CHANGE OF ACCOUNTING PERIOD

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

► Do not enter social security numbers on this form as it may be made publication.

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

Open to Public

OMB No 1545-0047

Intern	a) neve	do to www.iis.gov/i of initiation and the late		
<u>A F</u>	or th	e 2020 calendar year, or tax year beginning — JAN 1 , 2020 — — and ending	JUN 30, 2020	
	heck (f	C Name of organization	D Employer identif	ication number
a	pplicab	Jewish United Fund of Metropolitan		
	Addre	ss Chicago		
	Name		36-2167034	
-	Initial			
	_]return ີ]Fınal	1 ' 1		
L	return termir		(312) 357-47	
	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts S	28,975,765.
<u></u>	Amen	Chicago, in occor	H(a) Is this a group r	eturn
L	Application	F Name and address of principal officer Lonnie Nasatir	for subordinate	s? Yes X No
	pendi	same as C above	H(b) Are all subordinates i	ncluded? Yes No
īī	ax-ex	empt status X 501(c)(3)	527 If "No," attach a	a list. See instructions
		te > www.JUF.org	H(c) Group exemption	
				M State of legal domicile IL
$\overline{}$	rt I	Summary	car or formation	VI Clare of legal defined
			hıcago Jewish	
စ္	1		iicago dewisii	
Governance		community's central philanthropy, funding wide-ranging services.		
ü	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net as	1
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	88
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	88
Š	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
ŧ	6	Total number of volunteers (estimate if necessary)	6	4848
Activities		Total unrelated business revenue from Part VIII, column (C), line 12	7a	315,073.
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	
$\overline{}$		Net unielated business taxable income noni Form 950-1, Fait I, line 11		
	_	A	Prior Year	Current Year
e e	8	Contributions and grants (Part VIII, line 1h)	88,164,933.	21,647,341.
P.	9	Program service revenue (Part VIII, line 2g)	6,114,628.	2,897,192.
Peve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,571,702.	3,583,221.
	³ 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-833,308.	-598,563.
1	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	98,017,955.	27,529,191.
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1 3)	78,709,939.	3,750,381.
>	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
7	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,474,541.	8,170,531.
انقير	16-		29,643.	13,094.
15	ioa	Professional fundraising fees (Part IX, column (A), line 11e) Tulal fundraising expenses (Part IX, column (D), line 25) 3,705, 916	25,010.	13,031:
Axterises 14AV	. b	(2),	10 220 050	5 000 202
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,772,859.	5,080,383.
\$	§ 18	Total expenses Add lines 13 17 (must equal Part IX, column (A) line 25)	103,986,982.	17,014,389.
	119	Revenue less expenses Subtract line 18 from line 12	-5,969,027.	10,514,802.
58	-	IN THE INFI	-5,969,027. Beginning of Current Year 237,716,660.	End of Year
Net Assets C	20	Total assets (Part X, line 16)	237,716,660.	227,684,034.
Ass	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	112,892,640.	99,608,318.
ξē	22	Net assets or fund balances Subtract line 21 from line 20	124,824,020.	128,075,716.
Pa	rt II		161	· · · · · · · · · · · · · · · · · · ·
Llode	r none	Ities of perjury, I declare that I have examined this return, including accompanying schedules and year	John and to the best of m	v knowledge and belief it is
				, knowledge and benef, it is
true,	correc	t, and complete Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge	101
		CHOWN SHAMMON	1 4 50	101
Sign	1	Signature of officer	Date •	ſ
Here	е	James A. Pinkston, VP of Accounting		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature Pala la Co	Date Check	PTIN
Paid		Print/Type preparer's name Rebekuh Eley Preparer's signature Rubakuh Clo	404/26/21 self emplo	ved P01247672
Prep		BALL 110 110	Firm's EIN ▶	42-0714325
		The same of the sa	THILISTIN	
Use	omy		Di. 315	0-634-3400
		Chicago, IL 60606	Phone no 312	
May	the If	RS discuss this return with the preparer shown above? See instructions		X Yes No
		200 LUA For Panerwork Reduction Act Notice see the senarate instructions		Form 990 (2020)

	990 (2020) Chicago	36-2167034	Page 2
Pa	rt III Statement of Program Service Accomplishments	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	JUF provides critical resources that bring food, refuge, health care,		
	education and emergency assistance to over 500,000 Chicagoans of all		
	faiths and millions of Jews in Israel and around the world, funding a		
	network of 100+ agencies, schools, and programs.		
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
3	If "Yes," describe these changes on Schedule O		163110
4	-	secured by evpen	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expense	es, and
	revenue, if any, for each program service reported		212 061
4a	(Code)(Expenses \$ 3,939,752. Including grants of \$ 2,441,587.) (Revenue Allocations (Overseas) - Through its allocation to JFNA_JUF supports	\$,213,961.
	services to millions of individuals in Israel and 70 other countries.		
	These range from basic social service programs addressing needs of all		
	age groups to formal and informal Jewish education/identity		
	development. The major beneficiary organizations which engage in	· · ·	
	overseas work through support from JFNA are the American Jewish Joint		
	Distribution Committee, the Jewish Agency for Israel and the World ORT.		
	Most overseas allocations are awarded on a July through June fiscal		
	year basis. In accordance with generally accepted accounting		
	principles, board-approved overseas allocations for the period covering		
	July 2019 through June 2020 were expensed in July 2019 and reported as		
	grant expense on the 2019 990.		
4b	(Code) (Expenses \$1,434,401. including grants of \$1,308,794.) (Revenue	s	360,574.
	Allocations (Local) - The Jewish United Fund of Metropolitan Chicago		
	(JUF) conducts fundraising activities by means of annual calendar year		
	campaigns and makes allocations to Jewish Federation of Metropolitan		
	Chicago (JF) and Jewish Federations of North America (JFNA). Through		
	its allocation to JF, JUF supports various nonprofit organizations in		
	the Chicago area that provide assistance to people of all faiths,		<u> </u>
	including hot meals and groceries, utility and rent assistance,		
	prescriptions and medical care for impoverished families, job training		
	and placement for people who are out of work, multi-faceted,		
	specialized support services for people with disabilities, support		
	services for Holocaust survivors, assisted living, specialized		
	Alzheimer's care and transportation for seniors; respite services for		
4c	(Code) (Expenses \$ 891,398. including grants of S) (Revenue	\$	469,523.)
	Communications and JUF News The JUF Communications Department works to		
	ensure that JUF/Federation maintains a strong media profile and serves		
	effectively as the public voice for Chicago's Jewish Community. JUF		
	News is Chicago's largest circulation Jewish community publication. It		
	is published monthly and offers features, profiles, news and		
	commentaries about key facets of Jewish life locally, in Israel and	-	
	around the world.		
	Other program convices (Describe on Schedule O.)		
40	Other program services (Describe on Schedule O) (Expenses \$ 2,101,412. including grants of \$) (Revenue \$	853,134.)	
	0.066.060	555,252.)	
<u>4e</u>	Total program service expenses ► 8,366,963.		

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Part IV Checklist of Required Schedules

Par	TIV 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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	1		
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98 197 If "Yes," complete Schedule C, Part III	5		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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	_	х
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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
þ	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 167 If "Yes," complete Schedule D, Part VII	11b	Х	
С	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		Х
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 -	ļ
	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	Х	ļ
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	ļ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		١	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	 ,,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	3,7	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
a	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	44.	х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	
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	4-	•	x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	<u> </u>	<u> </u>
16		10		_ v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		.	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	x	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	-^-	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20.~	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	 	+
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		-
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	x	
	25 go			

Chicago

36-2167034 Page 4 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 27 If "Yes," complete Schedule I, Parts I and III Х 22 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 Х Schedule J 23 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 Х 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 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 х 25a 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 х 25b Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 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 х 26 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 х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If х "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Х 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Х "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation x contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 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 Х 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity х within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note All Form 990 filers are required to complete Schedule O х 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 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? Form **990** (2020)

Form	990 (2020) Chicago 36-216703	4	Р	age 5
Pa	t 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,			1
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		
За	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	х	
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			1
	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		х
С	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		İ
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
С	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
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			1
а	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			Ī
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O			
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			
С	Enter the amount of reserves on hand			{
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
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?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O			
		Earm	990	(2020)

Jewish United Fund of Metropolitan Chicago 36-2167034 Form 990 (2020) 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 х Section A. Governing Body and Management Yes Nο 88 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 88 b Enter the number of voting members included on line 1a, above, who are independent 1h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or x more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7ь Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b 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 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 х 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c х Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoons IL 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 Upon request X Other (explain on Schedule O) Own website Another's website 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 State the name, address, and telephone number of the person who possesses the organization's books and records

James A. Pinkston - (312)-357-4790 30 South Wells, Ste 4049, Chicago, IL

60606

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

х

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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above

Check this box if neither the organization r	(B)	J. ga			C)	.,p.c.i		(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
rame and the	hours per					than o		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	, ,			ated		organization	(W 2/1099-MISC)	from the
	related	ustee	truste		, a	pens		(W-2/1099-MISC)		organization
	organizations below	nsł tru	ional In		ploye	t com	١.			and related
	line)	ndividual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former			organizations
(1) Lonnie Nasatir	25,00	<u> </u>	<u>=</u>	3	×	Ξ 45	-			
President	25.00			x				0.	0.	ο.
(2) Audra P. Berg	8.50								, ,	
VP, Leadership Eng. & Board Rel.	41.50			х				0.	0.	0.
(3) Dr. Steven B. Nasatır, Ph.D	30.00									
Executive Vice Chairman	10.00			х		1		0.	0.	0.
(4) Jay Tcath	25.00									
Executive Vice President	25.00			х				0.	0.	0.
(5) David S. Rosen	10.00									
Senior Vice President - Endowments	40.00			х				0.	0.	0
(6) David S. Rubovits, Ph.D.	39.00									
Chief Operating Officer	11.00			х				0.	0.	0.
(7) Boaz Blumovitz	22,50									
Chief Financial Officer	27.50			х				0.	0.	0.
(8) James Rosenberg	40.00									
Chief of Staff	10.00			х				0.	0.	0.
(9) James A. Pinkston	20.00									
Vice President - Accounting	30.00			х				0.	0.	0.
(10) Peter Chiswick	25.00					ĺ				
Controller	25.00			Х				0.	0.	0.
(11) Robert Schuckman	10.00									
Vice President - General Counsel	40.00			Х				0.	0.	0
(12) David Prystowsky	50.00									
Vice President - Campaign	0.00			Х				0.	0.	0
(13) Deborah Covington	40.00		i							
Senior VP, Planning & Allocations	10.00			x				0.	0.	0.
(14) Andrew S. Hochberg	10.00									
Chairman	10.00	х		х				0.	0.	0.
(15) Wendy Berger	5.00									
Vice Chairman	5.00	х		х			L	0.	0.	0.
(16) Mark Chudacoff	5.00									
Vice Chairman	5.00	х		х				0.	0.	0.
(17) Bruce I. Ettelson	5.00									
Vice Chairman	5.00	х		Х				0.	0.	0.

