contributions Available Taxable Income Limitation as Adjusted	38,601,361 26,464	_
Excess 10% Contributions Excess 100% Contributions	38,574,897	_
Total Excess Contributions Allowable Contributions Deduction	38,574,897	- 26,464
Total Contribution Deduction		26,464