Form 990 (2020)

Part VII Section A Officers, Directors, Trus		oloy	ees,			ghes	st C		· · · · · · · · · · · · · · · · · · ·			(F)
(A)	(B) Average			•	C) sition	1		(D)	(E)			(F) mated
Name and title	hours per			heck	more	than is both		Reportable compensation	Reportable compensation			ount of
	week					or/trus		from	from related	ı		ther
	(list any	gg						the	organizations		compe	ensation
	hours for	9 di	99	l		ated		organization	(W 2/1099-MISC)			m the
	related organizations	stee	truste		₆₀	bens		(W-2/1099-MISC)			•	nization
	below	ual tru	lonal		ploye	t com						related izations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Organi	izations
(18) Marc Roth	5.00	1	-		Ť	-	Ī			十		
Vice Chairman	5.00	x		х				0.	(١.		0.
(19) Kım Shwachman	5.00											
Vice Chairman	5.00	х		х		<u> </u>	<u> </u>	0.		٠.		0.
(20) Morris Silverman	5.00			l	ŀ							
Vice Chairman	5.00	Х	ļ	х	<u> </u>	-	-	0.		<u>- -</u>		0.
(21) Marc Spellman	5.00	Į,		Į ,				0	,			0
Vice Chairman (22) Pam F. Szokol	5.00 5.00	Х		Х		<u> </u>	┢╌	0.		<u> </u>		0.
Vice Chairman	5.00	x		x				0.	(0.
(23) Linda B. Ginsburg	5.00	 		 				*		╁		
Vice Chairman	5.00	x		x		l		0.	(١.		0.
(24) Gita Berk	5.00	-				İ				\top		
Vice Chairman	5.00	х		х				0.	().		0.
(25) Joshua B. Herz	5.00											
Vice Chairman	5,00	х		х			L.	0.		١.		0.
(26) Scott Heyman	5.00	Į			l							
Vice Chairman	5.00	Х	<u> </u>	х	<u> </u>	L		0.).		0.
1b Subtotal								0.).		0.
c Total from continuation sheets to Part VII	, Section A							0.				0.
d Total (add lines 1b and 1c)			1 4 -	-I - I		\ I-				<u>. </u>		
Total number of individuals (including but no compensation from the organization	ot imilied to th	ose	iiste	u at	oove	y wii	0 16	eceived more than \$100,	000 of reportable			0
compensation from the organization	-							·			TY	es No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	love	e, or	hig	hest compensated emp	loyee on	Г	\top	
line 1a? If "Yes," complete Schedule J for si		·	•	·	•		Ū		•	-	3	x
4 For any individual listed on line 1a, is the su		е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization			
and related organizations greater than \$150									-	Ĺ	4	x
5 Did any person listed on line 1a receive or a									lual for services			
rendered to the organization? If "Yes." com	olete Schedule) <i>J f</i> (or su	ıch ı	oers	on				丄	5	Х
Section B Independent Contractors								·				
1 Complete this table for your five highest cor										satio	n from	•
the organization Report compensation for t	ne calendar ye	ear e	nair	ig w	ith c	or wi	thin		ear		(C)	
(A) Name and business	address	NO	NE				İ	(B) Description of s	ervices	Con	npens:	ation
								<u> </u>				
							\perp					
							-					
	· · · · · · · · · · · · · · · · · · ·						\dashv					
2 Total number of independent contractors (in	icludina but na	t lin	nited	l to 1	thos	e lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz		_			(
See Part VII, Section A Continu		ts							<u> </u>	Fc	orm 99	90 (2620)

Form 990

Form 990 Chicago	 _								36-21670	734
Part VII Section A Officers, Directors,	Trustees, Key Er	nplo	yee	ș, a	nd F	ligh	est	Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(cl	heck	Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trusice	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) Cindy Kaplan	5.00									
Treasurer	5.00	х	<u> </u>	Х				0.	0.	0
(28) Jason Peltz	5.00									
Assistant Treasurer	5.00	Х		Х				0.	0.	0
(29) Jane Cadden Lederman	5.00									
Secretary	5.00	х		Х				0.	0.	0
(30) Julie Dann Schneider	5.00									
Assistant Secretary	5.00	Х		Х				0.	0.	0
(31) Wendy C. Abrams	0.50									
Director	0.50	Х						0.	0.	0
(32) Jeremy Amster	0.50							_	_	_
Director	0.50	Х						0.	0.	0
(33) Dr. Edward M. Atkins	0.50									
Director	0.50	Х	<u> </u>					0.	0.	0
(34) Peter B. Bensinger, Jr.	0.50									•
Director	0.50	Х				_		0.	0.	0
(35) Katle Berger	0.50	ų,						0.	0.	0
Director (36) Debbie L. Berman	0.50	Х						υ.	0.	
Director	0.50	х						0.1	0.	0
(37) Robert J. Bond	0.50	^						•		
Director	0.50	x						0.	0.	0
(38) David T. Brown	0.50	<u> </u>						· · ·	•	
Director	0.50	x						0.	0.	0
(39) Caroline Davidson	0.50	<u> </u>						0,		_
Director	0.50	x						0.	0.	0
(40) Rabbi Alex Felch	0.50									
Director	0.50	х						0.	0.	0.
(41) Robert Ferencz	0.50									
Director	0.50	х				j		0.	0.	0
(42) Maury Fertig	0.50									
Director	0.50	х						0.	0.	0 .
(43) Michael T. Fishman	0.50									
Director	0.50	х						0.	0.	0.
(44) Jason Friedman	0.50									
Director	0.50	х						0.	0.	0.
(45) Andrew Glick	0.50									
Director	0.50	х	l					0.	0.	0 .
(46) Craig Goldsmith	0.50									
Director	0.50	х						0.	0.	0.

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Form	1	ć	96)(
]	_		•	•	1

Part VIII o								O		
Part VII Section A. Officers, Directors, Tr		npic	yee			ligh	est			(5)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(0)	neck		ition		J.A	Reportable compensation	Reportable compensation	Estimated amount of
	per	10	IECN	all	liiat	app I	ייש <i>ו</i>	from	from related	other
	week					_ g		the	organizations	compensation
	(list any	ĕ				ploy		organization	(W-2/1099-MISC)	from the
	hours for	direc				ad em		(W-2/1099-MISC)	(** = **= + *** + **	organization
	related	se or	ıstee			nsak				and related
	organizations	trus	na tri		oyee	o w				organizations
	below	Individual trustee or director	Institutional trustee)ec	Key employee	Highest compensated employee	ner	i		
	line)	ģ	Inst	Officer	Key	Нg	Former			_
(47) Jordan T. Goodman	0.50							, ,		
Director	0.50	х						0.	0.	0
(48) Steven M. Greenbaum	0.50				ŀ					
Director	0.50	х						0.	0.	0
(49) Hilary Greenberg	0.50									
Director	0.50	х						0.	0.	0
(50) King W. Harris	0.50									
Director	0.50	Х						0.	0.	0
(51) Rabbi Sidney M. Helbraun	0.50									
Director	0.50	Х				_		0.	0.	0
(52) Dana Westreich Hirt	0.50								_	_
Director	0.50	Х				_		0.	0.	0
(53) Sheri Hokin	0.50									
Director	0.50	х				ļ		0.	0.	0
(54) Lisa Jericho	0.50	۱.,							0	
Director	0.50	Х			_		⊢	0.	0.	0
(55) Cathy Kahn	0.50	,,						0.	0.	0
Director	0.50	Х						0.	0.	0
(56) Deborah Schrayer Karmın Director	0.50	х						0.	0.	0
(57) Linda Kellough	0,50	_						0.	0.	
Director	0.50	x	ì					0.1	0.	0
(58) Arı Klein	0.50	 	_				-	, ,		
Director	0.50	x						0.1	0.	0
(59) Ann-Louise Kleper	0.50	<u> </u>								
Director	0.50	х						0.	0.	0.
(60) Steven H. Lavin	0.50									
Director	0.50	х						0.	0.	0
(61) Jennifer Leemis	0.50									
Director	0.50	х						0.	0.	0
(62) Laurie Lustbader	0.50									
Director	0.50	х						0.	0.	0
(63) Lindsey P. Markus	0.50									
Director	0.50	x						0.	0.	0.
(64) Yosef Meystel	0.50									
Director	0.50	х						0.	0.	0
(65) Lee I. Miller	0.50									
Director	0.50	х						0.	0.	0
	0.50									
(66) Steven N. Miller								!		

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Part VII Section A. Officers, Director	s. Trustees, Key Fr	nplo	vee	s. aı	nd F	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)		ycc		C)			(D)	(E)	(F)
Name and title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(c	heck				ly)	compensation	compensation	amount of
	per	Ė	1			<u> </u>	Ī	from	from related	other
	week)yee		the	organizations	compensation
	(list any	ector)d w		organization	(W-2/1099-MISC)	from the
	hours for	ě	 85			aled		(W-2/1099-MISC)		organizatio
	related	ustee	trus		, n	Suadi				and related
	organizations	ual tr	onal		ploy	1 00 1	١.			organization
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) Ross S. Pearlstein	0.50	┢	 	۳		_	_			
Director	0.50	х						0.	0.	
(68) Sanford E. Perl	0.50									
Director	0.50	х						0.	0.	
(69) Theodore F. Perlman	0.50									
Director	0.50	х		_		_	<u> </u>	0.	0.	
(70) David Porush	0.50							_	_	
Director	0.50	Х	<u> </u>	<u> </u>				0.	0.	-
(71) Neal H. Price	0.50	,						0.	0.	
Director (72) Brandon C. Prosansky	0.50	Х	-			-		0.	0.	
Orector	0.50	x						0.	0.	
(73) Joshua Rinkov	0.50		\vdash	\vdash	 			· ·		
Director	0.50	x						0.	0.	
(74) Elliot Robinson	0.50									
Director	0.50	х						0.	0.	
(75) David Rosenbaum	0.50									
Director	0.50	х				<u> </u>		0.	0.	
(76) Lisa Rosenkranz	0.50							_	_	
Orrector	0.50	х				_	<u> </u>	0.	0.	
(77) Avı Rothner	0.50	١,,					ŀ			
Oirector	0.50	х					_	0.	0.	
(78) Eric A. Rothner Director	0.50	x						0.	0.	
(79) Gail L. Rudo	0.50	^		-		_		0.	0.	
Director	0.50	x						0.	0.	
(80) Susan Sacks	0.50									
Director	0.50	х						0.	0.	
(81) Charlene K. Sales	0.50									
Oirector	0.50	х						0.	0.	
(82) Max Schrayer	0.50									
Director	0.50	х	Ш					0.	0.	
83) Harry J. Seigle	0.50									
Director	0.50	X.	ļ				<u> </u>	0.	0.	
84) Midge Perlman Shafton	0.50	,,						<u> </u>		
Orector	0.50	<u> </u>					-	0.	0.	
85) Devra Resnick Shutan	0.50	v			3			0.	0.	
Orector 86) Susan B. Silver	0.50	 ^	\vdash		=		 	' '	· · · · · · · · · · · · · · · · · · ·	
oo, Susan B. Silver Director	0.50	x						0.	0.	
·11 CC CC1		டி	ـــــا					J.	· · · · · · · · · · · · · · · · · · ·	

Jewish United Fund of Metropolitan

Form 990 Chicago

36-2167034

Form 990 Chicago									36-2167	0.04
Part VII Section A Officers, Directors	, Trustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	ees (continued)	
(A)	(B)	_			C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee	İ	the	organizations	compensation
	(list any	ecto			ļ	mpte	ĺ	organization	(W-2/1099 MISC)	from the
	hours for	i di	, g	l		ated ((W·2/1099-MISC)		organization
	related	stee	trust		92	bens				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	divide	III III	Officer	y em	ghest	Former			
	line)	Ě	<u> </u>	ō	- S	Ē.	દ			
(87) Bill Silverstein	0 50									
Director	0,50	Х						0.	0.	0.
(88) Alan P. Solow	0,50	1							_	_
Director	0,50	Х		<u></u>				0.	0.	0.
(89) Sara Crown Star	0.50	ļ								
Director	0.50	Х						0.	0.	0.
(90) Phyllis Tabachnick	0.50									
Director	0.50	х						0.	0.	0.
(91) Bruce Taylor	0.50									
Director	0.50	х						0.	0.	0.
(92) Alex Turik	0.50									
Director	0.50	x						0.	0.	0.
(93) Kalman Wenig	0.50									
Director	0.50	х			:			0.	0.	0.
(94) Deborah Winick	0.50						-	_		
Director	0.50	х						0.	0.	0.
(95) Michael H. Zaransky	0.50									
Director	0.50	x						0.	0.	0.
(96) Adrienne J. Kriezelman	0.50	_								. —
Ex-Officio	0.50	x						0.	0.	0.
(97) Susan Spier Chapman	0.50	_	l –							
Ex-Officio	0.50	x						0.	0.	0.
(98) Amy Yeager E. Hausman	0.50		\vdash			_				
Ex-Officio	0.50	х						0.	0.	0.
(99) Joanna Greenberg	0.50		-							
Ex-Officio	0.50	x						0.	0.	0.
(100) Elizabeth L. Kramer	0.50	 -	-							- •
Ex-Officio	0.50	x						0.	0.	0.
		Ë						<u>~·</u>	<u> </u>	
										
		-		_						•
						_				
		\vdash		\vdash	\vdash					
	<u> </u>			\vdash	-					-
				i						
Total to Part VII, Section A, line 1c										

Chicago

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 tributions, Gifts, Grants Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 6,130,555 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 15,516,786. similar amounts not included above 1f 1,303,013 g Noncash contributions included in lines 1a-1f | 1g|\$ 21 641 JAL. h. Total, Add lines failf **Business Code** 561000 1,922,658. 2 a Program Fees 1,922,658. Program Service Revenue 659,461. Service Fees 561000 659,461. JUF News Advertising 541800 315,073. 315,073. f All other program service revenue 2,897,192. q Total Add lines 2a 2f Investment income (including dividends, interest, and 118,489. 118,489. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal <u>6a</u> 6 a Gross rents b Less rental expenses 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 3,668,588. assets other than inventory b Less cost or other basis 203,856. Other Revenue and sales expenses 3,464,732. c Gain or (loss) 3,464,732. 3,464,732. d Net gain or (loss) ▶ 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See 644,155 Part IV, line 18 1 242 718 **b** Less direct expenses -598,563. -598,563. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9a b Less direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10Ы b Less cost of goods sold Net income or (loss) from sales of inventory **Business Code** d All other revenue e Total. Add lines 11a-11d 27,529,191. 2,582,119. 315 073. 2,984,658. Total revenue See instructions

Form 990 (2020) Chicago Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(6)	(D)
	not include amounts reported on lines 6b, 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	3,750,381.	3,750,381.		
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,	1 207 646	365 207	565 000	456,559
	trustees, and key employees	1,387,646.	365,207.	565,880.	450,559
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	4,450,888.	1,171,406.	1,815,065.	1,464,417
7	Other salaries and wages	4,430,000.	1,171,400.	1,013,003.	1,101,117
8	Pension plan accruals and contributions (include	1,549,469.	376,631.	764,347.	408,491
_	section 401(k) and 403(b) employer contributions)	469,517.	130,425.	158,305.	180,787
9	Other employee benefits	313,011.	86,950.	105,536.	120,525
10	Payroll taxes Fees for services (nonemployees)	313,011.	00,300.		
11	` ` ` ′	281,423.	268,298.	13,125.	
a	Management	26,599.		26,599.	
b b	Legal	,			· · · · · · · · · · · · · · · · · · ·
d	Lobbying				· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services See Part IV, line 17	13,094.		-	13,094
f	Investment management fees				•
q	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O)	113,915.	66,508.	29,624.	17,783
2	Advertising and promotion	4,345.	3,779.		566
3	Office expenses	638,557.	386,844.	44,440.	207,273
14	Information technology	834,470.	67,677.	678,823.	87,970
15	Royalties				-
16	Occupancy	936,536.	175,483.	522,306.	238,747
7	Travel	63,297.	28,902.	16,157.	18,238
8	Payments of travel or entertainment expenses				-
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	31,810.	9,331.	10,699.	11,780
0:	Interest	145,420.	79,806.	65,614.	
1	Payments to affiliates				
22	Depreciation, depletion, and amortization				
3	Insurance	78,193.		78,193.	
:4	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)		-		
а	Missions-Before Income	1,351,263.	1,351,263.		
b	Events-Before Income	462,954.	17,238.		445,716
c	Temporary Help	36,383.	6,349.	15,992.	14,042
d	Photo/Illustration	12,089.	5,494.		6,595
е	All other expenses	63,129.	18,991.	30,805.	13,333
5_	Total functional expenses Add lines 1 through 24e	17,014,389.	8,366,963.	4,941,510.	3,705,916
:6	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)	İ			

Forn	n 990 (36-2	2167034 Page 1
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash non-interest bearing			13,588,041.	1	10,162,676
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			44,792,958.	3	32,471,830
	4	Accounts receivable, net			601,506.	4	816,878
	5	Loans and other receivables from any current or	forme	officer, director,			
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
(r)	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			1,904,244.	9	248,351
	10a	Land, buildings, and equipment cost or other					
		hasis. Complete Part VI of Schedule D	10a	4,815,244.	<u> </u>	<u> </u>	
	ь	Less accumulated depreciation	10b	3,179,479.	1,532,844.	10c	1,635,765
	11	Investments - publicly traded securities		11	·		
	12	Investments - other securities See Part IV, line 1	1		142,133,458.	12	140,390,676
	13	Investments program-related See Part IV, line	11			13	
	14	Intangible assets		14	·· ····		
	15	Other assets See Part IV, line 11	33,163,609.	15	41,957,858		
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	33)	237,716,660.	16	227,684,034
	17	Accounts payable and accrued expenses	_	3,090,192.	17	3,122,199	
	18	Grants payable		47,921,253.	18	6,338,566	
	19	Deferred revenue			1,010,367.	19	1,395,236
	20	Tax-exempt bond liabilities		_		20	
	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
Š	22	Loans and other payables to any current or form	er offic	er, director,			
₹		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			·
Liabilities		controlled entity or family member of any of thes	se pers	ons	<u> </u>	22	
_	23	Secured mortgages and notes payable to unrela	ited thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third i	parties	0.	24	5,420,576
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	17-24)	Complete Part X	60 000 000		02 221 541
		of Schedule D			60,870,828.	25	83,331,741
	26	Total liabilities. Add lines 17 through 25		, [17]	112,892,640.	26	99,608,318
s		Organizations that follow FASB ASC 958, che	ck her	e ▶ X			
Š		and complete lines 27, 28, 32, and 33.		-	74,280,622.		113,873,008
alai	27	Net assets without donor restrictions	50,543,398.	27	14,202,708		
00	28	Net assets with donor restrictions	50 J		30,343,370.	28	14,202,700
Š		Organizations that do not follow FASB ASC 9	SB, CN	eck nere			
ě		and complete lines 29 through 33		-			
ŝ	29	Capital stock or trust principal, or current funds		at fund		29	
SSE	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come,	or other lunds	124,824,020.	31	128,075,716
ž	32	Total heliting and not seems (find belonged		-	237,716,660.	32	227,684,034
	33	Total liabilities and net assets/fund balances	_			J J	Form 990 (2020

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

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

Jewish United Fund of Metropolitan

OMB No 1545-0047

Open to Public Inspection

Employer identification number Chicago 36-2167034 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4) 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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 ☐ 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. 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 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 Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1 10 organization support (see instructions) support (see instructions) No above (see instructions))

Page 2

Schedule A (Form 990 or 990 EZ) 2020 Chicago 36-216703

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)

Se	ction A. Public Support					_	
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,		\		(-/	197-110
	membership fees received (Do not						
	include any "unusual grants ")	102,074,049.	127,924,342.	97,348,743.	88,164,933.	21,647,341.	437,159,408.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		į				
3	The value of services or facilities					_	
	furnished by a governmental unit to						
	the organization without charge						
4	Total Add lines 1 through 3	102,074,049.	127,924,342.	97,348,743.	88,164,933.	21,647,341.	437,159,408.
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)		,	, ,		, , , ,	35,636,973.
6	Public support. Subtract line 5 from line 4	1	,				401 522 435,
Sec	ction B. Total Support						,
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	102,074,049.	127,924,342.	97,348,743.	88,164,933.	21,647,341.	437,159,408.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	26,888.	25,863.	381,777.	589,370.	118,489.	1,142,387.
9	Net income from unrelated business					-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital			i			
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10			V 734		1 (1)	438 301 795.
12	Gross receipts from related activities,	etc (see instructio	ns)			12	27,917,327.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
	tion C. Computation of Publi						
	Public support percentage for 2020 (li			olumn (f))		14	91.61 %
	Public support percentage from 2019				Į	15	88.30 %
16a	33 1/3% support test - 2020. If the o	rganization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	and
	stop here. The organization qualifies		•				\mathbf{x}
b	33 1/3% support test - 2019 If the o				line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali						▶∟
	10% -facts-and-circumstances test						
	and if the organization meets the facts					/I how the organiza	ation
	meets the facts-and-circumstances tes						ightharpoons
	10% -facts-and-circumstances test						0% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						▶□
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	<u>, 16b, 17a, or 17b,</u>	check this box an	d see instructions	<u> </u>
					Sche	dule A (Form 990	or 990-EZ) 2020

90 or 990 EZ) 2020 Chicago

Pa	rt III Support Schedule for (Organizations	Described in S	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 F	Part II If the organiza	ation fails to
	qualify under the tests listed b						
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			,	<i>A</i>		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				ļ		
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			/	<u> </u>		
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						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)				1		
Sec	ction B. Total Support				,	,	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	ျှ(၆) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	Amounts from line 6		<i></i>		ļ		
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)					<u></u>	
14	First 5 years If the Form 990 is for the check this box and stop/nere	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section !	501(c)(3) organizatio	n, ▶
Sec	tion C. Computațion of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019			<u> </u>		16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage			-, ,	
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2020 If the more than 33 1/3%, check this box as	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶ □
b	33 1/3% support tests - 2019 If the	-					nd
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization		• -			=	▶ □

Schedule A (Form 990 or 990 EZ) 2020 Chicago Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.	AII	Supporting	Or	ganizations
--	------------	-----	------------	----	-------------

Sec	tion A. All Supporting Organizations				•
			Yes	No	,
1	Are all of the organization's supported organizations listed by name in the organization's governing				ĺ
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by				į
	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				İ
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported				ĺ
	organization was described in section 509(a)(1) or (2)	2			:
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			ļ	į
	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				ĺ
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the				į
	organization made the determination	3b			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			L	į
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c			i
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			نــــا	į
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below	4a			i
þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign				ĺ
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion				j
	despite being controlled or supervised by or in connection with its supported organizations	4b			í
С	Did the organization support any foreign supported organization that does not have an IRS determination				ĺ
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used				l
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4-			İ
	purposes	4c			i
Sa	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"				ĺ
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN				ĺ
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,				ĺ
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	5a			Í
h	was accomplished (such as by amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already				ŀ
Ü	designated in the organization's organizing document?	5b			į
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	"			İ
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class				ĺ
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also				ĺ
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in				į
	Part VI.	6			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor				ĺ
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with				ĺ
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?				j
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more				l
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described				į
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI	9a_			
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which				i
	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b			
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit				i
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		<u> </u>	
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section				į
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated				ļ
	supporting organizations)? If "Yes," answer line 10b below	10a			
ь.	Did the organization have any excess husiness holdings in the tax year? // Ico Schedulo C. Form 4720, to				ź.

determine whether the organization had excess business holdings.)

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b

36-2167034

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a quali	fying trust on N	ov 20, 1970 (explain in	Part VI) See instructions
	All other Type III non-functionally integrated supporting organizations m	nust complete S	Sections A through E	
Sect	tion 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		
Sect	tion 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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	tion 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-function	nally integrated	Type III supporting orga	nization (see
	and the second		_	

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	- Page /
_	ion D - Distributions	17.			Current Year
1	Amounts paid to supported organizations to accomplish exer		_ 1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			_2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	S _	_ 3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set aside amounts (prior IRS approval required - pro	ovide 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	<u> </u>
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI) See instructions			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	 -
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason			İ	
	able cause required · explain in Part VI) See instructions				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
e	From 2019	, <u>.</u>			,,,
f	Total of lines 3a through 3e			ļ	
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
	Remainder Subtract lines 3g, 3h, and 3i from line 3f				
4	Distributions for 2020 from Section D,				
	line 7 \$				
	Applied to underdistributions of prior years			-	
	Applied to 2020 distributable amount				
	Remainder Subtract lines 4a and 4b from line 4				
5	Remaining underdistributions for years prior to 2020, if				
	any Subtract lines 3g and 4a from line 2. For result greater			ŀ	
	than zero, explain in Part VI. See instructions				
	Remaining underdistributions for 2020 Subtract lines 3h				
	and 4b from line 1 For result greater than zero, explain in			1	
	Part VI See instructions		 		
	Excess distributions carryover to 2021. Add lines 3 _j and 4c				
8	Breakdown of line 7				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Jewish United Fund of Metropolitan

Schedule A (Form 990 or 990 EZ) 2020 Chicago	36-2167034	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a 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 I, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional complete	s 1 and 2, Part IV, Sectior t V, Section B, line 1e, Pa	n C,
Part II, Short Year Explanation		
Jewish United Fund changed from a calendar year end to a June 30 fiscal		
Dewish United Fund Changed 110m a Calendar year end to a June 30 listar		
year end during 2020. Therefore, the short year 1/1/2020 - 6/30/2020		
has been presented in column (e) 2020.		
		
		_
		
		·-·
		-

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

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.

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

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

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

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

) (See separate instructions), then Section 501(c)(4), (5), or (6) organiza	tions Complete Part III	, , , ,	,	
	(// // //)	ted Fund of Metropolitan		Empl	loyer identification number 36-2167034
Pa		ganization is exempt unde	er section 501(c)	or is a section 527 or	
2	Provide a description of the organize Political campaign activity expenditive Volunteer hours for political campa	zation's direct and indirect politica			
Pa	rt I-B Complete if the org	ganization is exempt unde	er section 501(c)(3).	·····
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955	▶\$	
	Enter the amount of any excise tax				
3	If the organization incurred a section	n 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				
Ŗа	rt;I-C Complete if the org	janization is exempt unde	er section 501(c),	except section 501(c)(3).
1	Enter the amount directly expended	d by the filing organization for sec	tion 527 exempt funct	tion activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to oth	ner organizations for se	ection 527	
	exempt function activities			▶ \$	
3	Total exempt function expenditures	Add lines 1 and 2 Enter here ar	nd on Form 1120-POL,		
	line 17b			▶ \$	Yes No
	Did the filing organization file Form	•			
5	Enter the names, addresses and en	• •	•	-	
	made payments. For each organization contributions received that were pre-				
	political action committee (PAC) If				e segregated forto or a
	<u> </u>	1	· · · · · · · · · · · · · · · · · · ·		(a) Amount of political
	(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-
		_		- "	
					
			<u> </u>		
			1		
_					-

Schedule C (Form 990 or 990-EZ) 2020		Fund of Metropolita	an	36	2167034 Page 2
Part II-A Complete if the org		empt under section	n 501(c)(3) and file		
section 501(h)).		•		•	
A Check ▶ ☐ If the filing organiza	tion belongs to an a	affiliated group (and list in	n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and sha	e of excess lobbyin	ig expenditures)		•	
B Check ▶ if the filing organiza	tion checked box A	and "limited control" pro	ovisions apply		
	ts on Lobbying Ext	penditures lounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	rence public opinio	n (grassroots lobbying)			
b Total lobbying expenditures to infli	ience a legislative b	ody (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	s (add lines 1c and	1d)			
f Lobbying nontaxable amount Enter	er the amount from	the following table in bot	h columns		
If the amount on line 1e, column (a) o	r (b) is The I	obbying nontaxable am	ount is:		
Not over \$500,000	20%	of the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000 \$100	,000 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175	,000 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,	000,000 \$22 <u>5</u>	,000 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000	\$1,00	00,000			
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a If zer	o or less, enter -0-				
 Subtract line 1f from line 1c If zero 	or less, enter -0-				
j If there is an amount other than ze	ro on either line 1h	or line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
(Some organizations ti	nat made a section	Averaging Period Under 501(h) election do not arate instructions for li	have to complete all c	of the five columns b	elow.
	Lobbying Exp	penditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(ь) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	-				
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

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	(a)	(I	o)
of the lobbying activity	Yes	No	Amo	ount
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?	Х			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?		х		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			4,800.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		х		
Other activities?		Х		
j Total Add lines 1c through 1i				4,800.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		
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?		l		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or sec	tion	
			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	ne prior vear			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members		1		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic 	cal			
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 exc	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (See instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1, Part I B, line 4, Part I C, line 5, Part II A (affiliated group	list), Part II-	A, lines 1 a	nd 2 (See	
instructions), and Part II-B, line 1 Also, complete this part for any additional information				
Part II-B, Line 1, Lobbying Activities.	<u> </u>			
The Jewish Community Relations Council (JCRC) participated in the				
following legislative activities in fiscal year 1/1/20 - 6/30/2020	<u>-</u>			
Israel/International	_			
		- · · -		

Jewish United Fund of Metropolitan

Schedule C (Form 990 or 990 EZ) 2020 Chicago	36-2167034	Page 4
Part IV Supplemental Information (continued)		
JCRC communicated with the Illinois Congressional delegation, city,		
county and state legislators and federal, state, city and county		
country and bodge regressions and reactur, bodge, orey and country		
executive branch officials on a variety of issues.		
	· · · · · · · · · · · · · · · · · · ·	
Domestic Issues		
DOMESTIC ISSUES	<u></u> .	
JCRC staff and volunteers communicated with Illinois legislators and		
executive branch officials on various items.		
executive branch officials on various items.		
		-
	-	_
		
	-	
		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Jewish United Fund of Metropolitan

Chicago

Employer identification number 36-2167034

Pai	t I Organizations Maintaining Donor Advise	d 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	4 Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in v	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 a	dvisors in writing that grant funds can be use	ed only						
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose cor	nferring						
	impermissible private benefit?		Yes No						
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7						
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y)</u>							
	Preservation of land for public use (for example, recreating	tion or education) Preservation of a l	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 qualif	ied conservation contribution in the form of a	a conservation easement on the last						
	day of the tax year		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
c	Number of conservation easements on a certified historic stru		2c						
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure							
	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	ganization during the tax						
	year >								
4	Number of states where property subject to conservation eas								
5	Does the organization have a written policy regarding the per-								
	violations, and enforcement of the conservation easements it		└ Yes						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	vation easements during the year						
_	<u> </u>								
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year						
•	Description approximation approximation and line 2/d) shows	a cation the requirements of section 170(b)(4	IVPV4						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(n)(4	Yes No						
_	and section 170(h)(4)(B)(ii)?	on accompate in its roughly and expense sta							
9	In Part XIII, describe how the organization reports conservation	·							
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements	ote to the organization's imancial statements	s that describes the						
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Othe	r Similar Assets.						
	Complete if the organization answered "Yes" on Form								
	If the organization elected, as permitted under FASB ASC 95	· · · · · · · · · · · · · · · · · · ·	balance sheet works						
	of art, historical treasures, or other similar assets held for pub								
	service, provide in Part XIII the text of the footnote to its finan		·						
b	If the organization elected, as permitted under FASB ASC 95		ance sheet works of						
~	art, historical treasures, or other similar assets held for public								
	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		S						
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial da							
_	the following amounts required to be reported under FASB AS		• •						
а	Revenue included on Form 990, Part VIII, line 1		> \$						
	Assets included in Form 990, Part X		S						

Schedule D (Form 990) 2020 Chicago					36-216	7034	Page 2				
Part III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	er Simila	r Assets	(continu	ued)				
3 Using the organization's acquisition, accessi	on, and other record	s, check any of the f	ollowing that make	significant	use of its						
collection items (check all that apply)											
a Public exhibition	d	I Loan or exc	hange program								
b Scholarly research	е	Other									
c Preservation for future generations	Preservation for future generations										
4 Provide a description of the organization's co	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 of	r receive donations o	of art, historical treas	sures, or other simila	ar 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 Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 990	0, Part IV,	lıne 9, or					
reported an amount on Form 990, Pa	rt X, line 21										
1a Is the organization an agent, trustee, custod	an or other intermed	ary for contributions	s or other assets no	t included		_					
on Form 990, Part X?					L.	_ Yes	No				
b If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table			1						
						Amount					
c Beginning balance				1c							
d Additions during the year				1d							
e Distributions during the year	Distributions during the year										
f Ending balance				1f	_	Yes	No				
•	a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?										
b If "Yes," explain the arrangement in Part XIII											
Part V Endowment Funds. Complete			l		years back	T 					
							years back				
1a Beginning of year balance	136,932,715.	128,666,527.	125,853,578.	 	57,506.	· · · · ·	121,562.				
b Contributions	3,505,537.	133,716.	14,502,889.		84,460.		284,437.				
c Net investment earnings, gains, and losses	-1,603,322.	15,416,091.	-2,811,081.	11,0	00,319.	2,4	114,774.				
d Grants or scholarships				1	-						
e Other expenditures for facilities	2 666 257	7 202 610	0 070 050		00 707		162 267				
and programs	3,666,357.	7,283,619.	8,878,859.	0,0	88,707.	3,4	163,267.				
f Administrative expenses	135,168,573.	136,932,715.	128,666,527.	125 9	125,853,578.		57,506.				
g End of year balance			' 	123,6	33,370.	70,0	737,300.				
2 Provide the estimated percentage of the curr	ent year end balance) neid as								
a Board designated or quasi-endowment by Permanent endowment by 8.9400		_%									
	%										
	%										
The percentages on lines 2a, 2b, and 2c sho	•	tion that are hold an	d administration of for t	ha araania	at.aa						
3a Are there endowment funds not in the posse	ssion of the organiza	tion that are neid an	id administered for t	ne organiza	ation	Г	V N-				
by (i) Unrelated organizations							Yes No				
(i) Unrelated organizations (ii) Related organizations						3a(i) 3a(ii)	x -				
b If "Yes" on line 3a(ii), are the related organizations	tions listed as requir	nd on Schodulo P2				100/11/1	x				
4 Describe in Part XIII the intended uses of the						_ <u>30</u> _					
Part VI Land, Buildings, and Equipm		William Tanas		·							
Complete if the organization answere		Part IV. line 11a S	ee Form 990. Part X	line 10							
Description of property	(a) Cost or o	-		Accumulate	ed	(d) Book	value				
bescription of property	basis (investri		1 ' '	epreciation		(4, 555	74.40				
1a Land	,	, , , , , , , ,	. ,			-					
b Buildings											
c Leasehold improvements			· · · · -	-							
d Equipment		4	,765,423.	3,159,	993.	1,6	05,430.				
e Other			49,821.		486.	······	30,335.				
Total. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. column (B). line 1(<u>.</u>	•	1,6	35,765.				

3	6	_	2	1	6	7	O	3	4	

Part VII Investments - Other Securities.	· · · · · · · · · · · · · · · · · · ·		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	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			<u> </u>
(2) Closely held equity interests			
(3) Other			
(A) Investment in Life Insurance Policies	4,040,533.	End-of-Year Market Value	
(B) Other Investments	204,036.	End-of-Year Market Value	
(C) JFMC Pooled Endowment Portfolio, LLC	136,146,107.	End-of-Year Market Value	
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Col (b) must equal Form 990, Part X, col (B) line 12)	140,390,676.		
Part VIII Investments - Program Related.	, ,		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	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)			<u>"- ' </u>
(6)			· ····
(7)			
(8)			
(9)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13)	· · · · · · · · · · · · · · · · · · ·		
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15	
	Description		(b) Book value
(1) Due from Participating Employers for F	41,957,858.		
(2)			<u>, , , , , , , , , , , , , , , , , , , </u>
(3)			
(4)			•••
(5)		-	
(6)			
(7)			_
(8)	· · ·		* **
(9)			
	15)		41,957,858.
Total (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	15.1	P.1	
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
(a) Description of liability		1001111000101111000,7 0.074, 1110 20	(b) Book value
	"		(-)
(1) Federal income taxes (2) Liability for Pension Benefits	<u></u> _		75,384,137.
	an Chicago		7,745,278.
		_	202,326.
	· 		
(5)			
(6)			
(7)			
(8)	<u>"</u>		
(9)		<u> </u>	83,331,741.
Total. (Column (b) must equal Form 990. Part X. col. (B) line			
2 Liability for uncertain tax positions In Part XIII, provide		_	
organization's liability for uncertain tax positions under	FASB ASC 740 Check hei	re if the text of the footnote has been prov	rided in Part XIII X

Sche	dule D (Form 990) 2020 Chicago		36-2167034	Page 4
	t XI Reconciliation of Revenue per Audited Financial State	ements With Rever	nue 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	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	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	45		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		
b	Other (Describe in Part XIII) Add lines 4a and 4b	40	4c	
с 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expe		
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
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		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	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			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.]	5	
	t XIII Supplemental Information.			
Provi	de 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 X	l,
lınes	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information		
			•	
Dart	V. line 4			
	v, The T	·		
The	endowment funds (which include both board designated and d	onor		
rest	ricted funds) were established over a period of several ye	ars via		
bequ	ests received from certain donors' estates. Distributions	are made		
from	these endowment funds on an annual basis and transferred	to the		
orga	nization's undesignated fund to support the annual campaig	n or certain		
prog	rams. The endowment fund distributions are computed using	a formal		
spen	ding policy.			
				
Part	X, Line 2			
			 	
Jewi	sh United Fund, an Illinois not-for-profit corporation, is	exempt from		
ınco	me taxes under Section 501(c)(3) of the Internal Revenue C	ode and		
032054	12-01-20		Schedule D (Form 9	90) 2020

032054 12-01-20

Jewish United Fund of Metropolitan

Schedule D (Form 990) 2020 Chicago	36-2167034	Page 5
Part XIII Supplemental Information (continued)		
applicable state law. However, income from certain activities not directly		
related to the organization's tax-exempt purpose are subject to taxation.		
The accounting standard on accounting for uncertainty in income taxes		
addresses the determination of whether tax benefits claimed or expected to	 	
be claimed on a tax return should be recorded in the financial statements.		
Under this guidance, Jewish United Fund may recognize the tax benefit from		
an uncertain tax position only if it is more likely than not that the tax		· · · · · · · · · · · · · · · · · · ·
position will be sustained on examination by taxing authorities, based on		
the technical merits of the position. Examples of tax positions include		
the tax-exempt status of Jewish United Fund and various positions related		
to the potential sources of unrelated business taxable income. The tax		
benefits recognized in the financial statements from such a position are	-	
measured based on the largest benefit that has a greater than 50 percent		
likelihood of being realized upon ultimate settlement. At June 30, 2020,	·	
there were no unrecognized tax benefits identified or recorded as		
liabilities.		
Jewish United Fund files Forms 990 and 990-T in the U.S. federal		
jurisdiction and the State of Illinois. Jewish United Fund is generally no		
longer subject to examination by the Internal Revenue Service for years		
before fiscal year 2017.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection Employer identification number

Jewish United Fund of	Metropolitan					
Chicago	••				36-2167034	
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
Form 990, Part IV	V, line 14b					
1 For grantmakers Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
the grantees' eligibility for	or the grants or a	issistance, and t	the selection criteria used to award the	grants or assis	tance?	Yes No
2 For grantmakers. Described States	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance outsi	de the
3 Activities per Region (T	he following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro- describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
Israel	1	4	Program Services	_	and monitoring	305,313.
-						
3 a Subtotal	1	4				305,313.
b Total from continuation sheets to Part I	0	0		_		0.
c Totals (add lines 3a and 3b)	1	4				305,313.

36-2167034

Page 2

Schedule F (Form 990) 2020

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(I) Method of valuation (book, FMV, appraisal, other)						
(h) Description of noncash assistance						
(g) Amount of noncash assistance					A 4	1
(f) Manner of cash disbursement		•			ecognized as a tax ivalency letter	
(e) Amount of cash grant					oreign country, r ion 501(c)(3) equ	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	
(c) Region					is listed above that are right of which the grantee of entities.	elitites
(b) IRS code section and EIN (if applicable)					recipient organization nization by the IRS, o	טייטיייב טייטשייים איים טיים טיים
1 (a) Name of organization					Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for which the total number of when organizations or antition.	1

Schedule F (Form 990) 2020

Jewish United Fund of Metropolitan

Schedule F (Form 990) 2020

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Page 3

36-2167034

Schedule F (Form 990) 2020 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant Part III can be duplicated if additional space is needed (b) Region (a) Type of grant or assistance

020	Chicago
11/11	CHICAGO

Part	IV	Foreign Forms		
1	Was	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corp	poration (see Instructions for Form 926)	Yes	X No
2	Dıd	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be r	equired to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Rec	eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	US	Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	X No
3	Did	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the c	organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Cert	tain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was	s the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qual	lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Info	rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund	d (see Instructions for Form 8621)	Yes	X No
5	Did	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the d	organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Fore	eign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did :	the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes	s," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instr	ructions for Form 5713, don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Schedule F	Supplemental Information
Part V	
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of
	investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE G

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for inst					Open to Public Inspection
	nited Fund of Metropolitan	dello	3 0110	the latest informati		identification number
Chicago	-				36-2167	
Part I Fundraising Activitie	S. Complete if the organization answ	ered "\	'es" o	n Form 990. Part IV.	line 17 Form 990	EZ filers are not
required to complete this pa						
1 Indicate whether the organization ra	aised funds through any of the followi	ng acti	/ities	Check all that apply		
a Mail solicitations	e Solicità	ation of	non g	overnment grants		
b Internet and email solicitation	ns f Solicita	ation of	gove	rnment grants		
c X Phone solicitations	g 🔲 Specia	l fundra	aising	events		
d In person solicitations						
2 a Did the organization have a written					tees, or	
	Part VII) or entity in connection with p				XΥ	
b If "Yes," list the 10 highest paid inc	dividuals or entities (fundraisers) pursu	uant to	agree	ments under which tl	ne fundraiser is to	be
compensated at least \$5,000 by th	ie organization					
		(,,,)	D1	<u> </u>	(v) Amount paid	4
(i) Name and address of individual	(II) Activity	fundi	Did aiser ustody	(iv) Gross receipts	to (or retained by	
or entity (fundraiser)	(,	orcor	itrol of	from activity	fundraiser listed in col (i)	organization
Siegel Marketing Group - 1845		V	N.			
N. Farwell Ave., Suite 300,	Phone solicitation	Yes	No X	62 022	13 00	40 020
Turneri Ave., Buice 300,	Those addictactor			62,932.	13,09	4. 49,838.
		 				
		_		-		
•				-		
					.	
				į		
 .		ļ				
				62.022	13.00	
Total				62,932.	13,094	<u></u>
3 List all states in which the organizati or licensing	on is registered or licensed to solicit of	contribu	itions	or has been notified	it is exempt from	registration
IL				·		
		<u>-</u>	_			
		_	_			
				_		
					-	· · · · · · · · · · · · · · · · · · ·
			_		· · · · · · · · · · · · · · · · · · ·	

36-2167034	Pa

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and groups.									
			(a) Event #1 The Vanguard Dinner	(b) Event #2 YLD Big Event	(c) Other events	(d) Total events (add col (a) through col (c))					
Revenue			(event type)	(event type)	(total number)	00. (0),					
Revenu	1	Gross receipts	431,700.	146,860.	65,595.	644,155.					
	2	Less Contributions									
	3	Gross income (line 1 minus line 2)	431,700.	146,860.	65 <u>,</u> 595.	644,155.					
	4	Cash prizes									
ώ	5	Noncash prizes									
Direct Expenses	6	Rent/facility costs	48,291.	69,531.	26,164.	143,986.					
ect Ex	7	Food and beverages	156,057.	274,426.	114,372.	544,855.					
ے	8	Entertainment	125,873.	267,079.	108,364.	501,316.					
	9	Other direct expenses	12,762.	22,453.	17,346.	52,561.					
	10	Direct expense summary Add lines 4 through	9 in column (d)	, ,	•	1,242,718.					
			•	-598,563.							
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than											
	\$15,000 on Form 990·EZ, line 6a										
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))					
Zeve											
_	1	Gross revenue									
	2	Cash prizes			· 						
zxbens	3	Noncash prizes									
Direct Expenses	4	Rent/facility costs									
	5	Other direct expenses									
	_	ourse superiose	Yes %	Yes %	Yes%						
	6	Volunteer labor									
	7	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)		•						
		The garming moone summary custous inc.	TOTAL T, GOLDANIA (G)								
9	Ent	er the state(s) in which the organization condu-	cts gaming activities								
а	ls ti	he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No					
b	If "I	No," explain									
			· · · · ·								
		re any of the organization's gaming licenses re Yes," explain			ear?	Yes No					

Schedule G (Form 990 or 990 EZ) 2020 Chicago	36-2167034	Page 3
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	nt	
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party		
Name		
Address		
16 Gaming manager information		
Name		
Gaming manager compensation \$		
Describes of an executed N		
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 t	he	
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), at	nd 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 Siegel Marketing Group		
(i) Address of Fundraiser		
1845 N. Farwell Ave., Suite 300, Milwaukee, WI 53202		
Schedule G, Part II Fundralsing Events -		
The gross receipts presented in line 1 are comprised solely of fees		
paid by attendees to attend the events and amounts received from		
	/F 000	

Schedule G (Form 990 or 990-EZ) Chicago	36-2167034	Page 4
Schedule G (Form 990 or 990-EZ) Chicago Part IV Supplemental Information (continued)		
corporate sponsors. Attendees of these events were also solicited for		
		
gifts to the 2020 Jewish United Fund annual campaign, which raised		
		_
several million dollars from the Chicago Jewish community.		
Contributions to the annual campaign are not included on Schedule G.		
CONCIDENTIAL CONTRACT COMPANY OF THE LOCAL CONTRACT CONTR		
	. 	
	·	
		,
	<u> </u>	
		
	_	

å [Employer identification number numanitarian, health and nonprofit organizations Open to Public OMB No 1545-0047 2020 lo support a range of Inspection 36-2167034 (h) Purpose of grant General Operations General Operations or assistance Regular campaign X Yes 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 which address 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Go to www.irs.gov/Form990 for the latest information. 0 Ö 。 ٥. (e) Amount of non cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▼ Attach to Form 990 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 72,000. 50,000. 2,441,587 675,801 cash grant (c) IRC section (if applicable) 36-2167761 501(c)(3) 13-1624240 501(c)(3) 81-2616888 501(c)(3) 501(c)(3) Jewish United Fund of Metropolitan 36-2129620 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? Jewish Federation of Metropolitan American Friends of United Jewish America - 25 Broadway - New York, 1 (a) Name and address of organization Appeal of Greater Toronto - 200 Jefferson Parkway, Suite 400 -Suite 4049 - Chicago, IL 60606 Chicago - 30 S. Wells Street, Arie Crown Hebrew Day School Jewish Federations of North Associated Talmud Torahs or government 3531 Madison Street Name of the organization Whippany, NY 07981 4600 Main Street Skokie, IL 60076 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Parti NY 10004

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
See Part IV for Column (h) descriptions

Schedule I (Form 990) 2020

General Operations

ö

30,400.

36-2727597 501(c)(3)

3003 W. Touhy Avenue

CJE Senior Life

Chicago, IL 60645

General Operations

Ö

15,000,

501(c)(3)

36-2169123

Skokie, IL 60076

032101 11-02-20

Metropol		İ
ot		
Fund		
United	•	
Jewish	Chicago	

Compared to the process of the pro	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)	ssistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Par	t)	
al College load load load load load load load load	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
36-2167009 501(c)(3) 50,000. 0. 36-2167757 501(c)(3) 34,065. 0. 36-2167758 501(c)(3) 99,600. 0. 36-2167758 501(c)(3) 100,000. 0.	iebrew Theological College 1135 Carpenter Road Skokie, IL 60077	36-2167095	501(c)(3)	150,000.	0.		į	General Operations
36-2167757 501(c)(3) 34,065. 0. 36-2167758 501(c)(3) 93,600. 0. 59-0948696 501(c)(3) 100,000. 0. 36-1509000 501(c)(3) 30,000. 0.	da Crown Jewish Academy 1233 Central Park Avenue Skokie, IL 60076	36-2167009	501(c)(3)	.000,02	0.			General Operations
36-2167758 501(c)(3) 93,600. 0. 59-0948696 501(c)(3) 100,000. 0. 36-1509000 501(c)(3) 30,000. 0.	ewish Child & Family Services 16 W. Jackson Boulevard, Suite 80 hicago, IL 60606			34,065.	0.			General Operations
36-1509000 501(c)(3) 100,000. 0. 30,000. 0.	ل ب	36-2167758	501(c)(3)		0.			EZRA and Other Programming
a Avenue 36-1509000 501(c)(3) 30,000. 0.	lewish Federation of Palm Beach County - 1 Harvard Circle, Suite 100 - West Palm Beach, FL 33409	59-0948696	501(c)(3)	100,000.	0			General Operations
	iount Sinai Medical Center 500 S. California Avenue Chicago, IL 60608	36-1509000	501(c)(3)	30,000.	.0			General Operations

36-2167034

Schedule I (Form 990) 2020

Part III

Schedule I (Form 990) 2020 (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information 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 (d) Amount of non cash assistance (c) Amount of cash grant Grants made by the Jewish United Fund of Metropolitan Chicago in the United the review is accompanied by face to face site visits in which programs funded States are monitored through an extensive process involving professionals programmatic information as well as face to face meetings with many of grant recipients. The process entails submission and review of fiscal information (including updated budgets and audits) as well as program specific information including outcome measures when appropriate. The and nearly 200 volunteers that includes submission of budgetary and (b) Number of recipients (a) Type of grant or assistance Part I, Line 2 032102 11-02-20

Schedule I (Form 990) Chicago	36-2167034	Page 2
Part IV Supplemental Information		
by the Jewish United Fund are reviewed. The Jewish United Fund also takes		
into account information that the grantees provide to accrediting and other		
funding bodies.		
The grants made to Jewish Community Centers of Chicago, CJE Senior Life,		
Ida Crown Jewish Academy, Hebrew Theological College, Associated Talmud		
Torahs, Jewish Child & Family Services, and Arie Crown Hebrew Day School		
represent pass-through grants made per the request of certain donor		
designated gifts. In addition to these allocations, Jewish Federation of		
Metropolitan Chicago also makes more significant grants to these		
organizations to support their general operations.		
Jewish United Fund of Metropolitan Chicago reports grants on Schedule I to		
The Jewish Federations of North America (JFNA), which is a 501(c)(3)		
domestic U.S. charity. JFNA sends the vast majority of this grant amount to		
nonprofit organizations in Israel and other countries. JFNA, and its		
beneficiary agencies, United Israel Appeal (UIA), a subsidiary of JFNA, and		
the American Jewish Joint Distribution Committee (JDC) each file separate		
Form 990s and report each specific grant in detail on their Schedule F.		
Part II, line 1, Column (h)		
Name of Organization or Government		
Jewish Federation of Metropolitan Chicago		
(h) Purpose of Grant or Assistance To support a range of nonprofit		
organizations which address humanitarian, health and welfare needs.		
<u> </u>		
	_	

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990

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

2020

OMB No 1545 0047

Open to Public Inspection

Name of the organization

Jewish United Fund of Metropolitan

Chicago

Employer identification number 36-2167034

Pai	rt I	Ту	pes of Prop	erty								
					(a)	(b)	(c)		(d)			
					Check if	Number of contributions or	Noncash contri amounts report		Method of de		-	
					applicable		Form 990, Part VI	II, line 1a	noncash contrib	ution a	mount	S
1	Art	t - Works	s of art				· - ·					
2			ical treasures								-	
3			onal interests								-	
4			publications									
5			nd household g	oods								
6		-	ther vehicles	0003								
7		ats and					<u>-</u>					
8			property									
9			Publicly traded	4	х	208	1.3	03.013.	Faır Market Valu	e		
10			· Closely held st									
11			· Closely field si · Partnership, Ll									
''		st intere	•	LC, O								
10												
12			Miscellaneous									
13			onservation cor	itriodilon -								
			ructures	atribution Other								
14				ntribution - Other					<u> </u>			
15			· Residential									
16 Real estate - Commercial 17 Real estate - Other												
					_							
18		llectible			-							
19		od inver	•									
20		-	medical supplie	es	-	-			 .			
21		xidermy			-	<u> </u>						
22		storical a										
23			pecimens		<u> </u>							
24			cal artifacts						•			
25		ner 🕨)								
26		her 🕨	())							
27		ner 🕨	(·)			-			-	
28		ner 🕨	())	<u> </u>	<u> </u>	1				
29						the tax year for co					0	
	for	which t	he organization	completed Form 8	8283, Part V, D	onee Acknowledge	ement (29			ī	
											Yes	No
30a		•	•	•	-	n any property rep		_				
	mu	st hold	for at least three	e years from the d	ate of the initia	I contribution, and	which isn't require	d to be us	ed for			
	exe	empt pu	rposes for the e	entire holding perio	od?					30a		<u>x</u>
b	If "	Yes," de	escribe the arrar	ngement in Part II								
31	Do	es the o	rganization hav	e a gift acceptanc	e policy that re	quires the review o	of any nonstandard	contribut	ions?	31		Х
32a	Do	es the o	rganization hire	or use third partie	es or related or	ganizations to solic	oit, process, or sell	noncash				
	cor	ntributio	ns?							32a		Х
b	lf "	Yes," de	scribe in Part II									[
33	If th	he organ	nization didn't re	eport an amount in	n column (c) for	a type of property	for which column	(a) is chec	ked,			
	des	scribe in	Part II									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

Schedule M (Form 990) 2020 Chicago	36-2167034	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a	nd whether the organiz	ation
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combin this part for any additional information	ation of both. Also com	nplete
this part for any additional information		
Schedule M, Part I, Column (b)		
To the number of store contributed		
Is the number of items contributed.		
		
1		
		·
	· · · · · · · · · · · · · · · · · · ·	
	"	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2020
Open to Public Inspection

Name of the organization

Jewish United Fund of Metropolitan Chicago

Employer identification number 36-2167034

Schedule O (Form 990 or 990-EZ) 2020	
Name of the organization	Employer identification number 36-2167034
office in Israel with four employees. The Israel office expense and	
employee salaries are paid to Jewish Federations of North America,	
which is based in New York, and is the umbrella organization for all	
Jewish Federations in North America. The Israel office coordinates	
educational missions and monitors Israeli programs that are funded by	
JUF. JUF coordinates missions to Israel, Russia, Poland and various	
other countries in order to give donors the opportunity to travel with	
other Chicagoans to Jewish communities all over the world and see JUF	
dollars at work. The missions also allow individuals to visit with	
people who live in Israel and other countries, explore family roots and	
learn about worldwide Jewish culture. Missions give participants the	
opportunity to see first-hand what can be accomplished by the Jewish	
people when our energy and resources are operating at full capacity.	
JUF pays for certain mission travel expenses and then participants	
reimburse JUF for the costs. The revenue and expenses of missions are	
reported on the 990 on a gross basis.	
Expenses \$ 1,734,753. including grants of \$ 0. Revenue \$ 834,933.	
Form 990, Part VI, Section A, line 2.	
Lonnie Nasatir, President, and Steven B. Nasatir, Executive Vice Chairman,	
have a family relationship.	.,
Deborah Schrayer Karmın, Director, and Max Schrayer, Director, have a	
family relationship.	
Eric Rothner, Director, and Avi Rothner, Director, have a family	
relationship.	

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number 36-2167034
Max Schrayer, Director, and Joshua Herz, Vice Chairman, have a business	<u> </u>
relationship	
Form 990, Part VI, Section A, line 6	
Jewish Federation of Metropolitan Chicago (Federation) is the sole member	
Dewish redefaction of Meclopolitan Chicago (redefaction) is the sole member	
of Jewish United Fund of Metropolitan Chicago (JUF).	
Form 990, Part VI, Section A, line 7a	
The election of directors shall be held at the regular annual meeting of	
JUF/Federation. The Board of directors shall be identical with the Board of	
Directors of the Federation.	
Form 990, Part VI, Section B, line 11b.	
A copy of the Form 990 is provided to the Board Chairman and all Audit	
Committee members. The Audit Committee Chairman then informs the full Board	
of Directors that Committee members reviewed the Form 990 and a copy is	
made available to all board members.	
Form 990, Part VI, Section B, Line 12c	
A conflict of interest questionnaire is circulated to all board members	
(directors), "officers" and key employees on an annual basis. This process	
is managed by JUF's Vice President of Leadership Engagement and Board	
Relations. The completed questionnaires are reviewed by management and any	
conflicts are disclosed to the Board of Directors. If a director does have	
a conflict or business relationship with JUF, he or she is required to	
abstain from any votes related to that matter.	
The conflict of interest policy is monitored throughout the year.	

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number 36-2167034
Additionally, we require board members, officers, and key employees to	
complete a Form 990 questionnaire each year.	
Form 990, Part VI, Section B, Line 15	
JUF has a compensation committee comprised of the Board Chairman, Immediate	
Past Board Chairman, Audit Committee Chairman, and Overall Planning and	
Allocations (Budget) Committee Chairman. This committee uses comparable	
data from other large nonprofit organizations to ensure compensation for	
JUF executives is consistent with the market, including but not limited to	
a Total Compensation Survey of large city Jewish Federations that is	
coordinated through the national Jewish Federations of North America	
organization and conducted by the Hay Group, a nationally recognized expert	
in the field of compensation consulting. The compensation committee	
approves compensation for the President of JUF and other officers and key	
employees. The process for determining the compensation for officers and	
key employees is documented by the compensation committee's minutes.	···
Per the 990 instructions, JUF is not reporting compensation for officers or	
key emplyees for the short year period as there is no calendar year that	
ends with or within the short year. JUF will report 2020 calendar year	
compensation on its next return for fiscal year ending June 30, 2021.	
Form 990, Part VI, Section C, Line 18	
The organization is a platinum-level Guidestar participant, demonstrating	
its commitment to transparency, and as such provides a link to GuideStar on	
its website for an electronic copy of the Form 990.	
Form 990 Part VI Section C Line 19	

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990 EZ) 2020	Page 2
Name of the organization Jewish United Fund of Metropolitan Chicago	Employer identification number 36-2167034
The organization's governing documents, conflict of interest policy and	
audited financial statements are made available to all volunteer members of	
the Board of Directors and are posted on its website. With regards to the	
Form 990 and 990-T, the organization provides these documents upon request	
for the same period of disclosure as set forth in IRC Section 6104(d).	
Form 990, Part VII	
Per the 990 instructions, JUF is not reporting any compensation, key	
employees, highest compensated employees, or highest compensated	
independent contractors for the short year period as there is no	
calendar year that ends with or within the short year. JUF will report	
2020 calendar year compensation on its next return for fiscal year	
ending June 30, 2021.	
Form 990, Part IX, Line 1	
Jewish United Fund expenses most of its yearly allocations in the month	
of July. Due to the change in accounting period and resulting short	
year return, this year's grant expense is significantly lower than in	
prior years. The change in accounting period also results in a change	
in allocation of expenses between Program and Management & General.	
Jewish United Fund's allocations will be in line with historical norms	
on its next return for the fiscal year ending June 30, 2021.	
Form 990, Part XI, line 9, Changes in Net Assets	
Pension-related changes other than pension expense -5,253,948.	
Other Non-Operating Activity 3,217,253.	

Name of the organization Schedule O (Form 990 or 990 EZ) 2020 Name of the organization Jewish United Fund of Metropolitan		Employer identification number
Chicago		36-2167034
mahal ha Danm 000 Dank VI Jana 0	2 026 605	
Total to Form 990, Part XI, Line 9	-2,036,695.	
	A178	
······································		
		· · · · · · · · · · · · · · · · · · ·
		
		-

SCHEDULE R (Form 990)

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.

2020

OMB No 1545 0047

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Jewish United Fund of Metropolitan

Employer identification number 36-2167034

> Identification of Disregarded Entitles. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Part 1

Chicago

Name of the organization

Department of the Treasury Internal Revenue Service

ets Direct controlling entrty		
(e) End-of-year assets		
(d) Total income		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN (if applicable) of disregarded 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)	(q)	(၁)	(p)	(e)	(£)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)((b)(13)
of related organization		foreign country)	section	status (if section		entity?	3
				501(c)(3))		Yes	å
1261 Foundation - 36-4018186					Jewish Federation		
30 South Wells, Suite 4049					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Albert and Lucille Delighter & Marcella					Jewish Federation		
Winston Foundation - 20-5488529, 30 South					of Metropolitan		
Wells, Suite 4049, Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Bellows Family Foundation - 36-3864415					Jewish Federation		
30 South Wells, Suite 4049					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
BLS Family Foundation - 36-4420871					Jewish Federation		
30 South Wells, Suite 4049					of Metropolitan		
Chıcago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990	ns for Form 990				Schedule R (Form 990) 2020	Form 990)	2020

See Part VII for Continuations

Schedule R (Form 990)

| Part II | Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(5)	(p)	(e)	(f)	(g) Section 512(b)(13)	(b) (13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	, pa
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	Organization?	راة 2
Bucksbaum Family Foundation - 36-4341914				:	Jewish Federation		
30 South Wells, Suite 4049					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Carol Lavin Bernick Family Supporting					Jewish Federation		
Foundation - 36-4067510, 30 South Wells,					of Metropolitan		
Suite 4049, Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Charles & Audrey Dann Charitable Foundation					Jewish Federation		
- 36-4018189, 30 South Wells, Suite 4049,					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Chicago Center for Jewish Genetic Disorders					Jewish Federation		
- 20-0120266, 30 South Wells, Suite 4049,					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Covenant Foundation - 36-3722029					Jewish Federation		
1270 Avenue of the Americas, Suite 304					of Metropolitan	_	
New York, NY 10020	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Crown Family Foundation - 36-3330462					Jewish Federation		
30 South Wells, Suite 4049					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Epstein Wenger Family Support Foundation -					Jewish Federation		
36-4380168, 30 South Wells, Suite 4049,					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Glickman Foundation - 36-3857009					Jewish Federation		
30 South Wells, Suite 4049					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinoıs	501(c)(3)	Line 12a, I	Chicago	×	
Goodman Supporting Foundation - 36-4018187					Jewish Federation		
30 South Wells, Suite 4049					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinoıs	501(c)(3)	Line 12a, I	Chicago	×	
					Jewish Federation		
90-0187252, 30 South Wells, Suite 4049,					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Helene Diamond & Jorde Nathan Family					Jewish Federation		
Foundation - 36-4157242, 30 South Wells,					of Metropolitan		
1049, Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
					Jewish Federation		
55, 3					of Metropolitan	_	
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
CHUCCO							

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Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(4)	(3)	(7)	(9)	(4)	(8)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13)
of related organization		foreign country)	section	status (if section	entity	organization?	tion?
				501(c)(3))		Yes	No
Jewish Federation of Metropolitan Chicago -							
36-2167761, 30 South Wells, Suite 4049,							
Chicago, IL 60606	Human Services	Illinois	501(c)(3)	Line 7	N/A		×
JFMC Facilities Corporation - 36-3368912	Property Management of				Jewish Federation		
30 South Wells, Suite 4049	Related Non-Profit				of Metropolitan	_	
Chicago, IL 60606	Organizations	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
JFMC/P3 Corporation - 26-2053862					Jewish Federation		
30 South Wells, Suite 4049					of Metropolitan		
Chicago, IL 60606	Supporting Organization	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Karl Perl Charitable Trust - 46-6113637			•		Jewish United		
30 South Wells, Suite 4049	Support the Jewish United				Fund of		
Chicago, IL 60606	Fund	Illinois	501(c)(3)	Line 12a, I	Metropolitan	×	
Lawrence E. & Nancy S. Glick Foundation -					Jewish Federation		
36-3662985, 30 South Wells, Suite 4049,					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Leonard and Diane Sherman Family Foundation				ļ	Jewish Federation		
- 36-4345181, 30 South Wells, Suite 4049,					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Manfred and Fern Steinfeld Family Foundation					Jewish Federation		
`					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Michael Reese Health Trust - 36-2170910					Jewish Federation		
150 North Wacker Drive, Suite 2320					of Metropolitan		
Chicago, IL 60606	Private Foundation	Illinois	501(c)(3)	PF	Chicago	×	
Prairie Minerals Foundation - 32-0062771					Jewish Federation		
30 South Wells, Suite 4049					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Ring Family Supporting Foundation -					Jewish Federation		
20-1642012, 30 South Wells, Suite 4049,					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinoıs	501(c)(3)	Line 12a, I	Chicago	×	
1					Jewish Federation		
30-0149729, 30 South Wells, Suite 4049,	,				of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
۳.	1				Jewish Federation		
- 20-3921714,					of Metropolitan		
Suite 4049, Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	

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Chicago

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(0)	(Đ	(e)	9	(0)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	(b)(13)
of related organization		foreign country)	section	status (if section	entity	organization?	on,
				501(c)(3))		Yes	No
					Jewish Federation		
20-5389086, 30 South Wells, Suite 4049,					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Seder Family Foundation - 36-3988995					Jewish Federation		
30 South Wells, Suite 4049					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Shure Charitable Trust created u/w of Sidney					Jewish Federation		
N. Shure - 36-7681597, 30 South Wells, Suite					of Metropolitan		
4049, Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Sisyphus Supporting Foundation - 20-5944850					Jewish Federation		
30 South Wells, Suite 4049					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Tamar & Jonathan Koschitzky Family					Jewish Federation		
Foundation - 30-0149723, 30 South Wells,					of Metropolitan	_	
Suite 4049, Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
The First Spoke Foundation - 20-0894628					Jewish Federation	-	
30 South Wells, Suite 4049					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinoıs	501(c)(3)	Line 12a, I	Chicago	×	
The Harriette and Ted Perlman Family					Jewish Federation		
Foundation - 81-1309979, 30 South Wells,					of Metropolitan		
Suite 4049, Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
The Pritzker Family Philanthropic Fund -					Jewish Federation		Ī
36-3623264, 71 S. Wacker Drive, Ste 4600,					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
The Robert and Yadelle Sklare Foundation -					Jewish Federation		
36-4389423, 30 South Wells, Suite 4049,					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
erg/					Jewish Federation		
36-3864416, 30 South Wells, Suite 4049,					of Metropolitan		
	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	
Wagner Descendant's Foundation - 20-4004517					Jewish Federation		
30 South Wells, Suite 4049					of Metropolitan		
	Supporting Foundation	Illinoıs	501(c)(3)	Line 12a, I	Chicago	×	
lal					Jewish Federation		
36-4413031, 30 South Wells, Suite 4049,					of Metropolitan		
Chicago, IL 60606	Supporting Foundation	Illinois	501(c)(3)	Line 12a, I	Chicago	×	

Chicago

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

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(g) Section 5 12(b)(13) controlled organization? No Yes × (f)
Direct controlling
entity Jewish Federation of Metropolitan Chicago Public charity status (if section 501(c)(3)) Line 12a, I Exempt Code section 501(c)(3) Ð Legal domicile (state or foreign country) Illinois Supporting Foundation Primary activity Z Frank Camp Apachi Supporting Foundation -36-3833108, 30 South Wells, Suite 4049, Name, address, and EIN of related organization Chicago, IL 60606

Chicago

Schedule R (Form 990) 2020

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

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(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		ritionate ions?	(1) Code V-UBI amount in box 20 of Schedule K 1 (Form 1065)		(s) (k) General or Percentage managing ownership	tage
JFMC Pooled Endowment Portfolio, LLC - 45-1610644, 30 S. Wells, Suite 4049, Chicago, IL 60606	See Sch. R, Part VII	IL	N/A	N/A		0		·	×	N/A	×		\$00.
													1
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year	ganizations Taxable rporation or trust dur	as a Corpor		omplete if th	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	Iswered "Yes"	on Form 990	, Part IV, I	ine 34, t	because it had	one or r	nore relate	l pa
(a) Name, address, and EIN of related organization	≧ c	Primi	(b) Primary activity	(c) Legal domicile (state or foreign county)	(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	Sect Sect 512(b confront entre	X 13)
Charıtable Remainder Unitrusts	(19)	Charitable	e Trust	11	Jewish Federation of Metropolitan	TRUST				0			
Charitable Remainder Annuity T	Trusts (3)	Charitable	e Trust	IL	Jewish Federation of Metropolitan	TRUST				0.		×	
									_				
032162 10-28-20	Con Dark WII for Continuations	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		:					-	Sched	ule R (Fo	Schedule R (Form 990) 2020	5020

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Chicago Schedule R (Form 990) 2020 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

(k)	General or Percentage managing ownership					\$00.											re related
(5)	General or managing partner?	Yes				_×		•			_		_				ie or mo
(1)	Code V-UBI amount in box	K 1 (Form 1065)				N/A											, because it had on
(h)	Disproportionate allocations?	Yes No				×											t IV, line 34
(6)	Share of end-of-year					0		•		•					-	•	on Form 990, Par
(£)	Share of total income					0.											on answered "Yes"
(e)	Predominant income (related, unrelated, excluded from fax under	sections 512-514)				N/A	•										nplete if the organization
(p)	Direct controlling entity					A/A								-			oration or Trust. Con year
၁	Legal domicile (state or	country)				IL								_			s a Corpo g the tax y
(p)	Primary activity				See Sch. R,	Part VII											yanızatıons Taxable a poration or trust durin
(a)	Name, address, and EIN of related organization		JFMC Pooled Endowment	Portfolio, LLC - 45-1610644,	30 S. Wells, Suite 4049,	Chicago, IL 60606											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

	(q)	(၁)	(9	(e)	£	(6)	£	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	13)
		country)		(0)				Yes	8 N
!			Jewish						[
			Federation of						
Charitable Remainder Unitrusts (19)	Charitable Trust	717	Metropolitan	TRUST	.0	0.		×	
			Jewish					-	
			Federation of						
Charitable Remainder Annuity Trusts (3)	Charitable Trust	II	Metropolitan	TRUST	0.	0.		×	
,									-
									1
								•	

Schedule R (Form 990) 2020

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Schedule R (Form 990) 2020 Chicago

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 III, or IV of this schedule 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?	s with one or more re	lated organizations listed i	n Parts II-IV?		Yes	ဍ
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		•		13		×
b Gift, grant, or capital contribution to related organization(s)				ą	×	
c Gift, grant, or capital contribution from related organization(s)				2	×	
d Loans or loan quarantees to or for related organization(s)				7		×
				1e	×	
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				1h		×
ı Exchange of assets with related organization(s)				=		×
 Lease of facilities, equipment, or other assets to related organization(s) 				1		×
k Lease of facilities, equipment, or other assets from related organization(s)				1k	×	
I Performance of services or membership or fundraising solicitations for related organization(s)	anızatıon(s)			=		×
$oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s)	anızatıon(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			4	×	
 Sharing of paid employees with related organization(s) 				٩	×	
 p Reimbursement paid to related organization(s) for expenses 					×	
q Reimbursement paid by related organization(s) for expenses				٦	×	
r Other transfer of cash or property to related organization(s)						×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete th	is line, including covered r	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	olved		
(1) The Pritzker Family Philanthropic Fund	υ	1,250,000.	Cash			
(2) Manfred and Fern Steinfeld Family Foundation	υ	455,555.	Cash			
(3) Albert and Lucille Delighter & Marcella Winston Foundation	υ	4,125,000.	Cash			
(4) Karl Perl Charitable Trust	υ	300,000	Cash			
(5) JFMC Facilities Corporation	×	1,208,299.	Cash			
(9)						
032163 10-28-20			Schedule R (Form 990) 2020	R (Forn	066 u) 2020

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17.

Chicago

Schedule R (Form 990) 2020

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

	(K) centage nership	<u>.</u>		}																		0) 2020
1	teneral or Peri	Yes No				-				-	-					_				_		3 (Form 99
3	Dispropor Code V-UBI General or Percentage lionale amount in box 20 managing ownership	of Schedule K-1 L (Form 1065)			-												_	_				Schedule R (Form 990) 2020
(4)	Dispropor tionate	Yes No					_			_			_	_	_	_					 	
10	(9) Share of end-of-vear	assets																				
9	ب ک	_										·										
[9]	Are all Are all 501(c)(3)	Yes No																				
durent partnersmps	t income related,	sections 512-514)																				
(2)	nicile oreign	country)																				
(h)	Primary activity																					
(a)	Name, address, and EIN of entity																					

Schedule R (Form 990) 2020 Chicago	36-2167034	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions		
Part II, Identification of Related Tax-Exempt Organizations		
Name of Related Organization		
Karl Perl Charitable Trust		
Karl Peri Charicable Trusc		
Direct Controlling Entity Jewish United Fund of Metropolitan Chicago		
biteet controlling Metal, outlier and of metalporters entered		
Part IV, Identification of Related Organizations Taxable as Corp or Trust.		
		-
Name of Related Organization	<u></u>	
Charitable Remainder Unitrusts (19)		
Direct Controlling Entity Jewish Federation of Metropolitan Chicago		
	 	
Name of Polated Organization		
Name of Related Organization		
Charitable Remainder Annuity Trusts (3)		
Direct Controlling Entity Jewish Federation of Metropolitan Chicago		
<u> </u>		
	<u>.</u>	
	. =	